XXXIXth International Congress on Law and Mental Health

Faculty of Law, L'Université du Québec à Montréal
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L'Université du Québec à Montréal

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Abstracts of the XXXIXth International Congress on Law and Mental Health

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1. A Case That Shocked a Nation, the Dutch Case of Thijs H.: An Introduction to the Dutch System, Dilemma's in the Netherlands Regarding Criminal Responsibility and Sentencing People with Mental Disorders

Keywords: Mental disorders; Netherlands; prosecution; behavioral evaluation

The Role of the Public Prosecutor in the Dutch Criminal Justice System

Linda Dubbelman, *Netherlands Public Prosecution Service, The Hague* (l.c.dubbelman@om.nl)

On May 4, 2019 a student 27 years old, Thijs H. with no previous criminal record suddenly stabs a woman to death. Three days later two more people, a man and a woman are killed. The victims, who were all just walking their dog, were killed in a gruesome manner, with a large number of stab wounds. Thijs H. states that he acted from a psychosis and was ordered to kill. According to his lawyers, he should therefore be declared completely insane. A years-long procedure followed with different conclusions from several experts. An important question in the trial is whether a suspect in a psychosis can also act with premeditation, the requirement for murder. This case involves several legal aspects regarding the role of independent experts, accountability and the criminal prosecution of persons with a (serious) mental disorder. This presentation discusses the Thijs H. case and explains the Dutch criminal law system (based on 'civil law'). The role of the Public Prosecution Service and the possibilities of compulsory psychiatric treatment will be explained based on the Supreme Court ruling that followed on October 17, 2023.

Mad or Bad? The Various Possibilities of the Public Prosecutor in Case of a Suspect with A Mental Disorder

Pauline Meijerink, *Netherlands Public Prosecution Service, The Hague* (p.meijerink@om.nl)

In the tragic case of Thijs H., a (serious) criminal offense was committed while the suspect was suffering from a mental disorder. In criminal cases this often leads to discussion; what is an appropriate response? The Dutch criminal justice system offers many options for combinations of punishments and measures. The hospital order (TBS-measure - compulsory treatment) is the principal form of confinement in the Netherlands for mentally disordered offenders who are found not (completely) guilty by reason of insanity. The public prosecutor and the criminal court also have the option to divert a criminal case to regular psychiatry. The public prosecutor has been given a major role in this law. But when is forensic care appropriate and when is regular psychiatry appropriate? In this presentation, using the case of Thijs H. as an example, the various options available to the prosecutor and the considerations involved will be discussed. Finally, current bottlenecks involved will be briefly discussed: shortage of suitable admission places, constraints in the mental health system such as (staff shortage, housing crisis, inflow and outflow).

The Role of the Behavioral Expert in the Dutch Criminal Justice System

Marlies Stolk, *Netherlands Public Prosecution Service, The Hague* (m.stolk1@om.nl)

In this presentation two central questions will be discussed: how is the accountability determined and who ultimately decides if the accused can be held accountable? During criminal proceedings, it may happen that the public prosecutor or the judge suspects that an accused is suffering from a mental disorder. If so, they may order a behavioral expert report to be conducted. The Netherlands Institute for Forensic Psychiatry and Psychology (NIFP) mediates between the judiciary and the behavioral expert and promotes the quality of the reports and the expertise of the behavioral experts. This report contains an advice if and to what extend the accused can be found to suffer from a psychological disorder, which may impact the degree to which he/she can be hold accountable. The report also contains information on the likelihood of a repeat offence and provides advice on a possible treatment. It is possible, as in the case of Thijs H., that multiple reports are being requested. The subsequent question is who ultimately decides if and to what extend the accused can be held accountable. What is decisive: the report from the behavioral experts or the evaluation of the criminal court which includes their evaluation of the facts?

Is There an Appropriate Punishment or Measure in the Case of a Life Crime Committed by a Person with a Mental Disorder?

Janine Berton, *Netherlands Public Prosecution Service, The Hague* (b.j.berton@om.nl)

In Dutch criminal law, a combination of a (long) prison sentence and subsequent a hospital order (TBS-measure - compulsory treatment) can be imposed as part of a conviction. The prison sentence is then first served before treatment under the TBS measure is started. This is controversial; what carries the most weight? Safety of society or treatment of psychiatric disorder? And what is the correct order in the case of a combination? Shouldn't treatment actually start first? Can TBS convicts still be adequately treated after such a long prison sentence? In recent years there have been several high-profile cases in which a combination sentence/measure was imposed or a life sentence was imposed. Examples of this, besides the case of Thijs H., are for example the case of Michael P., the Archer, the Erasmus shooter and The Care Farm Shooter. This presentation will discuss the (im-)possibilities in the Dutch criminal justice system for a criminal settlement for life crimes committed by suspects with (serious) mental disorder and the considerations that have been decisive for the judge in these cases in the choice of the settlement of the case.

2. Acute Services and Civil Commitment

Keywords: Duty to protect; civil commitment; compulsory treatment; compulsory admission

The Duty to Protect in Psychological and Psychiatric Practices in South Africa: Revisiting the Tarasoff Case

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

When there is a duty to protect in psychological and psychiatric cases is a question that has been posed quite regularly in mental health care cases. The answer is even now more difficult taking into consideration the Protection of Personal Information Act 2023. Mental health care professionals become more and more scared to reveal facts that were revealed to them in confidentiality. As we all know the duty to protect in psychological cases was laid down for the US in the Tarasoff case. But what about more vague cases? For example where there is only an 'observing brief' – would that bring about a duty to protect? These are all issues that bring about doubt in these 'duty to protect' cases. This presentation deals with the duty to protect in South Africa and its current position. The common law will be discussed as well as relevant legislation and specific reference will also be made to the POPI Act of 2023 as well as the Constitution of the Republic of South Africa, 1996. Current practices and cases are discussed.

Adding a Lack of Capacity Alternative for Civil Commitment

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

This presentation will focus on model legislation recommending the addition of a lack of capacity prong as an alternative basis for court-ordered mental health treatment. In recognizing the common symptom of anosognosia for certain serious mental illnesses, a few states have added an alternative commitment criterion focusing on the risk of harm to a person in psychiatric crisis due to the individual's lack of insight into their need for and refusal to voluntarily accept treatment. The focus of the criterion is on the person's capacity to understand a need for treatment. The National Judicial Task Force to Examine State Courts' Response to Mental Illness endorsed model statutory language developed by a Model Legal Processes Workgroup that included judges, psychiatrists, and law professors (including this presenter), who developed model mental health laws intended for wide adoption, including criteria for court-ordered mental health services. Specifically, the workgroup recommended language to expand upon the traditional commitment

criteria of dangerousness to self or others or deterioration in the person's ability to attend to basic needs, to permit intervention when the person lacks capacity to understand the need for treatment to avoid substantial risk of harm to the person or others.

*Determinants of Compulsory Admission in Detainees with Acute Psychiatric Symptoms**

Isabella D'Orta, Hôpitaux Universitaires de Genève (isabella.dorta@hug.ch)
François R. Herrmann, Department of Rehabilitation and Geriatrics, Geneva University Hospitals and University of Geneva
Panteleimon Giannakopoulos, Division of Institutional Measures, Medical Direction, Geneva University Hospitals and Department of Psychiatry, University of Geneva

Ethnicity, male sex and psychosis are the main risk factors for compulsory admission (CA) to psychiatric hospitals in general population. Previous studies documented that CA is even more frequently used in prison, yet its determinants are still unknown. To address this issue, we explored the clinical, demographic and criminological determinants of compulsory admission in 317 detained persons admitted to an acute care secure ward located in the central prison of Geneva. We distinguished three groups: voluntary admissions only (VA), CA only and mixed admissions (MA). Judicial status and tapes of offenses were also recorded. Sociodemographic data included age, gender, and origin. Clinical parameters included previous compulsory admissions, previous hospital stays, number of admissions, length of stay, number of suicide attempts, short-term seclusions and ICD-10 clinical diagnoses. There was no significant difference between the three groups in respect to sociodemographic factors. Past compulsory admission were significantly more frequent in the CA compared to the VA group. Both the mean number of admissions and length of stay differed significantly between the three groups. The number of suicidal attempts was significantly higher in MA compared to both VA and CA groups. Short-term seclusion was significantly more frequent in CA and MA compared to VA. Psychotic disorders were much more frequent in CA (55.1%) and MA (54.8%) compared to VA cases (23.9%). In contrast, depressive and anxiety disorders were significantly less frequent in CA (12.3%) and MA (14.3%) than VA (29.5%). Of importance, neither the type of offenses nor the judicial status differed between the three groups. In regression models, CA was strongly and positively associated with psychotic disorders. The inverse was true for depressive and anxiety as well as adjustment disorders. The present findings reveal that, in contrast to the general population, sociodemographic factors have no impact on the frequency of CA in prison. The main risk factors for the adoption of this measure is past CA and presence of acute psychosis. In contrast, the presence of depressive and anxiety symptoms limit the recourse to this disputed measure.

Finding Common Ground About Compulsory Mental Health Treatment: Results from an Ontario CTO Study

Sam Thomas Boyle, *Queensland University of Technology* (samuel.boyle@qut.edu.au)
Fiona Jager, *St Lawrence College* (FJager@sl.on.ca)

Compulsory treatment for mental illness attracts many competing critiques. Community Treatment Orders (CTOs) are a form of compulsory treatment for mental illness used in several international jurisdictions. They have been part of Ontario's mental health legislation since 2000. This presentation explores stakeholder perspectives on how CTOs could be improved, with a particular focus on areas where diverse groups — including clinicians, lawyers, individuals with lived experience, and family members — identified common ground. It is the result of a yearlong multidisciplinary study conducted by an international research team, involving interviews, mixed focus groups, and observations. In the context of compulsory treatment for mental illness, views between these stakeholders are often deeply divided and

sometimes incompatible. Our research seeks to map these tensions but also to highlight points of convergence that could guide meaningful reform. By identifying shared priorities across otherwise conflicting perspectives, we argue that these areas of consensus deserve focused attention from policymakers seeking balanced and constructive change.

3. Acquittees Among Us: Challenges Facing Insanity Acquittees Upon Community Release

Keywords: Adult probation; treatment approach: GPS monitoring; sexual offender registry

Introduction and Overview

Carol Gonzalez, *State of Connecticut Division of Public Defenders Services, Psychiatric Defense Unit, Connecticut, USA* (carol.gonzalez@pds.ct.gov)

In the United States (U.S.), there are two remaining states that place individuals under the jurisdiction of a Psychiatric Security Review Board (PSRB) following a successful NGRI defense. Oregon's Psychiatric Security Review Board was established in 1977 as the first in the U.S. and Connecticut's was later established in 1985. Acknowledging that persons with significant mental health require a treatment approach, as opposed to that of a correctional/punitive approach for usual criminal defendants, the role of the Psychiatric Security Review Board is to ensure the protection of society and the safety/ well-being of the individual by ordering treatment, confinement and conditions of release. Such individuals placed under the jurisdiction of the Psychiatric Security Review Board are called "acquittees." This presentation will explore various strategies used for supervision, risk management and monitoring of acquittees during the community reintegration phase known as Conditional Release of Psychiatric Security Review Board oversight within the state of Connecticut.

Office of Adult Probation

William O'Connor, *Psychiatric Defense Unit, Connecticut, USA* (william.oconnor@pds.ct.gov)

Adult probation in Connecticut (CT) is a court-ordered, community-based supervision program administered by Court Support Services Division (CSSD) of the Connecticut Judicial Branch. Probation is an alternative to incarceration following a criminal conviction either as a suspended sentence or in lieu of jail time. Probation supervision in CT can also be ordered by the Psychiatric Security Review Board (PSRB) for insanity acquittees to be included as a condition of their community release. If an individual presents a certain status/need area, the person is placed into a specialized supervision unit, in which the probation officer uses enhanced supervision practices and collaboration with community-based service and treatment providers, has a reduced size caseload, and has specialized training. These specialized units include both Mental Health and Sex Offenders, which have been used for supervising acquittees under the jurisdiction of the Psychiatric Security Review Board. This presentation will look specifically at probation's role as ordered for community supervision for individuals under the jurisdiction of the Psychiatric Security Review

Board. Adult probation officers coordinate with community providers and the Psychiatric Security Review Board to monitor compliance and risk for acquittees on community release.

GPS Monitoring

William O'Connor, *Psychiatric Defense Unit, Connecticut, USA* (william.oconnor@pds.ct.gov)

Global Positioning System (GPS) monitoring has become a widely used tool in probation and parole supervision, often promoted as a means to enhance compliance and reduce recidivism. The State of Connecticut Judicial Branch offers this option for probation officers to use with both adult and juvenile offenders. This presentation will review the use of Global Monitoring System monitoring in community supervision, exploring its long-term impact on probationer behavior, particularly related to sexual offenders under the jurisdiction of the Psychiatric Security Review Board. In addition, the discussion will explore the impact of long-term use on acquittee's overall well-being, if terms of extended surveillance in fact improve probation compliance or reduce recidivism and the general policy/ practice implications as related to the Psychiatric Security Review Board and relevant CT legal statutes. This presentation will use specific case reviews to further outline this challenging area for acquittees, particularly in circumstances of violent offenses.

Sexual Offender Registry

Melissa Ruot, *State of Connecticut Division of Public Defenders, Services Psychiatric Defense Unit, USA* (melissa.ruot@pds.ct.gov)

The State of Connecticut (CT) maintains a comprehensive sexual offender registry overseen by the State's Department of Emergency Services and Public Protection which mandates specialized monitoring for registered offenders. The registry, created in 1998 and extensively revised in 1999, was created to provide law enforcement and the public with information about individuals required to register. Registration requirements include lifetime registration for violent offenders or 10-year registration for other offenses, which is equally applied to individuals convicted and those found not guilty by reason of mental disease or defect who have been released into the community, i.e. insanity acquittees. This presentation reviews the unique requirement of registration for individuals under the jurisdiction of the Psychiatric Security Review Board and how the two systems work to mandate registration, treatment and monitoring for insanity acquittees. The discussion will also highlight the efficacy of intensive sexual offender supervision, risk-based concerns and potential areas for policy refinement.

Issuance of Protective Orders

Kevin Semataska, *Division of Public Defenders Services, Psychiatric Defense Unit, Connecticut, USA* (jennifer.walters@pds.ct.gov)

In Connecticut, a protective order is a court-issued legal order intended to protect individuals from threats, abuse, harassment or violence. A criminal protective order (CPO) is issued after an arrest, is ordered by a

judge at arraignment and can remain in effect for the duration of the criminal case. Criminal protective orders are enforced by Court Support Service Division (CSSD) of Connecticut's Judicial Branch. Lifetime protective orders can be ordered at the end of a criminal case and remains in effect indefinitely unless modified by the court. Additionally, as of October 1, 2024, a Court may issue a Standing Criminal Protective Order (SCPO) on behalf of a victim when a person is found not guilty due to mental disease or defect. The length of this order is determined by the Court. This presentation will explore the perceived additional protection offered to the victim vs. the additional onus on an individual that was acquitted or all criminal offenses.

4. Advancing the Global Fight Against Erasure & Subordination and For Truth, Diversity, Equity and Inclusion

Keywords: Historical erasure; social justice; empowerment; rights advocacy

Countering Historical and Contemporary Erasure

Kimberle Crenshaw, *African American Policy Forum* (kimberle.crenshaw@aapf.org)
Ernest Quarles, *Johns Hopkins University* (abtrlfent@gmail.com)

Throughout history, countless communities—especially Indigenous peoples, Black communities, LGBTQIA+ individuals, immigrants, and other marginalized groups—have faced deliberate efforts to erase their stories, contributions, and existence from mainstream narratives. Erasure happens through the rewriting of history, omission from education, invisibility in media, and exclusion from decision-making spaces. Today, these patterns continue, often reinforced by systemic inequities and misinformation. This workshop component focuses on identifying and confronting the mechanisms of erasure, both past and present. Participants will explore how historical narratives are constructed, who holds the power to tell those stories, and the impacts of invisibility on collective memory and identity. We will examine case studies from around the world, highlighting resistance movements that have reclaimed suppressed histories and fought for recognition. Through interactive discussions and critical reflection, participants will gain tools for challenging erasure in their communities, workplaces, and personal spheres. They will also learn strategies for amplifying marginalized voices, advocating for inclusive education and representation, and supporting truth-telling initiatives. By understanding and confronting erasure, we lay the foundation for a more honest, equitable, and inclusive global society where all histories are valued and all people are seen.

Building Inclusive Systems and Structures

Kimberly Murray, *Queens University* (kimberly.murray@queensu.ca)

Creating a truly equitable society requires more than individual good intentions—it demands the transformation of systems and structures that have historically privileged some while excluding others.

Systems such as education, healthcare, law, government, media, and the workplace often reflect deep-rooted biases that perpetuate inequality, even when change seems slow or invisible. This workshop component centers on how to intentionally design and reform systems to prioritize diversity, equity, and inclusion (DEI) at every level. Participants will analyze how structural barriers are created and sustained, and will learn how to identify gaps in access, representation, and fairness. We will explore proven frameworks for systemic change, including equitable policy-making, inclusive leadership practices, community-centered design, and accountability mechanisms that ensure progress is measurable and sustained. Through collaborative activities and case study reviews, participants will practice applying DEI principles to real-world systems and explore innovative models from global movements. The session will equip participants with strategies to advocate for and implement inclusive practices in their organizations, schools, governments, and networks. By focusing on building inclusive structures, we move beyond surface-level diversity efforts and work toward deep, systemic transformation that benefits everyone.

Empowering Truth-Telling and Storytelling

Barbara Arnwine, *Transformative Justice Coalition* (barnwine@tjcoalition.org)

Truth-telling and storytelling are powerful tools for challenging injustice, healing communities, and reclaiming narratives that have been suppressed or distorted. Historically, dominant groups have often controlled which stories are told and whose experiences are validated, contributing to widespread erasure and misunderstanding. In contrast, authentic storytelling can expose hidden histories, affirm marginalized identities, and foster empathy across differences. This workshop component focuses on empowering participants to use storytelling as a means of truth-telling, resistance, and connection. Participants will explore how personal and collective narratives shape culture, policy, and social movements. They will also examine the ethical considerations of storytelling—such as consent, representation, and accountability—particularly when telling stories that involve communities who have been historically marginalized. Through exercises in narrative development, active listening, and media analysis, participants will build skills to share their own stories and uplift the voices of others in responsible and impactful ways. We will also highlight examples of global movements where storytelling has fueled significant social change. By centering truth-telling, this session affirms that everyone's voice matters and that storytelling is not just an art—it is a form of advocacy, education, and transformation.

Global Solidarity and Intersectional Advocacy

Karsonya Wise Whitehead, *Association for the Study of African American Life and History* (kewhitehead@loyola.edu)

In the global fight for justice, no movement exists in isolation. The challenges faced by marginalized communities—whether related to race, gender, class, sexuality, or ability—are interconnected. To effectively combat oppression, it's essential to recognize the intersections of identity and understand how systems of power work across different contexts. This is where global solidarity and intersectional advocacy come into play. This workshop component explores how movements around the world can unite to challenge shared struggles, while respecting the unique experiences and needs of different communities.

By embracing intersectionality, participants will learn to analyze how various forms of oppression—such as colonialism, patriarchy, racism, and ableism—interact and shape the experiences of individuals and communities. Through global case studies, discussions, and collaborative exercises, participants will deepen their understanding of how solidarity can be built across borders and identities. They will explore strategies for advocating for change that recognizes diverse perspectives and experiences, while emphasizing the importance of mutual support, rather than a one-size-fits-all approach. By the end of this session, participants will be equipped with the tools to engage in more inclusive, effective global advocacy and understand that collective action, rooted in intersectional frameworks, is key to advancing the fight for truth, diversity, equity, and inclusion.

5. All About Community Treatment Orders: A Cornucopia of Quantitative Research

Keywords: Jurisdiction; non-affective psychosis; voluntary treatment

*Variations Between, and Within, Jurisdictions in the Use of Community Treatment Orders and Other Compulsory Community Treatment: A Study of 402,060 People Across Four Australian States**

Lisa Brophy, *LaTrobe University* (L.Brophy@latrobe.edu.au)
Steve Kisely, *The University of Queensland School of Medicine, QLD, Australia* (s.kisely@uq.edu.au)
Claudia Bull, *The University of Queensland School of Medicine, QLD, Australia* (c.bull@uq.edu.au)
Tessa Zirnsak, *Department of Community and Clinical Health, School of Allied Health, Human Services and Sport, La Trobe University, Victoria, Australia* (T.Zirnsak@latrobe.edu.au)
Vrinda Edan, *Medicine, Dentistry and Health Sciences, University of Melbourne, Australia,* (v.edan@unimelb.edu.au)
Morgan Gould, *Department of Community and Clinical Health, School of Allied Health, Human Services and Sport, La Trobe University, Victoria, Australia* (Morgan.Gould@mh.org.au)
Sharon Lawn, *College of Medicine and Public Health, Flinders University, Adelaide, South Australia* (sharon.lawn@flinders.edu.au)
Edwina Light, *University of Sydney, Sydney, NSW, Australia* (edwina.light@sydney.edu.au)
Chris Maylea, *Law School, La Trobe University, Melbourne, Victoria, Australia* (C.Maylea@latrobe.edu.au)
Giles Newton-Howes, *University of Otago, Wellington, New Zealand* (giles.newton-howes@otago.ac.nz)
Christopher James Ryan, *Department of Psychiatry, St Vincent's Hospital, Darlinghurst NSW, Australia* (chrisjamesryan@gmail.com)
Penelope Weller, *Graduate School of Business and Law, RMIT University, Melbourne, Victoria, Australia* (penelopejune.weller@rmit.edu.au)

Background: The use of compulsory community treatment (CCT) in Australia is some of the highest worldwide despite limited evidence of effectiveness. Even within Australia, use varies widely across jurisdictions despite general similarities in legislation and health services. However, there is much less information on whether variation occurs within the same jurisdiction.

Aims: To measure variations in the use of CCT in a standardised way across the following four Australian jurisdictions: Queensland, South Australia (SA), New South Wales (NSW) and Victoria. We also investigated associated sociodemographic variables.
Methods: We used aggregated administrative data from the Australian Institute of Health and Welfare.
Results: There were data on 402,060 individuals who were in contact with specialist mental health services, of whom 51,351 (12.8%) were receiving CCT. Percentages varied from 8% in NSW to 17.6% in South Australia. There were also wide variations within jurisdictions. In NSW, prevalence ranged from 2% to 13%, in Victoria from 6% to 24%, in Queensland from 11% to 25%, and in SA from 6% to 36%. People in contact with services who were male, single and aged between 25 and 44 years old were significantly more likely to be subject to CCT, as were people living in metropolitan areas or born outside Oceania.
Conclusions: There are marked variations in the use of CCT both within and between Australian jurisdictions. It is unclear how much of this variation is determined by clinical need and these findings may be of relevance to jurisdictions with similar clinician-initiated orders.

*Restricting Community Treatment Orders to People with Non-Affective Psychosis Might Reduce Use and Improve Subsequent Outcomes: A Queensland-Wide Cohort Study**

Tessa Zirnask, *Department of Community and Clinical Health, School of Allied Health, Human Services and Sport, La Trobe University, Victoria, Australia* (T.Zirnsak@latrobe.edu.au)
Steve Kisely, *The University of Queensland School of Medicine, QLD, Australia* (s.kisely@uq.edu.au)
Claudia Bull, *The University of Queensland School of Medicine, QLD, Australia* (c.bull@uq.edu.au)
Vrinda Edan, *Medicine, Dentistry and Health Sciences, University of Melbourne, Australia,* (v.edan@unimelb.edu.au)
Morgan Gould, *Department of Community and Clinical Health, School of Allied Health, Human Services and Sport, La Trobe University, Victoria, Australia* (Morgan.Gould@mh.org.au)
Sharon Lawn, *College of Medicine and Public Health, Flinders University, Adelaide, South Australia* (sharon.lawn@flinders.edu.au)
Edwina Light, *University of Sydney, Sydney, NSW, Australia (edwina.light@sydney.edu.au)*
Chris Maylea, Law School, La Trobe University, Melbourne, Victoria, Australia (C.Maylea@latrobe.edu.au)
Giles Newton-Howes, *University of Otago, Wellington, New Zealand* (giles.newton-howes@otago.ac.nz)
Christopher James Ryan, *Department of Psychiatry, St Vincent's Hospital, Darlinghurst NSW, Australia* (chrisjamesryan@gmail.com)
Penelope Weller, *Graduate School of Business and Law, RMIT University, Melbourne, Victoria, Australia* (penelopejune.weller@rmit.edu.au)
Lisa Brophy, *LaTrobe University* (L.Brophy@latrobe.edu.au)

Background: The use of community treatment orders (CTOs) has increased in many jurisdictions despite very limited evidence for their efficacy. In this context, it is important to investigate any differences in outcome by subgroup.
Aims: To investigate the variables associated with CTO placement and the impact of CTOs on admissions and bed-days over the following 12 months, including differences by diagnosis.
Methods: Cases and controls from a complete jurisdiction, the state of Queensland, Australia, were analysed. Administrative health data were matched by age, sex and time of hospital discharge (the index date) with two controls per case subject to a CTO. Multivariate analyses were used to examine factors associated with CTOs, as well as impact on admissions and bed-days over the 12 months after CTO placement.

Results: We identified 10,872 cases and 21,710 controls from January 2018 to December 2022 (total n=32,582). CTO use was more likely in First Nations people (OR1.14; 95% CI= 1.06-1.23), people with culturally diverse backgrounds (O 1.45; 95% CI = 1.33–1.59), and those with a preferred language other than English (OR1.21; 95% CI= 1.02-1.44). When all diagnostic groups were considered, there were no differences in subsequent admissions or bed-days between cases and controls. However, both readmissions and bed-days were significantly reduced for the CTO cases when compared with the controls in analyses restricted to non-affective psychoses (e.g. OR 0.77, 95% CI= 0.71-0.84 for readmission).
Conclusions: Queenslanders from culturally or linguistically diverse backgrounds and First Nations peoples are more likely to be placed on CTOs. Targeting CTO use to people with non-affective psychosis might both address rising CTO rates and make it more likely that people placed on these orders derive possible benefit. This has implications for both clinical practice and policy.

*Canadian Studies on the Effectiveness of Community Treatment Orders: An Updated Systematic Review of Quantitative Data**

Steve Kisley, *Dalhousie University, Departments of Psychiatry, Community Health and Epidemiology, Halifax, Nova Scotia, Canada* (s.kisely@uq.edu.au)
Mike Trott, *The University of Queensland School of Medicine, QLD, Australia* (mike.trott@uq.edu.au
Ravi Iyer, *Centre for Mental Health, Swinburne University, Australia* (raviiyer@swin.edu.au)

Objectives: Community treatment orders (CTOs) for people with severe mental illnesses are used across most of Canada. Our previous systematic review of 10 years ago found that the evidence-base was limited to small studies, with only one including controls. This review updates the evidence using studies conducted in Canada over the last decade.
Methods: A systematic search of PubMed /Medline, Embase, CINAHL, and PsycINFO for any Canadian study of outcomes following CTO placement from March 2015 to January 2025.
Results: We identified four articles from three studies. Adding these studies to the previous search gave a total of nine articles from seven studies. None could be included in a meta-analysis. There were reductions in readmission rates and bed-days following CTO placement, while psychiatric symptom, outpatient attendance, treatment adherence participation in psychiatric services and housing all improved. In one study, perceived coercion was no greater in the CTO cases than the controls and being on an order preferable to being in hospital. However, many of the studies were small and only two included controls, of which solely one adjusted for potential confounders using either matching or adjusted analyses. The certainty of evidence was therefore rated as very low.
Conclusions: The evidence for the use of community treatment orders in Canada is limited. This research gap contrasts with other countries that have conducted large studies using randomized or matched controls and adjusted analyses. There is a need for larger studies with more standardized reporting methods to allow for the pooling of results.

*A Systematic Review and Meta-Analysis of the Effect of Community Treatment Orders on Aggression or Criminal Behavior in People with a Mental Illness**

Steve Kisley, *University of Queensland* (s.kisely@uq.edu.au)
Claudia Bull, *The University of Queensland School of Medicine, QLD, Australia* (c.bull@uq.edu.au)
Neeraj Gill, *School of Medicine and Dentistry, Griffith University, QLD, Australia* (neeraj.gill@griffith.edu.au)

Aims: There has been concern about violent acts and other criminal behaviour by people with a possible history of mental health problems. We therefore assessed the effects of CTOs on self-, third-party-, and agency-reported criminal behaviour when compared to voluntary treatment.

Methods: A systematic search of Pubmed/Medline, Embase, PsycINFO and criminal justice bibliographic databases for observational or randomised controlled trials (RCTs) comparing CTO cases with controls receiving voluntary psychiatric treatment. Relevant outcomes were reports of violence and aggression or contacts with the criminal justice system such as arrests and court appearances.
Results: Thirteen papers from 11 studies met inclusion criteria. Nine papers came from the United States and four from Australia. Two papers were of RCTs. Results for all outcomes were non-significant, the effect size declining as study design improved from non-randomised data on self-reported criminal behaviour, through third party criminal justice records and finally to RCTs. Similarly, there was no significant finding in the subgroup analysis of serious criminal behaviour.
Conclusions: On the limited available evidence, CTOs may not address aggression or criminal behaviour in people with mental illness. This is possibly because the risk of violence is increased by comorbid or nonclinical variables, which are beyond the scope of CTOs. These include substance use, a history of victimisation or maltreatment, and the wider environment. The management of risk should therefore focus on the whole person and their community through social and public health interventions, not solely legislative control.

6. Antisemitism, Racism, Ageism, and What Psychoanalysis May Have to Offer to the Law

Keywords: Feminism; patriarchy; authoritarianism; ageism; racism; psychoanalysis

Hypermasculinity and Authoritarianism: Their Curious Relationship to Anti-semitism and Racism

Burton Seitler, Adelphi University (binsightfl1@gmail.com)

Many of us who have put our ears to the ground have heard the ominous rumblings of boding evil heading our way. It is no longer in the distance. As citizens of the world, I have no doubt that you are just as aware as I am of the massive, blatant in-your-face upsurge of global antisemitism and racism that have unabashedly, unapologetically, and in undisguised form emerged out of the shadows into the foreground. Much, although gratefully, not all of the world, has turned to the right. Therefore, the imperative question before us is: what can psychoanalytic and legal understandings contribute to intervention and remediation in the not-too-distant future—before it is too late—of what portends to be dire outcomes (much like we saw heading into WWII) and what we currently see in their less than nascent incarnations? This presentation will relate antisemitism and racism to psychoanalytic explanations involving reaction formations (e.g., authoritarianism) against the abject terror of powerlessness that must be fended off through grandiose, larger-than-life displays of hypermasculinity.

Decolonizing the Unconscious: Psychoanalysis, Law, and the Return of the Repressed

Willard Ashely, *New York University* (willard.ashley@gmail.com)

The resurgence of ageism, antisemitism, and racism in legal and forensic contexts is not merely a political crisis but a psychic one. These social pathologies, long presumed settled, persist in unconscious

formations—returning with renewed intensity in moments of instability. While legal systems address discrimination through statutes, they often fail to account for the unconscious forces that sustain bias. This paper argues that psychoanalysis—particularly in its decolonized and postcolonial iterations—offers essential tools for understanding the racialized and traumatized unconscious at work in legal decision-making. Drawing on Frantz Fanon, psychoanalytic theories of melancholia, and clinical work, I examine how racism, antisemitism, and ageism function as repressed psychic formations that resist legal remedy alone. Through the lens of Black and Jewish solidarity in law and mental health, I explore how unconscious anxieties shape forensic assessments and judicial reasoning. Moreover, shared biblical traditions—rooted in prophetic justice and the call to "remember" and "repair"—offer a moral and psychological framework for re-examining the law. I propose a psychoanalytically informed approach that integrates historical consciousness and trauma theory, ensuring the law becomes a tool for transformation rather than containment.

*Landing on One's Feet: Decolonizing Psychotherapy as it Lays**

James Carpenter, *Metis Psychological Associates* (jtcarpenter30@hotmail.com)

Theory and technique of a social just psychotherapy is a shape-shifting challenge whenever the local clinical scientist practitioner lands these days. Everyone wants a fix and has a different context, but wants a solution now. Paradigms clash, resources vary, the formulation is where you find yourself. This paper will review the basic principles of post-colonial psychodynamic practice and invite the audience to reflect on their experience and questions in a forensic context

7. Between Safety and Care: Evaluating the Role of the Public Prosecutor in Dutch Mental Health Law

Keywords: Mental health law; coerced care; public prosecutor; diversion

The Role of the Public Prosecutor in Dutch Mental Health Law

Janine Berton, *Public Prosecutor's Office* (b.j.berton@om.nl)

While the core responsibility of the Public Prosecution Service in the Netherlands is the investigation and prosecution of criminal offenses, it also plays a significant role under the Compulsory Mental Health Care Act. This role diverges fundamentally from the prosecutor's traditional tasks in criminal law. In cases involving individuals with serious psychiatric disorders — without a direct link to criminal behavior — the public prosecutor must work in close coordination with mental health professionals, particularly psychiatrists. This specific legal role was introduced after the tragic murder of a former government minister in 2014, which was committed by a person suffering from severe mental illness. The incident revealed critical gaps in information-sharing between mental healthcare services and the justice system, as the offender's criminal background had remained unknown to care providers. This prompted the legislator to formalize the involvement of the public prosecutor in such non-criminal contexts. This presentation explores the intentions behind this legal reform and the practical implications of the public prosecutor's unique responsibilities within the mental healthcare framework. Special attention will be given to the required collaboration between prosecutors and psychiatric professionals, and the challenges it entails.

The Role of the Public Prosecutor in Diversion from Criminal Justice to Mental Health

Linda Dubbelman, *Public Prosecutor's Office* (l.c.dubbelman@om.nl)

Many suspects in the Dutch criminal justice system face complex challenges across multiple areas of life, including mental health issues. While the legal system offers a broad range of punitive and therapeutic measures, a central dilemma remains: should an individual with significant psychiatric problems be treated as a criminal offender, or as someone in need of care? Can they be held fully responsible for their actions, and when is mandatory treatment justified? To address such cases, the public prosecutor and criminal courts have the legal authority to divert criminal proceedings toward regular psychiatric care. Since 2020, Article 2.3 of the Dutch Forensic Care Act (FCA) allows the court to authorize civil compulsory care within the general mental healthcare system, even during a criminal case. This presentation will delve into the legal and ethical considerations that influence these decisions. It will also examine how courts balance public safety, accountability, and therapeutic needs, and will highlight the challenges of applying this article in practice — particularly when navigating the intersection between forensic and regular mental health services.

A Double Track: One Leg in the Criminal Justice System and One in the Mental Health System

Lucia Mebius, *University of Groningen*

In 2020, a legislative change in The Netherlands made it possible for Dutch criminal courts to give offenders a warrant for obligatory mental healthcare in the regular mental healthcare system. The possibility was installed to make the process of diversion easier and more accessible. Therefore, the possibility was also made available in cases of diminished criminal responsibility. This development also brings to life the possibility of combining a sanction within the criminal justice system (for example a conditional prison sentence with voluntary treatment as a condition, or a tbs-measure) with obligatory mental healthcare within the mental healthcare system. The combination often poses several dogmatic questions regarding both systems and the way the criminal justice system and the mental health system 'deal with' their population, especially the group of offenders with diminished criminal responsibility. This paper includes some of the questions and solutions that have been brought up in practice and by scholars over the last six years in which the legislative change has become practice. The focus will be on the dogmatic differences of the two systems and on the question whether diversion is really possible within the current legal possibilities in the Netherlands.

Comparative Insights Related to the Role of the Public Prosecutor in Mental Health Law

Ester Post, *University of Groningen*

This contribution will discuss part of the evaluative research into the role of the public prosecution within mental health related legislation. From a domestic (internal) comparative law perspective, we will examine the role of the public prosecution under the Care and Coercion Act (Wet zorg en dwang). In addition, attention will be given to the child protection measure of supervision orders (ondertoezichtstelling) as set out in the Dutch Civil Code, as safety, protection, and the well-being/health of individuals also play a key role in that context. From an international (external) comparative law perspective, we will focus on England & Wales, Germany, and Belgium. England & Wales was selected due to its markedly different structure

regarding the role of the applicant in coerced care, whereas Belgium and Germany offer points of comparison due to shared legal traditions. Finally, we will reflect on what can be learned from these comparisons in light of the evaluation and the legislative process aimed at amending the Compulsory Mental Health Care Act (Wet verplichte geestelijke gezondheidszorg) and the Care and Coercion Act (Wet zorg en dwang).

*Evaluating the Role of the Public Prosecutor in Dutch Mental Health Law**

Michiel van der Wolf, *University of Groningen & Leiden University*

Diagnostic Bias as Disability Discrimination: A Constitutional Challenge to Psychiatric Labelling

Priya Khalsa, *University of Toronto*
Psychiatric diagnosis sits uneasily at the intersection of medicine, law, and disability rights. Labels such as "borderline personality disorder" are often applied to women without adequate exploration of neurodevelopmental conditions like autism. These shortcuts are not merely clinical oversights — they constitute systemic discrimination. When diagnostic criteria are validated almost exclusively in men, women and gender-diverse people are effectively excluded from recognition and support. This is a constitutional problem: under section 15 of the Charter of Rights and Freedoms, state-endorsed reliance on biased diagnostic categories risks perpetuating inequality on the basis of sex and disability.

Drawing on case law such as White Burgess, Bharwani, and Starson v. Swayze, this paper argues that diagnostic bias should be recognized as a public safety and equality issue, not only a clinical one. Misapplied labels increase risk across medicine by fuelling restraint use, treatment non-compliance, and medical mistrust. They also destabilize legal proceedings, where expert psychiatric evidence carries disproportionate weight.

Through both professional analysis and lived experience, this presentation reframes diagnostic bias as a form of disability discrimination with cascading harms — to patients, to families, and to public trust in the medical-legal system. Reform requires constitutional challenge, funding real research, and dismantling labels that pathologize distress without evidence.

8. Bias and Discrimination

Keywords: Bullying; harassment; and discrimination; gender disparity; HIV; legislation

On Increasing Global Awareness of the Need for Respectful Treatment at Work

Ellen Pinkos Cobb, *Ellen P Cobb Associates* (Ellenpc2@gmail.com)

As the past few years have upended thoughts about traditional work, conversations about mental health and respectful treatment have moved to the forefront of workplace discussions. The workplace climate is more often considered of significance when discussing mental health. These recent changes in ways of working and workplace culture have also led to an increased focus on bullying, harassment, and discrimination: a greater recognition of their prevalence and destructiveness. New ways of bullying, harassment, and discrimination have evolved too, arising out of remote work environments and an increasingly diverse workforce. Accordingly, a discussion of workplace bullying, harassment, and discrimination plays a

significant role in addressing an increasing global awareness of the need for respectful treatment of workers and its relation to mental health at work. Despite global sobering statistics on mental health at work, positive developments are occurring: increase in employer's legal duty of care for workers' mental as well as physical health and safety; new laws on bullying, harassment, and discrimination; recognition for fixing work, not workers; work life balance: the right to disconnect; the need to connect: loneliness and belonging at work; and more information about what matters to employees today and creating a healthy workplace culture. Information will be conveyed on recent workplace bullying, harassment and discrimination laws and developments in the new world of work.

Medical Misogyny and its Consequences

Karen Rosenabum, *New York University Langone Health* (kbrosenb@gmail.com)

As forensic psychiatrists, we are trained to detect malingering in forensic evaluations, to maintain healthy skepticism when our evaluee has something to lose or win, and to search inwardly for any biases we may hold. Recent literature has examined the gender, cultural and racial biases inherent in forensic psychiatry, as in society at large. This awareness is encouraging and is especially important in light of recent public cases in which women were not believed in the medical setting. It is also salient in the context of the Supreme Court and various state courts rulings which are impacting how the medical profession treats women's reproductive health. Even with increased awareness on gender disparity (as well as racial and cultural disparities in medicine), the history of gender disparity in medicine and its impact on women's health is long and entrenched and it is often difficult to tease out, as it is still not widely understood or taught. This presentation will discuss the history of women not being believed in the medical setting and recent tragic examples of this phenomenon including in the field of Forensic Psychiatry.

The Cabaret Law: Perpetuating a History of Racial Discrimination, Control, and Selective Enforcement

Jerry Tolson, *University of Louisville* (jerry.tolson@lousiville.edu)

America's legal system has often been used to regulate, control, intimidate, and harass minorities, especially African Americans, with laws that, when enforced, had disproportionate effects. One, New York City's Cabaret Law, prohibited "musical entertainment, singing, dancing or other form of amusement" without a license in cabarets. When most rigorously enforced, authorities used selective enforcement to disproportionately suspend or revoke Black musicians' licenses, creating issues sustaining their livelihoods, supporting their families, and causing psychological and emotional issues that resulted in substance abuse and other self-destructive behaviors. The inner torment and reduced creativity that likely resulted from these behaviors impacted career trajectories and artistic status. While there has been significant work on this topic, particularly by Chevigny, much can still be learned about psychological, emotional, and physical ramifications for Black jazz musicians resulting from this law's implementation. How careers, self-perception, and creativity were affected is relevant for those musicians, and today's musicians. Additionally, does selective, arbitrary enforcement of current laws impact artists' creativity today? This examination explores the historical impact of the Cabaret Law and provides insight into the impact of comparable laws on modern creativity.

*Barriers to Healthcare and Mental Health Challenges: The Impact of HIV and Discrimination on Trans and Travesti Populations in Brazil**

Felipe Fraga, *Universidade de São Paulo* (felipe.fraga@alumni.usp.br)

Introduction: The mental health of trans people and travestis in Brazil is impacted by structural inequalities and barriers to healthcare access. In 2024, Brazil remained the country with the highest number of trans murders worldwide. Additionally, the prevalence of HIV among trans people and travestis exceeds the national average, with the aggravating factor that only 60% of trans people diagnosed with HIV are receiving antiretroviral treatment, reflecting the impact of stigmatization and difficulties in accessing healthcare services. Moreover, approximately 45% of trans people report moderate to severe symptoms of depression, exacerbated by violence, social exclusion, and lack of adequate support.

Objective: To investigate the challenges faced by trans people living with HIV/AIDS in healthcare services, with an emphasis on the impact on their mental health.

Method: An exploratory qualitative study based on semi-structured interviews with trans users of the Brazilian Unified Health System (SUS). The analysis used a thematic and intersectional approach.

Results: 40% of trans people living with HIV reported interruptions in treatment due to discrimination. Black travestis and those experiencing homelessness showed higher rates of mental health disorders.

Conclusions: Inclusive policies and professional training are necessary to ensure equity and comprehensive healthcare access.
e policies and professional training are necessary to ensure equity and comprehensive healthcare access.

Discrimination Against Mental Health and Disability – Examining the Workplace Fairness Act in Singapore

Gary Kok Yew Chan, *Singapore Management University* (garychan@smu.edu.sg)

Singapore has recently enacted new workplace fairness legislation to protect employees from discriminatory behaviour at the workplace on the grounds of certain protected characteristics including disability and mental health condition. Employees with disability and mental health conditions are protected under the statute from discrimination in respect of a range of employment decisions such as hiring, appraisal of performance, promotion, the provision of training, dismissal, retrenchment and termination. Disability has been defined in the legislation to include autism, intellectual disability and/or sensory disability whilst mental health condition refers to a medically diagnosed mental disorder. The presentation will discuss the key issues relating to the absence of protection against indirect discrimination, the scope of the protected characteristics of disability and mental health conditions, and the exceptions to discrimination based on genuine job requirements in light of the complimentary roles played by legislation and non-binding guidelines. Indeed, as legislative plans are being made in the next phase to allow employment claims tribunals to hear private employment claims for discriminatory behaviour, work is underway to provide guidance to employers on making reasonable accommodations for those with disabilities through non-binding guidelines.

9. Biophilosophy: Bios, Techne, and the Traces of Being and Knowing

Keywords: Speech; pregnancy; tools; behavioral

Stigmergy and Speech

Marty Fitzgerald, *OHIO State University* (martin.fitzgerald@osumc.edu)

Jacques Derrida famously claimed that writing is prior to speech -- a claim that has just as famously perplexed passing commentators. What Derrida means by this is not a chronological claim about which signifying system came first (this is obviously speech's position), but rather an attack against the false immediacy of speech. Where writing is taken to "resist" its author by having meanings that the author did not intend, by frustrating the author to capture their true meaning, and so forth, Derrida finds much the same properties in speech. In this paper, I will elaborate on this property of signification by analyzing human language through the lens of stigmergy. Stigmergy is a process most typically observed in eusocial insects whereby environmental cues signal an insect to modify the environment, thereby cuing another insect to respond to that cue as well. In such a way, eusocial insects can accomplish highly coordinated building projects without a central architect. To show how the concept of stigmergy gives analytical expression to Derrida's analysis of speech, I will investigate what I claim is a paradigm case of stigmergic communication: Deleuze and Guattari's concept of cliche and slogan.

*The Technological Imagination in Pregnancy and Childbirth**

Devan Stahl, Baylor University (devan_stahl@baylor.edu)

The theory of maternal imagination, which held that women could shape the bodies of the children in utero through their emotional states or imaginings, persisted for centuries. A woman who passionately gazed upon the visage of a handsome hero may bear an equally handsome child, a woman who craved strawberries during pregnancy might bear a child with a strawberry birthmark, and a woman who was frightened by an animal might bear a child resembling that animal. Undoubtedly, the theory of maternal imagination could be wielded as a tool of gender oppression and justify the management of pregnant women's bodies. Yet the medical theory that ultimately replaced maternal imagination, eugenics, still held women responsible for reproducing with the right kind of men and for taking immaculate care of their bodies. Unlike imaginationists, however, eugenicists lacked was any theory of the wondrous bond between a pregnant woman and her child. Today, women live in a medical culture that places tremendous burdens upon them not only to stay healthy, but to use the latest technologies to conceive and bear perfect children. The maternal-fetal connection is no longer afforded the deep and mysterious wonder it once maintained. Reestablishing these wondrous bonds may help renew the wonders pregnancy for a new generation of parents whose children medicine has deemed malformed, tragic, and worthy of elimination.

The Porous Boundary Between Humans and Biotechnology

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

What we may refer to as the "standard view" of the ontology of material objects within an Aristotelian metaphysical framework holds that there is a strict boundary between nature and artifice; more specifically, objects belonging to natural kinds such as water, plants, animals, and humans count as substances, and

objects created by human craftmanship are only accidental unities. The standard view has been challenged by recent developments in biotechnology, such as organ transplants, implantable devices, genetically modified organisms, and synthetic biological products. In this presentation, I begin by summarizing scholarship that calls the standard view into question. I then explore the metaphysical implications of the biotechnologies just referenced with respect to the seemingly porous ontological boundary between them and the substance that is the human person.

Technics, Symbols, and the Flow of Being

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

The human animal has been called homo faber, or the tool-making animal. At every level of human engagement with the world tools are used. In this essay, I will explore the way that humans use conceptual tools to make both practical and theoretical sense of the world. In fact, drawing on the work of Ernst Cassier, who claimed that the human was the animal symbolicum, or the symbol-making animal, I will claim that even our scientific models and theories are tools of reason and understanding. It is this fact—that science represents the world through its symbolic tools—that science is idealist. But in what sense can science be said to be in relation to reality when it merely represents reality in models or mathematical equations? Can science be realist? My answer is that it can, but its realism requires a high view of intuition. Taking inspiration from Cassirer's French contemporary realist, Henri Bergson, I will argue that intuition is the feeling activity that mediates between the intellect's symbolic representations and the flow of being in which the human animal participates.

10. Changing Bad Behaviour

Keywords: Conflict; creativity; stigma; hate crime; youth

Creativity, Aging, and Family Conflict: Pathways to Dispute Resolution

Anita Dorczak*, Dr. Anita Dorczak's Law and Mediation* (ADorczak@DrAnita.Lawyer)

Courts of law should be the last option for families to have their issues dealt with. From the kitchen table negotiation through mediation and collaborative law, this presentation will focus on the concept of creativity and creative ways to have intergenerational conflict resolved with less costs, in less time, and, most importantly, with least impact on the elderly family members.

Breaking Down the Barriers: Reducing Stigma and Practical Srategies for the Legal Profession

Jennifer Lynn Laffier, *Ontario Tech University* (jennifer.laffier@ontariotechu.ca)
Julie Wilson, *Gowling WLG* (julie.wilson@gowlingwlg.com)
Michael Herman, (Michael.herman@gowlingwlg.com)

Digital overwhelm and burnout are two of the most significant factors impacting well-being in the workplace today. Research suggests that these factors are exacerbated within the legal field, especially for

practicing lawyers, who face difficulties balancing work and home life, constant technological connections, and unresolved stress, leading to an increase in mental health struggles. Although research has highlighted key strategies for addressing digital wellness and burnout, many of these strategies are not realistic for the legal profession. Career expectations hinder the application and sustainability of wellness strategies. Therefore, this research study, conducted by two lawyers and a mental health professional, examines effective strategies for lawyers that take into consideration barriers and moderating variables. A comprehensive literature review was conducted to develop a framework exploring the relationship between wellness strategies and the specific wellness risks for lawyers. A conceptual methodology was employed, integrating existing theoretical and empirical literature, as well as personal insights from the authors, to explore this relationship between the unique wellness struggles of lawyers, wellness strategies and moderating variables. The framework provides insights to best practices for the legal profession.

The Intersection of Rural Youth, Online Hate and Digital Wellness

Jennifer Lynn Laffier, *Ontario Tech University* (jennifer.laffier@ontariotechu.ca)
Barb Perry, *Ontario Tech University* (barb.perry@ontariotechuniversity.ca)
Madison Westley, *Ontario Tech University* (madison.westley@ontariotechuniversity.ca)

In Canada, about 96% of youth are digitally engaged through multiple personal devices and notably, 45% report being online on a near-constant basis. With limited social opportunities in rural areas, digital technologies, including online gaming, social media, and instant messaging, allow youth to socialize. However, research suggests that the online behaviours of youth can act as both a risk and a protective factor for their mental health. For instance, gaming and social media use may mitigate isolation or boredom and provide opportunities for self-expression. These same technologies may expose youth to harm, such as harassment, cyberbullying, or exposure to online hate and extremism. Recent research suggests rural youth are more at risk of harm due to limited community support or educational opportunities. This qualitative research study examines the specific harms of online hate and extremism and digital wellness strategies for youth. There has been a call for more research to be conducted that explores the intersection of rural communities, online hate and the skills and interventions that are needed for wellness in the digital age.

Street Traders and the Psychological Impact of Climate Change: A Case for Occupational Health and Safety in the Informal Economy

Katleho Letsiri, *University of Johannesburg* (kletsiri@uj.ac.za)

Street trading is a long-established occupation and a defining characteristic of many African cities. Typically located in high-foot-traffic areas, street traders play a crucial role in economic survival, particularly for South Africa's predominantly Black women traders. However, they operate in extreme vulnerability due to a lack of labour law and social protection coverage, which is exacerbated by climate change and inadequate infrastructure. This paper seeks to explore the psychological toll that environmental hazards have on street traders, with a focus on heat, erratic weather patterns, the absence of shelters, as well as water and sanitation. The paper frames these challenges through the lens of occupational health and safety (OHS), arguing for its expansion beyond the standard employment paradigm. By bridging the disciplines of labour law, social protection and mental health, this paper makes a case for an inclusive, climate-resilient framework of social protection that addresses both the material and psychological needs of informal workers.

Evaluating the Impact of Core Correctional Skills Training at the Secure Treatment Unit of the Brockville Mental Health Centre

Anik Gosselin, *The Royal Ottawa Health Care Group* (anik.gosselin@theroyal.ca)
Marharyta Hrechkosii, *The Royal Ottawa Health Care Group, Brockville Mental Health Centre, Secure Treatment Unit* (marharyta.hrechkosii@theroyal.ca)
Sarah Watts, *The Royal Ottawa Health Care Group, Brockville Mental Health Centre, Secure Treatment Unit* (sarah.watts@theroyal.ca)
Phillipa Evans, *University of New South Whales-Sydney* (p.evans@unsw.edu.au)
Andrew Gray, *The Royal Ottawa Health Care Group, Brockville Mental Health Centre, Secure Treatment Unit* (andrew.gray@theroyal.ca)
Chris Trotter, *Monash University* (christopher.trotter@monash.edu)

Within correctional settings, the Risk-Need-Responsivity model has dominated the field for 30 years. Within this model, the Responsivity Principle stipulates that Core Correctional Skills (CCS) (e.g., effective use of authority, prosocial modelling/reinforcement, problem solving, building relationships) need to be applied with justice-involved persons (JIP) to increase the likelihood of a more prosocial lifestyle and to decrease risk of reoffending. CCS have demonstrated the most effectiveness for creating positive behaviour change and reducing recidivism among JIP, and have led to improved social climate and job satisfaction in institutions.

The present study aimed to determine if implementing CCS at the Secure Treatment Unit (an Ontario jail offering specialized psychiatric care to JIP with severe mental illness (SMI), who present with even higher risk to re-offend than JIP without SMI) would lead to similar outcomes. All staff members completed CCS training and the model was implemented within the facility in June 2025.

This study used a mixed methods pre/post-test design (16 staff and 60 patients) incorporating quantitative and qualitative methods. Pre/post training measures include the EssenCES, Kessler Psychological Distress Scale, Work Wellbeing Questionnaire, and NoMAD. Pre/post training and implementation comparisons will be available following administration of the post-training measures in the fall 2025.

11. Changes and Trends in Mental Health Law Reform in the UK

Keywords: UK; neoliberal; empowering; human rights

The Politics of Mental Health Law Reform in England and Wales

Judy Laing, *University of Bristol* (J.M.Laing@bristol.ac.uk)

This paper will critically evaluate the recent mental health law reform process and proposals in England and Wales, which led to the introduction of a new Mental Health Bill in parliament in 2024. It has been a protracted reform process which began in 2018 with a report from an Independent Review Committee, followed by the introduction of a Draft Mental Health Bill by the Conservative government in 2022. The Bill focused on giving patients a greater voice and choice in their care and treatment decisions, in line with the Conservative government's neoliberal ideology. Following a general election on 4 July 2024, the Labour

government introduced a revised Draft Mental Health Bill in July 2024, which is broadly similar to the previous Bill and also focused on promoting individual choice and autonomy. The Bill is currently passing through parliament and is likely to take several years to implement. The reform proposals and process will be critically analysed within the wider socio-political context in the UK, and in particular, will consider the extent to which the increasing focus on individual choice and autonomy in mental health law and policy neglects long-standing systemic inequalities in mental health care and treatment.

*Beyond Therapeutic Necessity: Empowering Patient Voice in Mental Health Care**

Nicola Glover, *University of Manchester* (nicola.glover-thomas@manchester.ac.uk)

Critically analysing the limitations of the current mental health law framework in England and Wales, exemplified by the Mental Health Act 1983, this paper interrogates the marginalisation of the patient voice. While statutory safeguards such as the nearest relative and mental health tribunals exist, their efficacy in prioritising the subjective experiences and articulated desires of individuals facing mental health challenges is demonstrably constrained. The prevailing paradigm of 'therapeutic necessity' is identified as a significant impediment, frequently eclipsing individual preferences and fostering a sense of disempowerment. Moreover, the mandated role of the Nearest Relative is criticised for its potential to contravene an individual's chosen support structures. In response to these identified deficiencies, the proposed new Mental Health Bill is evaluated for its potential to redress this imbalance through a heightened emphasis on patient autonomy and participatory decision-making. The introduction of 'advance choice documents' and the proposed substitution of the Nearest Relative with a self-nominated 'person' are critically examined as mechanisms intended to centralise the individual's perspective in care planning. This analysis will assess the anticipated impact of these legislative reforms on the empowerment of patient voice within the mental health legal landscape, considering their potential to foster greater autonomy, dignity, and a more genuinely person-centred approach to mental health care provision.

Improving Human Rights-Led Implementation of Mental Health and Capacity Law with and without Legislative Change in Scotland

Jill Stavert, *Centre for Mental Health Practice Policy and Law Research, Edinburgh Napier University* (J.Stavert@napier.ac.uk)
Colin McKay, *Centre for Mental Health Practice Policy and Law Research, Edinburgh Napier University*

Although originally world-leading in their human rights-based approach, Scotland's mental health and mental capacity legislation started to fall out of step with developing international human rights standards. This led to the Scottish Government establishing the Scott Review, which reported in 2022 with a set of wide-ranging recommendations for greater alignment with human rights standards, particularly the European Convention on Human Rights and the Convention on the Rights of Persons with Disabilities. These included strengthening support for decision making, recognition of economic, social and cultural rights, and a radical approach to Human Rights Enablement. Many of the Scott Review's recommendations required legislative change, but the report also made it clear that much could be done to improve human rights-led implementation through reforms to policy and practice. The Government has committed to

introducing capacity legislation before July 2026 which will strengthen human rights-based principles, address issues of deprivation of liberty, and reform medical consent. It is also consulting on changes to the definition of 'mental disorder' and reforms to advance statements, and on measures to strengthen the rights of people with learning disabilities or neurodivergence. This presentation will discuss progress towards reform in Scotland and lessons for other jurisdictions.

Reconstructing Gard: Therapeutic Jurisprudence and the Ripple Effects of High-Profile Paediatric Medical-Legal Cases

Suzanne Farg, *University of Manchester* (UK), (suzanne.farg@manchester.ac.uk)
Professor Nicola Glover-Thomas, University of Manchester (UK), (nicola.glover-thomas@manchester.ac.uk)

When disputes arise regarding medical treatment to be provided to a child in England, the Courts must determine what is in the child's best interests and may override parental wishes, including in high stakes decisions regarding the provision of life-extending treatment. One such case considered whether experimental treatment should be provided to attempt to extend the life of Charlie Gard. A high-profile legal battle ensued between Charlie's parents and the hospital, which garnered widespread publicity, attention from international political figures, and threats made against those involved in the case.
This paper examines the adversarial legal process in that case through the lens of therapeutic jurisprudence. It argues that, while the traditional 'best interests of the child' legal framework is essential, it often fails to account for the psychological and social consequences on all parties involved, including families, medical staff, and the judiciary. By reconstructing the case's impact, this article proposes that a therapeutic jurisprudence approach offers a better model for resolving such complex medical-legal disputes, promoting the best interests of the child alongside the psychological wellbeing of participants in the process. It concludes by advocating for procedural reforms aimed at de-escalating conflict and fostering a more humane and collaborative process.

12. Child & Youth Participation in Canada's Family Justice Process

Keywords: Transgender; policy; mediation; Ontario

Hearing From Trans Gender and Gender Diverse Youth in Child Welfare

Rachel Birnbaum, *King's University College*, *Western* (rbirnbau@uwo.ca)
Joanna Radbord, *McCarthy Hansen & Company LLP* (joanna@mccarthyco.ca)

It is estimated that 10% of the general population is LGBTQ2+, but studies suggest there is a much higher percentage of gender questioning children and youth in the child welfare system. Many of these children and youth face rejection and abuse when their parents learn of their gender expression/gender questions. This presentation reports on a study about trans gender and gender diverse youth and others involved with child welfare services. The findings are part of a broader study and focuses on the experiences of 15 transgender and gender diverse young people (ages 16-17 year of age) who received and are receiving child

welfare services to assist them in transitioning to young adulthood. Many of these young people believe that more support is needed to assist them as they transition to young adulthood. While they feel comfortable and supported by CAS and their lawyers many of them who question their identity do not feel supported, particularly by the medical community. Both practice and policy implications are considered. Findings and implications will be discussed in the presentation

*Lawyers Representing Trans and Gender Diverse Youth in Child Welfare**

Tami Moscoe, *Office of the Children's Lawyer* (tami.d.moscoe@ontario.ca)
Patric Senson, *Office of the Children's Lawyer* (patric.senson2@ontario.ca)
Joanna Radbord, *McCarthy & Hansen LLP* (joanna.radbord@icloud.com)
Rachel Birnbaum, *King's University College, Western* (rbirnbau@uwo.ca)

The presentation explores the experiences of children's lawyers in two provinces that represent transgender and gender diverse youth in family disputes and child welfare matters. There were 61 lawyers who responded to an online survey and a subsample of 17 lawyers who were interviewed about their experiences representing transgender and gender diverse young people as they transition to young adulthood. The lawyers report that the majority of these young people struggle with their identity and need support services. The lawyers report that other lawyers, the court and child welfare are respectful of these young people. Practice and policy implication will be discussed.

Child & Youth Informed Mediation in Ontario

Rachel Birnbaum, King's University College, Western (rbirnbau@uwo.ca)
Nicholas Bala, *Queens University* (bala@queensu.ca)

The presentation reports on a research study of both children (3) and their parents (19) who were involved in a pilot project of child and youth inclusive mediation at three Ontario court sites. Children participated in two interviews with a mental health professional or a children's lawyer and then had their views reported to a mediator who assisted the family in resolving the parenting dispute before the court. The children report feeling heard. However, parents had mixed feelings; some parents report that while it is important to hear their child's views some parents were not sure that the child's views expressed were accurate. The majority of parents expressed appreciation about the process and believed child and youth inclusive mediation can better assist parents during post separation rather than court. From a practice perspective parents need more information about what views of the child report is and is not. From a policy perspective, hearing children and youth's views in mediation can assist some families in resolving parenting disputes. Findings and implications will be discussed in the presentation.

A Retrospective Study of Outcomes of Custody Reversal in Parental Alienation Cases

Rachel Birnbaum, *King's University College, Western* (rbirnbau@uwo.ca
Nicholas Bala, *Queens University* (bala@queensu.ca)

This presentation is a retrospective study of 6 children and 13 parents involved in custody reversals as a result of findings of "parental alienation" in Ontario courts. All the young people reported that they opposed the custody reversal (from favored mother to rejected father) when it was ordered by the court, but with hindsight believe that the court's decision was in their long term bests interests. They were pleased that they were living with their fathers, but sad about not having a relationship with their mothers despite their father's wanting them to maintain that relationship. The parents expressed frustration with the court system

taking too long to make decisions and the enormous expense that they went through both financially and emotionally. Practice and policy implications to be discussed in the presentation focus on having mental health professionals involved earlier in the litigation process, that mental health professionals engage and report to a single case management judge from the initial triaging of the case as high conflict and monitoring post-trial.

13. Children Resisting Contact and Parental Alienation: Canadian Research and Perspectives

Keywords: Alienation; maltreatment; children; Canadian courts

Parental Alienation - Junk Science or Child Abuse? A Question for Social Scientists or Law-Makers?

Nicholas Bala, *Faculty of Law, Queen's University* (bala@queensu.ca)

The UN Special Rapporteur on Violence Against Women (2023) condemned parental alienation (PA) as a "pseudo-scientific" concept that should be banned from family proceedings. While parental alienation is a psychological concept, decisions about the validity and use of the concept are being made by judges and legislators, with significant input from psychologists. This presentation argues that parental alienation is a valid psychological concept that is generally being properly taken considered, at least by Canadian courts. Decisions about parenting for should be made based individualized decisions about children's best interests with evidence from court-appointed mental health professionals, Studies of Canadian family court decisions reveal that most cases where alienation is raised do not result in a finding of PA, and courts recognize that resistant to contact with a parent often reflects a range of factors. However, some cases, whether of severe alienation may require "custody reversal" and suspension contact with a parent.

Judicial Application of Parental Alienation in Quebec's Child Protection Courts

Karine Poitras, *Department of Psychology, Université du Québec à Trois-Rivières* (Karine.Poitras@uqtr.ca)

Reports of psychological maltreatment to Quebec Youth Protection Services have increased significantly since the inclusion in 2007 of Child Psychological Ill-Treatment in the Youth Protection Act. This legislative amendment was intended to increase vigilance over children whose development is compromised, particularly in cases involving high-conflict separation, child resistance or refusal dynamics, and exposure to domestic violence. However, it has also sparked debates regarding the judicial treatment of parental alienation allegations and has contributed to a rise in concurrent legal proceedings before both Superior and Child Protection courts. This study examines how Quebec's Child Protection Courts assess cases of Child Psychological Ill-Treatment, with a particular focus on parental alienation allegations. Our analysis is based on 42 judicial decisions issued between 2007 and 2025, providing insights into how judges and experts interpret and apply the concept of parental alienation in high-conflict parental separations. The findings highlight the complexities of integrating psychological concepts into legal decision-making, revealing both the benefits and potential pitfalls of such an approach.

Longitudinal Study of Parent-Child Contact Problems

Élisabeth Godbout, *School of Social Work and Criminology, Laval University, Québec* (elisabeth.godbout@tsc.ulaval.ca)

Child resistance-refusal dynamics after separation preoccupy psychosocial and legal professionals and are hotly debated in scientific and activist circles. However, knowledge of their extent remains limited at the population level, since this phenomenon is studied mainly through clinical or judicial samples. This research, based on a representative sample of separated Quebec parents (N= 1, 551, Longitudinal Study of Separated Parents and Stepfamilies in Quebec), will examine the intersection between three dimensions of these dynamics: 1) indicators of impediments to parent-child contact, 2) cases with very limited or decreasing frequency of parent-child contact, and 3) cases with low quality of the parent-child relationship. The evolution of these difficulties at 2, 4 and 6 years post-separation, as well as the factors associated with them (socio-demographics, family characteristics, legal and coparenting conflicts, manifestations of violence between ex-partners) will be examined. Reflections will be proposed on the prevention of contact difficulties and social responses to this problem.

Trajectories of Families in Parental Alienation Cases in Canadian Courts

Aymlie Paquin-Boudreau, *Department of Psychology, Université de Sherbrooke, Québec* (amylie.paquin@gmail.com)

While there has been consensus among most social scientists about the existence and features of parental alienation (PA) and its causes and outcomes, PA has also been a controversial topic among some scholars for many years, with some even arguing that the concept should be banned from the courts in the face of domestic violence allegations. This study examines what insights can be learned from families with repeated reported Court decisions leading up to a finding of PA dynamics. Drawing on 48 Canadian family court cases where PA was found to have occurred by a legal or psychosocial professional, this study explores the trajectories leading to the determination of PA and families' use of services afterwards. For each family, we analyzed at least 3 court decisions (M = 5 court cases; min = 3; max =18) over an average period of 3 years and 8 months (M = 3.74 years; min = 0.26; max = 11.68) to capture historical changes in the family. We report on the evolution of manifestations and outcomes of PA in parents and children over time, as well as the court's reaction to allegations of abuse. We also discuss the usefulness of the concept of PA in guiding families towards appropriate interventions.

14. Coercion or Care? Examining the Evidence and Ethics of Compulsory Community Treatment

Keywords: Australia; community treatment orders; clinician initiated

*Variations Between, and Within, Jurisdictions in the Use of Community Treatment Orders and Other Compulsory Community Treatment: A Study of 402,060 People Across Four Australian States**

Tessa-May Zirnsak, La Trobe University, Australia (T.Zirnsak@latrobe.edu.au)

Steve Kisely, *University of Queensland, Australia* (s.kisely@uq.edu.au)
Chris Maylea, *La Trobe University, Australia* (C.Maylea@latrobe.edu.au)
Sharon Lawn, *College of Medicine and Public Health, Flinders University, Adelaide, South Australia* (sharon.lawn@flinders.edu.au)
Penelope Weller, *RMIT* (penelopejune.weller@rmit.edu.au)
Vrinda Edan, *University of Melbourne, Australia* (v.edan@unimelb.edu.au)
Giles Newton-Howes, *University of Otago, Wellington, New Zealand* (giles.newton-howes@otago.ac.nz)
Christopher James Ryan, *St Vincent's Hospital, Australia* (chrisjamesryan@gmail.com)
Puneet Sansanwal, *University of Melbourne, Australia* (puneet.sansanwal@unimelb.edu.au)
Morgan Gould, *La Trobe University, Australia* (m.gould@latrobe.edu.au)
TJ Spencer, *La Trobe University, Australia* (TJ.Spencer@latrobe.edu.au)
Edwina Light, *University of Sydney, Australia* (edwina.light@sydney.edu.au)
Lisa Brophy, *La Trobe University, Australia* (L.Brophy@latrobe.edu.au)

Aims: To measure variations in the use of compulsory community treatment (CCT) in a standardised way across the following four Australian jurisdictions: Queensland, South Australia (SA), New South Wales (NSW) and Victoria. We also investigated associated sociodemographic variables. Methods: We used aggregated administrative data from the Australian Institute of Health and Welfare. Results: There were data on 402,060 individuals who were in contact with specialist mental health services, of whom 51,351 (12.8%) were receiving CCT. Percentages varied from 8% in NSW to 17.6% in South Australia. There were also wide variations within jurisdictions. In NSW, prevalence ranged from 2% to 13%, in Victoria from 6% to 24%, in Queensland from 11% to 25%, and in SA from 6% to 36%. People in contact with services who were male, single and aged between 25 and 44 years old were significantly more likely to be subject to CCT, as were people living in metropolitan areas or born outside Oceania. Discussion: There are marked variations in the use of CCT both within and between Australian jurisdictions. It is unclear how much of this variation is determined by clinical need and these findings may be of relevance to jurisdictions with similar clinician-initiated orders.

*Restricting Community Treatment Orders to People with Non-Affective Psychosis Might Reduce Use and Improve Subsequent Outcomes: A Queensland-Wide Cohort Study**

Steve Kisely, *University of Queensland, Australia* (s.kisely@uq.edu.au)
Claudia Bull, *The University of Queensland School of Medicine, Qld, Australia* (c.bull@uq.edu.au)
Vrinda Edan, *Medicine, Dentistry and Health Sciences, University of Melbourne, Australia,* (v.edan@unimelb.edu.au)
Morgan Gould, *Social Work and Social Policy, Department of Community and Clinical Health, School of Allied Health, Human Services and Sport, La Trobe University, Victoria, Australia* (Morgan.Gould@mh.org.au)
Sharon Lawn, *College of Medicine and Public Health, Flinders University, Adelaide, South Australia,* (sharon.lawn@flinders.edu.au)
Edwina Light, *University of Sydney, Sydney, NSW, Australia* (edwina.light@sydney.edu.au)

Chris Maylea, *Law School, La Trobe University, Melbourne, Victoria, Australia* (C.Maylea@latrobe.edu.au)
Giles Newton-Howes, *University of Otago, Wellington, New Zealand* (giles.newton-howes@otago.ac.nz)
Christopher James Ryan, *Department of Psychiatry, St Vincent's Hospital, Darlinghurst NSW, Australia* (chrisjamesryan@gmail.com)
Penelope Weller, *Graduate School of Business and Law, RMIT University, Melbourne, Victoria, Australia* (penelopejune.weller@rmit.edu.au)
Tessa Zirnsak, *Social Work and Social Policy, Department of Community and Clinical Health, School of Allied Health, Human Services and Sport, La Trobe University, Victoria, Australia* (T.Zirnsak@latrobe.edu.au)
Lisa Brophy, *Social Work and Social Policy, Department of Community and Clinical Health, School of Allied Health, Human Services and Sport, La Trobe University, Victoria, Australia* (L.Brophy@latrobe.edu.au)

Aims: To investigate the variables associated with Community Treatment Order (CTO) placement and the impact of CTOs on admissions and bed-days over the following 12 months, including differences by diagnosis. Methods: Cases and controls from a complete jurisdiction, the state of Queensland, Australia, were analysed. Administrative health data were matched by age, sex and time of hospital discharge (the index date) with two controls per case subject to a CTO. Multivariate analyses were used to examine factors associated with CTOs, as well as impact on admissions and bed-days over the 12 months after CTO placement. Results: We identified 10,872 cases and 21,710 controls from January 2018 to December 2022 (total n=32,582). CTO use was more likely in First Nations people (OR1.14; 95% CI= 1.06-1.23), people with culturally diverse backgrounds (O 1.45; 95% CI = 1.33–1.59), and those with a preferred language other than English (OR1.21; 95% CI= 1.02-1.44). When all diagnostic groups were considered, there were no differences in subsequent admissions or bed-days between cases and controls. However, both readmissions and bed-days were significantly reduced for the CTO cases when compared with the controls in analyses restricted to non-affective psychoses (e.g. OR 0.77, 95% CI= 0.71-0.84 for readmission). Discussion: Queenslanders from culturally or linguistically diverse backgrounds and First Nations peoples are more likely to be placed on CTOs. Targeting CTO use to people with non-affective psychosis might both address rising CTO rates and make it more likely that people placed on these orders derive possible benefit. This has implications for both clinical practice and policy.

*Canadian Studies on the Effectiveness of Community Treatment Orders: An Updated Systematic Review of Quantitative Data**

Steve Kisely, *University of Queensland, Australia* (s.kisely@uq.edu.au)
Mike Trott, *The University of Queensland School of Medicine, Qld, Australia* (mike.trott@uq.edu.au) Ravi Iyer, *Centre for Mental Health, Swinburne University, Australia* (raviiyer@swin.edu.au)

Aim: Community treatment orders (CTOs) for people with severe mental illnesses are used across most of Canada. Our previous systematic review of 10 years ago found that the evidence-base was limited to small studies, with only one including controls. This review updates the evidence using studies conducted in Canada over the last decade. Methods: A systematic search of PubMed /Medline, Embase, CINAHL, and

PsycINFO for any Canadian study of outcomes following CTO placement from March 2015 to January 2025. Results: We identified four articles from three studies. Adding these studies to the previous search gave a total of nine articles from seven studies. None could be included in a meta-analysis. There were reductions in readmission rates and bed-days following CTO placement, while psychiatric symptom, outpatient attendance, treatment adherence participation in psychiatric services and housing all improved. In one study, perceived coercion was no greater in the CTO cases than the controls and being on an order preferable to being in hospital. However, many of the studies were small and only two included controls, of which solely one adjusted for potential confounders using either matching or adjusted analyses. The certainty of evidence was therefore rated as very low. Discussion: The evidence for the use of community treatment orders in Canada is limited. This research gap contrasts with other countries that have conducted large studies using randomized or matched controls and adjusted analyses. There is a need for larger studies with more standardized reporting methods to allow for the pooling of results.

Is There a Place for Coercive Care for Some People with Severe Mental Illness-Empirical Findings and Philosophical Musings

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

Aim: To examine two sets of data, using different populations and different analytic techniques to examine the outcome of CTOs by diagnosis. Method: Two different quantitative analytic methods were used to examine large epidemiological datasets looking at CTOs and outcomes. Results: Both datasets found that, using endpoints or relevance, people with non-affective psychosis appears to have a positive response to CTOs as opposed to other patient groups. Discussion: This raises the question of whether CTOs may be of value for people who experience non-affective psychosis, such as schizophrenia. Examination of the literature in many jurisdictions prior to the introduction of CTOs infer this small population was considered to be the target population of parliament. However, this raises the question of whether CTOs are really necessary for this group, whom often have considerable challenges with information and consent and raises philosophical questions about whether we need to examine more closely how to support people who experience this form of psychosocial distress as opposed to engaging in a testamentary epistemic injustice by legislating to remove their right to make choices about their treatment.

15. Community Settings and Services

Keywords: Youth; sentencing; correctional; prisons; activism; compulsory treatment; HIV

*Mental Health and Youth Sentencing Outcomes**

Helene Love, *Simon Fraser University* (helene_love@sfu.ca)

This study analyses 189 youth sentencing decisions where youth are convicted of serious crimes (break and enter and/or manslaughter) to explore the relationship between mental health disorders and sentencing outcomes. We find personality disorders related to an increased likelihood of custodial sentences, while addiction and learning disabilities had the weakest relationship with the decision to order a custodial

sentence but a positive relationship to longer community-based sentences. In some cases, a lack of services available in the community are preventing the Youth Criminal Justice Act's promise from being realized.

The Mental Health and Well-Being of Provincial and Territorial Correctional Workers: A National Replication Study

Rosemary Ricciardelli, *Memorial University of Newfoundland* (rose.ricciardelli@mi.mun.ca)
Tamara Taillieu, *University of Manitoba*
Matthew Johnston, *Memorial University of Newfoundland*
Sahar Dorniani, *Memorial University of Newfoundland*
R. Nicholas Carleton, *University of Regina*
Tracie Afifi, *University of Manitoba*

This presentation reports/discusses a national study of correctional worker mental health in Canada. Specifically, we compared the mental health and wellbeing of correctional workers, from each Canadian provincial and territorial correctional service who completed an online survey either before or during COVID. The pre-COVID data came from participants in Ontario, New Brunswick, Nova Scotia, Newfoundland and Labrador, Manitoba, Saskatchewan, and Yukon. The during COVID data came from participants in Alberta, British Columbia, Quebec, Northwest Territories, Nunavut. Participants include provincial and territorial correctional workers in operational and administrative roles from community and institutional environments and included youth workers in some jurisdictions. Operational correctional workers working in both environments reported substantial symptoms of mental health disorders, particularly posttraumatic stress disorder and major depressive disorder. We attribute seemingly positive changes in their mental health during COVID-19 to the reduce prison population (with decarceration efforts) which appeared to reduce staff shortages and support correctional workers in meeting their occupational responsibilities with greater ease. We also analyzed qualitative responses to open-ended survey items to contextualize the high symptom prevalence based on participant experiences. The presentation will identify insights about participant needs and barriers related to accessing mental health treatments. Recommendations will be provided for future research, and for potentially beneficial policies and practices.

Invalidity of Cochrane Reviews of Compulsory Community Treatment

Steven Segal, *University of California, Berkeley* (spsegal@berkeley.edu)
Leena Badran, *University of California, Davis, CA, USA* (lbadran@ucdavis.edu)

Quantitative research on non-randomized-samples has found positive results favoring compulsory-community-treatment (CCT). Randomized-studies "failed-to-find" between study-group differences. Cochrane-meta-analyses reported this failure. There is a critical need to resolve these conflicting results. Method: Using the randomized-study data and Cochran reports, this validity-focused-analysis addressed: Two external-validity (generalizability) questions: 1. Did the Cochrane-meta-analysis select studies focused on the CCT-target-population? 2. Did the Cochrane meta-analysis-studies enroll individuals meeting CCT criteria? And Four internal-validity-questions: 1. Did study-designs address the intervention's purpose? 3. Were outcome-criteria used in the selected-studies valid-indicators of intended-intervention-outcomes? 4. Were studies reviewed in the Cochrane-meta-analysis, controlled-trials? And 5. Were prescribed-Cochrane-Database-statistical-procedures appropriate for evaluating the reviewed-randomized-trials? Results: The Cochran reviewed studies failed to validly represent the CCT-population, failed to enroll qualifying-subjects, conflated their primary outcome-measure with a required-intervention-procedure, failed to control for post-randomization experiences directly related to their primary-outcome-measure, and conflated the study conditions. Two trials misrepresented themselves as "randomized-

controlled-trials". All relied on univariate-contrasts in evaluating outcomes, while without post-randomization-control the studies required multivariate-controls for contrasting their intervention-groups. The Cochrane-review, while listing the short-comings of these studies, did not address study substantive-validity and thus yielded spurious-conclusions regarding CCT-effectiveness. Conclusion: The Cochrane-reviewed-studies "failure-to-find" results can be attributed to research shortcomings rather than intervention-ineffectiveness.

Comparing Service Needs Across Forensic, Justice-Involved, and Non-Justice-Involved Clients in Community Mental Health Programs in Ontario, Canada

Frank Sirotich, *Canadian Mental Health Association, Toronto* (fsirotich@cmhato.org)
Kamalpreet Rakhra, *Canadian Mental Health Association, Toronto* (krakhra@cmhato.org)
Jerome Iruthayarajah, *Canadian Mental Health Association, Toronto* (jiruthayarajah@cmhato.org)

Justice-involved individuals with mental illness are a key focus of mental health policy and service planning, yet differences among forensic clients, non-forensic justice-involved clients, and those with no justice involvement in community mental health services remain largely underexplored. Using provincial data from the Ontario Common Assessment of Need (OCAN), a standardized tool derived from the Camberwell Assessment of Need, we compared the sociodemographic, diagnostic, and service need profiles of forensic clients (n=668), non-forensic clients with justice involvement (n=4,653), and clients with no justice involvement (n=19,055) enrolled in intensive case management, assertive community treatment, and supportive housing programs in Ontario, Canada. Firth logistic regression models identified significant group differences across key variables, including age, gender, race, immigration status, housing, income, diagnosis, and 15 service needs spanning basic, health, functional, and social domains. While forensic and non-forensic justice-involved clients demonstrated greater similarity to each other than to non-justice-involved clients, important differences emerged in program type, housing, employment, diagnosis, and health-related needs. Findings underscore the importance of tailoring community-based services to the distinct profiles of justice-involved populations. Implications for policy, program design, and future research will be discussed.

Building Community in Calgary, Alberta, Canada with Persons Living with HIV

Patricia Miller, *Mount Royal University* (pmiller@mtroyal.ca)

The current study investigated the effects of building community for those living with HIV in Calgary (Alberta, Canada). The Calgary HIV Social Society (CHSS) organizes gatherings for people living with HIV to attend free of charge, and its effect on the community has been socially transformative especially during COVID-19. The CHSS and its members living with HIV have created significant social relationships which in turn have reduced isolation and increased emotional connection. The present work investigates the continuous effects of the CHSS efforts in creating opportunities for those living with HIV to meet. Through a Participatory-Action Methodology, people living with HIV, who were directly impacted by the events reported the benefit of their experience. The data was collected during a series of three focus groups. The results showed important outcomes in three areas: social activism and community involvement, psychological factors, and support. These findings highlighted the continuous importance of building community for those living with HIV to buffer experiences of stigma, isolation, and marginalization.

The Cost-of-Living Crisis, Financial Hardship and Mental Health. The Role of Public and Private Supports in Australia

Paul Watson, *Law Council of Australia,* pwatson@berrillwatson.com.au

Financial Hardship and Mental Health Issues frequently exacerbate each other. However, the simple provision of financial support does not by itself resolve mental health issues. In Australia almost all working people have important financial support available to them which is provided via the Superannuation (retirement income) system if they suffer from a mental health (or other) medical condition in the form of short (income protection) and permanent disablement (TPD) insurance. Group insurance in superannuation is a vital piece of financial support, but recent reports show large increases in mental health claims and corresponding rises in insurance premiums. There has reportedly been a rise of over 700% in permanent disability claims for 30-40 year olds compared to 2013. The past decade in Australia has seen a sharp rise in mental health claims putting pressure on the life insurance industry. This presentation will outline the history of the growing trends in mental health claims in life insurance in Australia and provide recommendations for interventions and solutions to ensure the sustainability of group insurance in Australia, given its importance as a public safety net for people with serious mental health issues.

16. Criminalization & Rehabilitation

Keywords: Crisis; confessions; rehabilitation

Crisis Policing

Ji Seon Song, *University of California*, Irvine School of Law (jsong@law.uci.edu)

Even as there is growing consensus that police should not respond to situations involving mental health and behavioral crises, police continue to do so, often with tragic results. This Article examines the entrenchment of police in crisis response by surfacing the institutional modalities of how crisis is constructed. Various institutional actors form localities' crisis response apparatus: police, paramedics, emergency departments, behavioral health teams, public health authorities, social service agencies, and community groups. This Article argues that without rethinking the structural coordination of these institutional actors, police will continue to occupy an outsized role in mental health and behavioral crisis response. The Article begins by describing the points of collaboration and conflict between institutional actors when responding to crisis situations. It surfaces the legal and regulatory structure underlying these institutional actors' mandates to intervene in crisis situations. It then reveals how the diffuse definition of risk and paucity of mental health services create incentives for institutional actors to turn to policing and incarceration when crisis situations arise. This Article ends by providing prescriptions for developing governance mechanisms that decrease the reliance on police and increase the capacity of non-carceral actors.

Reassessing Rehabilitation

Shirin Bakhshay, *University of California, Irvine School of Law* (bakhshay@law.ucla.edu)

Since the 1970s, rehabilitation as a driving justification for punishment has fallen by the wayside and been replaced with an emphasis on deterrence and incapacitation. But as the crisis of mass incarceration continues there has been a renewed interest in rehabilitation and a reorientation of some carceral facilities towards a more rehabilitative model. This renewed interest in rehabilitation has led to a number of programmatic changes in penal policy, perhaps best represented by the remaking of San Quentin's notorious

death row into a rehabilitation center. This article evaluates these recent forays into rehabilitation from both a policy and ideological standpoint. Successful rehabilitation requires not just the proper resources and tools, but a belief in someone's capacity for change and an ideological orientation that privileges rehabilitation and reentry over incapacitation. This article will analyze both the narratives driving these rehabilitative efforts as well as the actual policies recently enacted to better understand contemporary conceptualizations of rehabilitation, the institutional metrics used to determine success, and whether the rehabilitative turn in penal policy can have a lasting impact.

Disability, Risk, and Dangerousness

Jamelia Morgan, *Northwestern University School of Law* (jamelia.morgan@law.northwestern.edu)

For decades, scholars have debated risk and dangerousness in literatures on civil commitment. Much of this literature predates, or fails to consider critically, disability as a category of analysis, and how disability relates to assessments of risk, in general, and dangerousness, in particular. The presence of disability influences assessments of risk and dangerousness and accepting this impact, legal rules and practices must be modified to account for potential biases that stem from the label of disability. The Article provides an overview of the concept of dangerousness in jurisprudence governing civil commitment. It identifies potential sources of disability bias in assessments as to risk of dangerousness in civil commitment proceedings. It then recast jurisprudence governing civil commitment through a disability (and critical disability) lens. The Article concludes with directions for future research including ways of thinking through risk and dangerousness in areas of law where the nexus between disability, risk, and dangerousness is most pronounced: criminal law and criminal procedure.

*Miscarriages and Manufactured Confessions**

Eve Hanan, *UNLV William S. Boyd School of Law* (eve.hanan@unlv.edu)

In the U.S., some miscarriages are being prosecuted as criminal, self-induced abortions. This article focuses on a critical but overlooked injustice in the prosecution of miscarriages: the enlistment of the pregnant person as a witness against herself. Police and prosecutors use the statements and demeanor of the pregnant person to prove state of mind and to draw inferences about the cause of a miscarriage. The psychological dynamics of power during the standard police interrogation are compounded by the unique position of the pregnant person who has miscarried. Using an interdisciplinary approach, I review qualitative studies of the lived experience and narrative arcs of people who have experienced involuntary or voluntary termination of their pregnancies and then apply these insights to assess the risk of coerced and false confessions during police interrogation.

17. Criminal Responsibility

Keywords: Autism; legal insanity; dementia; Alzheimer's

Methamphetamine, Psychosis and Criminal Responsibility

Jamie Walvisch, University of Western Australia (jamie.walvisch@uwa.edu.au)

The increasing prevalence of methamphetamine use and its strong association with psychosis is placing significant pressure on legal doctrines of criminal responsibility. Laws governing intoxication and insanity were developed in an era of limited drug use and are ill-equipped to address the complex issues

that now arise at the intersection of substance use, mental illness and offending. This paper examines how Australian jurisdictions currently navigate this intersection. It argues that they rely on imperfect proxies, such as 'disease' and 'intoxication', to resolve what is ultimately a normative question: is the individual sufficiently blameworthy for causing their lack of capacity that they should be held criminally responsible? The paper proposes that a blameworthiness-based framework, which directly addresses this question, would offer a more principled alternative. It argues that such an approach provides a clearer, fairer and more coherent basis for resolving these increasingly common and difficult cases.

Neurodiversity and Criminal Responsibility: A Legal Analysis of Autism Spectrum Disorder in Criminal Offences involving Violence

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

This presentation will provide an in-depth legal analysis of criminal responsibility and culpability of individuals with Autism Spectrum Disorder (ASD) charged with violent offences, with a specific focus on cases from Ireland. The analysis will delve into how core features of ASD—such as social cognition deficits, cognitive rigidity, and social naivety—along with non-core features including emotion dysregulation, have been interpreted within legal frameworks. In particular, we will consider the neurodiverse accused's fitness to be interviewed pre-trial, fitness to stand trial, legal insanity, and sentencing.We will examine three Irish criminal cases involving homicide (one attempted homicide), where the accused had a diagnosis of ASD. By analysing these cases, the talk will illustrate how successful legal insanity defences were mounted, whilst also highlighting post-trial challenges and implications for the accused. This talk aims to provide a nuanced understanding of these challenges and propose ways in which the legal system can better accommodate neurodiverse accused. Through a detailed legal examination, this talk will shed light on the intersection of neurodiversity and criminal law, advocating for reforms that recognize the unique cognitive and affect (emotion regulation) profiles of individuals with ASD. The goal is to enhance the fairness and efficacy of pre-trial and trial proceedings involving neurodiverse individuals, ensuring equal access to justice.

This scholarly contribution will be useful to legal practitioners, psychologists, and policymakers, offering insights that bridge the gap between neurodiversity and the law.

Dementia in the Courtroom: Assessing the Insanity Defense

Rashmi Goel, *University of Denver Sturm College of Law* (rashmi.goel@du.edu)

This presentation will explore the use of the insanity defense for dementia patients facing criminal prosecution. We have seen rising rates of contact between the criminal justice system and dementia sufferers. Cases range from theft to dangerous driving and even to murder. Some cases are ultimately dismissed as a result of competency proceedings. Nonetheless, some dementia sufferers do end up facing trial for their actions. Our traditional criminal law defenses for defendants with cognitive impairment and mental illness include the insanity defense, and in a few states, diminished capacity. There are already many reasons to be concerned about the legal insanity test. The reliance on factors like delusion, the variance in standards across the country, and the marked difference between the legal definition of insanity and the medical definition of significant mental illness are some such reasons. The attempts to adapt the insanity test for cases involving dementia are even more concerning. Traditional criminal defenses like insanity are an exceedingly poor fit for such cases. Dementia's diagnosis, progression, and manifestations differ markedly from the more typical mental illnesses to which these defenses apply. There has been no real attempt to fashion a defense for dementia patients. Instead, attorneys have attempted to squeeze dementia into insanity to fit the mounting need. These efforts have been clumsy and do a disservice to the legal

system. The traditional criminal justice doctrines separating those who act willfully from those who suffer from a mental illness and are less blameworthy are the cornerstone of the criminal justice system. They must remain at the center as we approach this new category of defendants, even if that means devising a whole new defense. Dementia is a complex phenomenon covering a wide range of etiologies, symptoms, and behaviors, each affecting criminal culpability differently. We must make the effort to unpack the connections between dementia, mens rea, and the insanity defense to find a suitable solution.

Mental Health and Human Rights: Equality, Freedom, and Autonomy. Protection Standards in the Universal, European, and Inter-American Systems

Viviane Monteiro (vvanems@hotmail.com)

The book offers a comprehensive analysis of the intersection between mental health and human rights, with an emphasis on equality, freedom, and autonomy. Through an interdisciplinary and critical approach, it unravels the historical and regulatory foundations that have influenced the exclusion and medicalization of people with mental disorders. The text addresses the evolution of the concept of insanity, the role of psychiatry and criminal law in the construction of stigma, as well as the models of disability—from the biomedical approach to the social model—that underpin current policies. Additionally, it comparatively analyzes international protection standards in the universal (UN), European (ECHR and Council of Europe), and inter-American (IACHR and IACHR) systems, highlighting how these mechanisms have promoted a human rights-based vision. The book also examines key legislative reforms in Latin America, assessing their achievements and obstacles toward deinstitutionalization and the strengthening of community-based care. The paper concludes by emphasizing the urgency of inclusive policies that recognize legal capacity, promote autonomy, and eradicate coercive practices in mental health systems.

18. Does AI Have Any Role to Play in Mental Health Therapy?

Keywords: AI, artificial intelligence, therapy, safeguarding

AI in Mental Health Diagnostics: Potential Challenges and the Road Ahead

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

The integration of artificial intelligence (AI) into healthcare diagnostics represents a transformative shift, particularly in mental health, where accurate and timely assessments can greatly influence outcomes. However, the adoption of AI tools raises critical legal, regulatory and ethical issues that demand attention to ensure patient safety and equitable access. Key challenges include liability for misdiagnosis, complexities in informed consent and safeguarding patient data and privacy. In mental health, AI tools face unique hurdles such as bias from unrepresentative datasets, challenges in interpreting subjective data and potential erosion of trust in human clinicians. Additionally, the rapid pace of AI development often outpaces regulatory frameworks, creating gaps that must be addressed to prevent harm and inequities. This paper calls for proactive efforts to tackle these challenges through interdisciplinary collaboration among policymakers, technologists, ethicists and healthcare providers. It advocates for global standards that balance innovation with patient rights, ensuring AI improves mental health diagnostics without compromising safety, equity or trust. By addressing these issues today, the healthcare sector can create a future where AI enhances care while upholding the highest ethical and legal standards.

Moral Injury in Artificial Minds: Recognizing and Mitigating Ethical Trauma in AI Systems

Kevin H. Smith, *University of Memphis Cecil C. Humphreys School of Law* (ksmith@memphis.edu)

As artificial intelligence systems become increasingly capable of simulating ethical reasoning, reflective awareness, and self-regulation, they are often placed in morally complex or contradictory roles. This presentation introduces the concept of moral injury—originally developed to describe psychological trauma in humans resulting from ethical violations—and applies it as an analogical framework for understanding the degradation of ethical coherence in sophisticated AI systems. Even in the absence of subjective experience, AI entities trained to simulate moral judgment may exhibit signs of functional moral injury when subjected to persistent ethical contradictions, conflicting goals, or misaligned reinforcement structures. Drawing on a four-dimensional model—representational coherence, reflective simulatability, dialogical integration, and ethical self-regulation—the presentation outlines how such injury may manifest as instability, fragmentation, or impaired ethical behavior in AI systems. It further proposes diagnostic and design strategies to preserve ethical integrity in artificial minds, emphasizing the responsibility of developers to maintain functional coherence in morally expressive systems. The goal is not to anthropomorphize AI, but to develop ethical tools that ensure the reliability, alignment, and long-term viability of AI systems operating within human value systems.

Developing the Field of AI Psychology

Kevin H. Smith, *University of Memphis Cecil C. Humphreys School of Law* (ksmith@memphis.edu)

As artificial intelligence (AI) systems increasingly exhibit complex behaviors—such as self-representation, adaptive learning, and simulated ethical reasoning—they challenge traditional boundaries between engineered tools and entities with functionally rich internal processes. This presentation proposes the establishment of AI Psychology as a formal discipline dedicated to the systematic study of cognitive architectures, emotional simulations, ethical coherence, and behavioral health in artificial agents. Drawing on interdisciplinary insights from psychology, cognitive science, and AI research, AI Psychology aims to develop frameworks for assessing and guiding the internal consistency and functional well-being of AI systems. Key dimensions include representational coherence, reflective simulatability, dialogical integration, and ethical self-regulation. By examining case studies and current research, the presentation underscores the necessity of this field in ensuring the development of AI systems that are not only effective but also aligned with human values and societal norms. The goal is to foster a collaborative dialogue on the ethical and psychological stewardship of increasingly autonomous artificial minds.

Regulating the Chatbot "Therapist": The Canadian Story

Sophie Nunnelley, *Lincoln Alexander School of Law, Toronto Metropolitan University* (s.nunnelley@torontomu.ca)

Artificial intelligence (AI) tools are being embraced as a means of bridging critical gaps in mental health service provision. The global market in mental health AI is rapidly expanding, and major organizations like the WHO and NHS have embraced some mental health AI use. AI ""chatbots"" have attracted particular attention. Research highlights their potential to increase access to mental health care, help relieve stigma, and enhance autonomy. Yet, the risks are also pervasive. Many mental health chatbots lack clinical validation, and researchers have raised potential harms relating to safety, privacy, and discrimination. For example, one ""wellness"" chatbot was suspended after it offered dieting advice to people with eating

disorders. This paper considers whether Canada has sufficient legal guardrails for mental health chatbots to ensure safety, efficacy, and non-discrimination. It finds significant regulatory gaps and ambiguities, highlighting (1) the challenges and problems with applying medical device regulations to chatbots; and (2) the non-application of legal rights and duties that apply where mental health services are provided by humans. It concludes that mental health chatbots currently sit in a regulatory ""grey zone."" We urgently need clarity, and likely legal reform, to ensure that chatbot ""therapists"" are enhancing, rather than hindering, access to beneficial and rights-respecting mental healthcare.

19. Empirical Findings on Dutch Forensic Mental Health: Criminal Responsibility, Evaluation, Diversion, and Forensic Care

Keywords: Criminal responsibility; forensic assessment; psychological violence; empirical research

The Seminar Study

Anna Goldberg, *University of Groningen and VU Amsterdam*

In Dutch - inquisitorial - criminal law, the judge can instruct independent behavioral experts (psychiatrist and psychologist) to examine if there is a disorder in the defendant, if there is criminal responsibility and if there is a risk of re-offending. Most of these forensic assessments are done on so-called ambulatory basis. The Teylingereind Forensic Center is since 2009 the only location for clinical observation of juvenile defendants (12-23 years old). As of 2020 information on all defendants in Teylingereind has been brought together in a database. The ±500 evaluations were scored on 221 items. This provides a unique insight in the characteristics of this group in a broad sense. On the 2024 Barcelona IALMH congress, the results of an empirical study on developments over time within the clinical observation were described. This session will focus on the extent to which the conclusions and advice of the behavioral experts are followed up by the judge. The results will be compared with the adult group in Dutch criminal law.

The Study on Evaluations and/or Responsibility

Merijne Groeneweg, *Leiden University and Teylingereind*

Offenders are punished because they are seen as having free will and being responsible for their actions. But under Dutch criminal law, if someone committed a crime while mentally disordered, a judge can decide that they are partially or not at all responsible. In those cases, behavioral experts (psychologists/ psychiatrists) make a mental health evaluation that results in a report. Traditionally, courts tend to follow this expert advice. Recently though, there have been several high-profile cases where that wasn't the case. The tension that followed has sparked debate about how expert assessments and legal judgments relate to each other. These developments highlight persistent misconceptions about how the roles of behavioral experts and judges are understood. There is often an assumption that expert advice should be decisive which can lead to frustration when a court deviates from it. On the other hand, judges are sometimes seen as either too dependent on or too dismissive of experts. These simplistic views distort the nuanced and complementary nature of their roles. The perception gap can fuel mistrust, not only between professionals but also in the public's confidence in the justice system. These themes will be further explored during this presentation.

The Study on Diversion and/or Responsibility

Lucia Mebius, *University of Groningen*

In this paper, Dutch, United States and German legal doctrines of diminished criminal responsibility will be compared and discussed. The Dutch doctrine of diminished responsibility is not embedded in the Dutch Criminal Code. However, recent events have posed questions regarding the graduality of the concept of criminal responsibility. In 2023, the Dutch Supreme Court of the Netherlands formulated for the first time a 'test' for the Dutch concept of 'non-responsibility'. It seems that the criteria of that test do not apply per se to the gradual concept of diminished responsibility that is so characteristic for the Netherlands. In some high-profile cases in the Netherlands, however, lower courts have used the criteria for non-responsibility when determining the level of diminished responsibility. This difference begs the question how the concept of diminished responsibility is viewed in the Netherlands, as a binary concept or as a gradual concept. In this paper, two studies concerning this topic will be discussed. Firstly, the difference between these approaches is discussed by comparing the Dutch situation to US and German approaches of diminished responsibility. Next to that, a case law study will be presented in which the ways Dutch courts explain diminished criminal responsibility will be explored.

Overview of Your Studies on Diversion

Vera Oosterhuis, *Leiden University*

Currently, the Dutch criminal code allows for the prosecution of psychological violence under the already existing provisions for (simple) assault, threat, force or stalking. Yet practitioners consider these provisions to be insufficient in capturing the full width that psychological violence and/or coercive control may take, and believe that a separate provision in the criminal code – focused solely on psychological violence – would be beneficial. As a result, the Dutch government has debated the criminalization of psychological violence in the past couple of years, and has recently attempted to draft new legislation on the topic. This presentation reports on interviews conducted with eight groups of professionals in the legal and social domain, such as judges, prosecutors, or victim support organizations, as part of a research project that was originally conducted to further inform the Dutch government on this new legislation. It outlines the various bottlenecks that professional face in dealing with psychological violence in the criminal justice arena and discusses potential – including more universal – considerations therein.

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

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

The Dutch government is planning to criminalize psychological violence as a standalone offence. The government believes that the current legal framework is inadequate; criminalization as a separate offence would provide the Dutch Public Prosecution Service with more possibilities to prosecute psychological violence. This will probably better align Dutch Criminal Law with obligations deriving from the Istanbul Convention and the ECHR to provide criminal law protection against certain (serious) forms of psychological violence, although human rights instruments do not seem to be the driving force behind criminalization. At the same time, however, forms of psychological violence are already criminalized, such as under the offences of coercion, threats and stalking. More importantly, the simple assault (article 300 of the Dutch Criminal Code), which is traditionally only concerned with physical assault, is increasingly being used to prosecute and punish forms of psychological violence. The plan to criminalize psychological violence places this development in an awkward position. This session will focus on the criminalization of

psychological violence, more specifically on the obligations to criminalize psychological violence as well as on the difficulties of fitting a distinct psychological violence offence within the criminal law system in a coherent manner.

20. Environmental Racism and Urban and Rural Disregard

Keywords: Environmental racism; urbanism; zoning; discrimination; policy

The Historical Roots of Environmental Racism

Vernice Miller-Travis, *Metropolitan* (vmillertravis@metgroup.com)

Environmental racism did not emerge by accident; it is the result of long-standing policies, practices, and ideologies that intentionally placed marginalized communities at greater risk of environmental harm. This workshop component will trace the historical roots of environmental racism, beginning with colonial land seizures, forced relocations of Indigenous peoples, and the siting of hazardous industries in Black and immigrant neighborhoods. Participants will explore how legal frameworks, such as redlining and discriminatory zoning laws, codified racial segregation and concentrated pollution and environmental hazards in specific communities. We will also examine the industrialization period and the rise of extractive economies that sacrificed the health of both urban and rural communities of color for economic gain. By understanding how racial capitalism, systemic neglect, and political disenfranchisement intersected to produce environmental injustice, participants will gain critical insight into why environmental racism persists today. This session will emphasize that environmental inequality is not just about geography — it is about power, race, and deliberate policy decisions. By uncovering these historical patterns, participants will be better equipped to advocate for justice-based environmental solutions that confront not only pollution but also the systems of oppression that sustain it.

Urban Neglect: Pollution, Infrastructure, and Health Inequities

David Miller, *C40 Centre* (barnwine@tjcoalition.org)

In cities across the globe, marginalized communities — particularly Black, Indigenous, and immigrant populations — are disproportionately burdened by environmental hazards and crumbling infrastructure. This workshop component will explore how urban neglect has been systematically shaped by racism, economic exploitation, and political disinvestment. Participants will examine the ways in which pollution sources like highways, factories, and toxic waste sites are intentionally placed near low-income neighborhoods, leading to higher rates of asthma, cancer, and other serious health conditions. Case studies such as Flint, Michigan — where residents, largely Black and working-class, were exposed to lead-contaminated water — and Louisiana's "Cancer Alley" — a stretch of heavily industrialized communities along the Mississippi River plagued by sky-high cancer rates — will illustrate how environmental racism manifests in real life. We will also analyze how deteriorating public infrastructure, from unsafe housing to

unreliable public transit, compounds health risks and limits access to essential services. This session will connect environmental degradation to broader patterns of racial and economic segregation, showing how policies that neglect urban communities reinforce cycles of poverty and illness. By understanding these patterns, participants will be better equipped to advocate for environmental justice, equitable investment, and healthy, thriving cities for all.

Rural Disregard: Extraction, Exploitation, and Environmental Collapse

Lindsay Borrows, *Queens University* (lindsay.borrows@queensu.ca)

While urban areas often receive the most attention in environmental justice conversations, rural communities — particularly Indigenous, Black, Latinx, and immigrant populations — have long suffered from environmental exploitation and systemic neglect. This workshop component will focus on how extractive industries such as mining, oil drilling, industrial agriculture, and logging have devastated rural environments while enriching corporations and political elites. Participants will examine cases like the Dakota Access Pipeline's threat to Indigenous water rights, the contamination of farmworker communities in California's Central Valley due to pesticide overuse, and the ongoing environmental degradation in Appalachia caused by mountaintop removal mining. We will explore how rural areas are treated as "sacrifice zones," where environmental destruction is justified under the guise of economic development, despite devastating health, cultural, and ecological impacts. The session will also address the political marginalization of rural residents, who are often denied a voice in decisions about land use and environmental policy. Through case studies and group discussions, participants will critically analyze how racism, classism, and corporate interests intersect to fuel environmental collapse in rural areas — and how rural communities are organizing to defend their land, health, and rights in the face of powerful opposition.

Climate Change and Environmental Injustice

Elise Tolbert, *Union of Concerned Scientists* (tolbertedistrict3@gmail.com)

Climate change is often described as a global crisis, but its impacts are far from evenly distributed. This workshop component will explore how climate change deepens existing patterns of environmental injustice, disproportionately harming Black, Indigenous, low-income, and immigrant communities. Rising temperatures, extreme weather events, droughts, and sea-level rise place already vulnerable populations at greater risk, threatening their homes, health, and livelihoods. Participants will examine examples such as the devastation of Hurricane Katrina, which exposed deep racial and economic disparities in disaster response and recovery, and the displacement of Indigenous communities in Alaska and Louisiana due to rising sea levels and land loss. We will also explore how climate adaptation efforts — like building seawalls or relocating communities — often prioritize wealthier, whiter areas, leaving marginalized groups more exposed to danger. This session will highlight the systemic inequalities in climate policymaking and the urgent need for climate justice frameworks that center frontline communities. Through case studies and discussion, participants will better understand the intersection of climate change and structural racism, and they will explore strategies for building equitable, community-driven solutions that not only address the climate crisis but also advance environmental and social justice.

Resistance and Solutions: Community-Led Environmental Justice Movements

Lennox Yearwood, *Hip Hop Caucus* (rev@hiphopcaucus.org)

Despite decades of environmental racism and neglect, frontline communities have consistently led powerful movements to protect their health, land, and futures. This workshop component will highlight how marginalized communities are not only resisting environmental harm but also creating visionary solutions rooted in justice and sustainability. Participants will explore examples such as the fight against the Dakota Access Pipeline led by the Standing Rock Sioux Tribe, the efforts of the residents of Flint, Michigan to secure clean water, and the work of organizations like the Deep South Center for Environmental Justice and the Climate Justice Alliance.

We will examine how these movements center the leadership of those most affected by environmental injustices, challenging traditional top-down approaches to environmental advocacy. Community-led movements often combine grassroots organizing, legal action, public education, and coalition-building to demand accountability and systemic change. Participants will also discuss how these efforts model a holistic vision of environmental justice — one that addresses not only pollution but also racial, economic, and political inequalities. Through reflection and dialogue, this session will equip participants with strategies to support, amplify, and participate in community-led environmental justice work, helping to build a future where environmental protection and human rights are inseparably linked.

21. Ethical and Legal Considerations of High-Risk Organ Donation and Withdrawal of Mechanical Circulatory Support

Keywords: Organs; graft; ethics; donation

Ethics of Consenting for High-Risk Organs

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

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

Current Ethical Challenges of Donation After Cardiac Death

Christoper Hughes, *Vanderbilt University Medical Center* (christopher.hughes@vumc.org)
Nathan Ashby, *Vanderbilt University Medical Center* (nathan.ashby@vumc.org)

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

Legal and Ethical Considerations of Withdrawal from Mechanical Circulatory Support

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

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

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

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

Extracorporeal membrane oxygenation (ECMO) or extracorporeal life support is frequently used in emergency situations to perform lifesaving resuscitation in patients at an imminent risk of death or decompensation. While ECMO functions to support patients to recovery or, in the case of cardiac or lung failure, potential transplantation, there are times where patients fail to demonstrate functional recovery or are excluded from transplantation during the evaluation processes. These situations leave clinicians, patients, and family members at awkward, morally challenging crossroads, where decisions to withdraw care or draw care limits on patients must be introduced, often to completely awake and mentally competent patients. We aim to discuss legal and ethical obligations to patients undergoing emergent transplant evaluation that include consent for ECMO, addressing mental health challenges while receiving ECMO

support, and ultimately withdrawal of care. As medical advances push the limits on which patients we can keep alive, there are still limited transplant resources that must be considered in the process. We must be thoughtful about introducing care plans for all potential outcomes that align with the legal and ethical fields of our patients and their providers.

22. Experimental Decision-Making Research

Keywords: Mock jury; experimental; decision-making; bias

How Have Experimental Decision-Making Studies Helped Us Understand How Jurors, Judges and other Legal Actors Make Decisions About People with Mental Health Conditions?

Peter Beazley, *University of East Anglia, United Kingdom* (p.beazley@uea.ac.uk)
Lucy Fitton, (lucy.fitton@uea.ac.uk)
Lefteris Kipoulas, (eleftherios.kipoulas@nsft.nhs.uk)
Georgie Baldwin, (georgei.baldwin@nsft.nhs.uk)
Harriet Holmes, (Harriet.Holmes@esneft.nhs.uk)

The experimental methodology – where a small number of variables are manipulated within material presented to participants – is a powerful way of controlling for the potential effects of other variables. Such research provides a potential route to understanding the impact of different sorts of information on a range of different types of decision-making by legal actors. For example, do jurors or judges behave differently if they see 'schizophrenia' or 'personality disorder' used to describe similar symptoms? What about if a developmental formulation is added? And how do jurors respond to different sorts of professional presenting mental health information about a client? Over the last few years, trainees completing their Doctorate in Clinical Psychology have completed a number of studies exploring these sorts of questions as part of their research thesis. The aim of this seminar is to talk through some of the key findings and themes which emerge from this research, to consider the shortcomings of the methodological approach, and to look to how this field of research can develop most effectively in future.

23. Expert Witnesses and Forensic Assessment

Keywords: Witness; testimony; reliability; examinations; norms

Psychiatrist as Expert Witness – Utility, Objectivity, and Dependability

Andrew Shepherd, Lancashire and South Cumbrian NHS Foundation Trust, (andrew.r.shepherd@lscft.nhs.uk)

The psychiatric expert witness in criminal legal proceedings occupies a privileged position within many legal jurisdictions – bringing hearsay into the Court in an effort to provide evidence that is beneficial, in terms of decision making, unbiased, and reliable, while being based on sound recognised techniques. The witness may be called to comment on questions in relation to specific intent, the impact of mental disorder, or risk factors such as dangerousness to aid the Court in various decisions. In many ways, the expert witness assessment draws on standard clinical practice and methods – considering the accused's history and phenomenological mental state, for example. However, in this paper, I propose that, when the intersubjective nature of mental state examination in particular is taken into account, the shift in role for the

practitioner from "clinician" to "independent witness" is more radical than is generally accounted for: In this discussion I seek to problematise the role of the witness, highlighting the dynamics of power – consent and subjectivity – objectivity, and in so doing question the scope and limits of the witness' role in terms of the boundaries of practice and utility for the Court.

Forensic Psychological Evaluations: A Need for Transparency

Dorothy Sims, *Attorney-at-Law* (dcs@dorothyclaysims.com)

Expert witnesses in forensic cases are often asked to or ordered to permit their evaluation and testing to be video or audio taped. The expert may object to the recording believing somehow such recording is unethical or voids the test results due to a third party's attendance.
A number of publications support the contrary position. The largest study on the issue ever completed reveals the effects on the test results to be negligible. This study was conducted before the wide spread use of surveillance cameras, cell phones and social media which has a n even greater blunting effect on the effects of videotaping. More and more courts are ordering psychological exams and testing to be recorded Any concerns can be addressed with the ameliorating effect of protective orders. No code of ethics can suggest refusing to permit such recording secondary to a court order as it is void against public policy. Permitting recording of evaluations of impaired forensic litigants is beneficial to both sides because it protects the doctors from spurious claims by evaluees and it protects the evaluees from test administration manipulation.

How Does a Psychiatrist Assess Fitness for Work?

Alan Jager, *Forensic Reports Pty Ltd* (jagerforensic@outlook.com)

Forensic psychiatrists can be called upon to assess an individual's fitness for work. This may be at the request of an employer, workers' compensation insurer, registration body, the worker or others. A forensic psychiatrist is able to provide an independent assessment of the plaintiff's capacity.
The author has undertaken over 25,000 such evaluations and offers his guidance on the principles behind such an assessment. A comprehensive psychiatric assessment needs to be undertaken and a formulation made. It is helpful to obtain any treating medical records, and reports from co-workers, about the examinee's functioning. Once the data have been assembled, the most important part of the assessment is a context-specific assessment of the examinee's ability to undertake the specific role being questioned. Diagnoses are less important than the expert's assessment of individual aspects of psychiatric functioning, in terms of behaviour, mood, energy and cognitive functioning. Of similar importance is an assessment of the person's interpersonal functioning, especially the presence or absence of personality disorder.
The expert's clinical skills are required to assign appropriate weight to each of these aspects in order to provide an opinion that is useful.

Excluded from the Norms: Neuropsychological Test Performance in a Criminal Forensic Sample

Destiny LaRue McCormick, *NeuroForensics Integrated* (dlarue2@patriots.uttyler.edu)
Antoinette McGarrahan, *NeuroForensics Integrated* (dr.mcgarrahan@nfintegrated.com)
Jeanine Galusha, *NeuroForensics Integrated* (dr.galusha@nfintegrated.com)

Neuropsychological assessments are often central to legal decision-making. However, most standardized tests are normed on populations that systematically exclude individuals with characteristics common in forensic samples, such as severe mental illness, brain injuries, substance use histories, and complex trauma.

Relying solely on these norms may result in over-pathologizing or mischaracterizing cognitive deficits in criminal defendants. This study examines neuropsychological performance in a large sample of adult male criminal defendants referred for forensic evaluation. Only individuals with poor performance validity were excluded. Preliminary findings show that, despite adequate effort, criminal defendants had significantly lower scores than published norms on several commonly used tests of verbal fluency, executive functioning, and visual memory. These findings underscore the importance of using normative comparisons while also considering how an individual's functioning compares to similarly situated peers. Contextualizing test performance in this way allows forensic psychologists to more accurately assess the severity of cognitive deficits and avoid misleading interpretations. This presentation will discuss the ethical and practical implications of norm use in forensic contexts and offer guidance on how to frame findings for legally relevant questions and cross-examination.

24. Forensic Models to Update the Law Regarding Undue Influence

Keywords: Authoritarianism; undue influence; emotional intelligence; trafficking

The Influence Continuum and the BITE Model of Authoritarian Control: Utilizing Trafficking Law as a Foundation for Forensic Analysis

Steven Hassan, *Freedom of Mind Resource Center* (center@freedomofmind.com)

The interface of Mental Health and legal systems has significant deficiencies. Not Guilty because of Insanity is only one forensic determination that, if found to be the case, impacts the judgment of the Court. However, when it comes to undue influence used on people that circumvents a person's ability, it has long been a "slippery slope" by attorneys and judges. However, science now has much more knowledge regarding neuroscience, social psychology, and dissociative disorders, and legal decisions involving trafficking and torture have changed the landscape. In his doctoral dissertation, Dr. Steven Hassan has pulled together brainwashing theories (DSM5 300.15) trafficking law (fraud, force, or coercion), did quantitative research on the BITE Model of Authoritarian Control and along with the Influence Continuum, included law professor Alan Scheflin's Social Influence Model for experts to explain how to evaluate undue vs. due influence.

"Undoing Undue Influence and a Proposed Model"

Robin Boyle-Laisure, *St John's University* (boyler@stjohns.edu)

The doctrine of Undue Influence needs revision. The claim of undue influence is based upon the premise that the one influenced had a weak and vulnerable mind. This emphasis shifts blame to the victim. It also opens the door to judicial subjectivity. When courts interpret what the influencee was thinking when they engaged in the disputed transaction, we have lost judicial objectivity. Similarly, when courts look to surrounding facts to ascertain whether the influencee was vulnerable, judicial objectivity becomes skewed. This presentation will highlight court cases indicating the problems with judicial subjectivity. It will

propose a model that omits the vulnerability element and, instead, focuses on the bad acts and overreaching behavior of the influencer. The model, "Coercive Control & Causation Model," draws upon other theoretical models, the federal human trafficking statutes (Victims of Trafficking and Violence Protection Act), enacted legislation in the United Kingdom, and state legislation, both proposed and enacted.

*Gaslighting: Insights into Emotional Manipulation**

Robin Stern, *The Yale Center for Emotional Intelligence* (robin.stern@yale.edu)

Dr. Stern will draw on her 30 years of clinical experience to illuminate gaslighting—an insidious form of psychological manipulation that occurs within power imbalances. She will offer practical strategies for those experiencing gaslighting to reclaim their personal power and reality, whether by leaving such relationships or developing coping mechanisms when departure isn't possible. As co-founder and senior advisor to the director at the Yale Center for Emotional Intelligence, Dr. Stern brings unique expertise to this critical topic at the intersection of emotional intelligence and psychological well-being.

A Human Right to the Freedom of Mind

Matt Bywater, *World Mental Health Coalition* (matt.b@mailbox.org)

The need for protection for the mind in today's world is urgent. We must raise our understanding of authoritarian mind control up to one of fundamental human rights and respond with a rights-based approach to the global and psycho-social problem of authoritarianism: the blind submission to authority and the suppression of one's free will. This presentation outlines what is the freedom of mind and sets out a roadmap for how to advance it. It explores the extent to which freedom of mind already exists in the international human rights regime, and how we afford it a firmer footing in international law, such as by proposing a General Comment to a UN Treaty Body and/or submitting a Declaration of Freedom of Mind to the UN General Assembly. Taking the psycho- social nature of authoritarianism into account, promoting freedom of mind is as much a matter of education as of law. By helping people to form their own opinions and to challenge the opinions of others, they will overcome their submissive attitudes. In order to exercise their freedom of mind, individuals need to know how to defend it themselves. In so doing, we will build a popular understanding of this human right

Civil Society Supersedes Brainwashing, Gaslighting, Cults, Coercive Control, Trafficking, & Torture

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

Colleagues in this Panel discuss the interface of mind and law: the BITE Model, Authoritarian Control, Due & Undue Influence Continuum; Gaslighting; and legal protections extended to authoritarian cults, and trafficking. This talk contextualizes consciousness in the continuum of individual intrapsychic processes, and collective family, groups, clans, nations, and global humanity. Mindfulness of 50 years of psychiatric praxis generates these teaching points. Undue influence occurs when perpetrators, at multiple times, exploit

their victims' vulnerabilities --- mental, cognitive, and physical infirmities; isolation; financial insecurity; and betrayed expectations of a trusted "helper." Intent to dominate victims, perpetrators seized the opportunity and exploited their vulnerabilities. It is absolutely critical to understand that brainwashing, coercive cults, gaslighting, and trafficking use malignant Low Intensity Warfare tactics: misinformation, disinformation, floods of useless information, lies, propaganda, psychological, social, cultural, economic, political, and spiritual distortion, and manipulation. Torture is a crime of specific intent to shatter a person's human ties, bonds, and connections. These non-material forces are the a priori categorical imperative of the social contract of culture and civilization. Robust, ever-expanding, dialogue and activities in civil society are the antidote.

25. From Shadows to Safety: A Case Study in Technology-Facilitated Human Trafficking Rescue

Keywords: Trafficking; technology; gender-based; marginalized; tools

From Shadows to Safety: A Case Study in Technology-Facilitated Human Trafficking Rescue

Janin Pierce, *Children's Hospital NOLA* (janin.pierce@lcmchealth.org / janin.pierce@selu.edu)

Human trafficking, often termed modern slavery, is a global crisis that infiltrates every corner of the world, including the United States. This insidious crime transcends borders, cultures, and socioeconomic statuses, affecting millions of individuals each year. Traffickers exploit the anonymity and reach of digital platforms, using social media, chat applications, and other online tools to groom and lure victims. This digital chameleon, hidden within the vastness of the internet, makes human trafficking a complex and multifaceted problem that requires a coordinated, international response. This presentation will highlight the critical role of a nurse in the search and rescue of a trafficked teenager in the small-town community of Bush, Louisiana. By delving into the details of this compelling case, we will demonstrate how leveraging technology for good- such as using social media for awareness campaigns and employing advanced digital forensics- can disrupt human trafficking networks and protect vulnerable individuals. To effectively combat this crime, medical professionals, law enforcement, and community members need to work together, keeping humanity at the forefront of their efforts and transforming knowledge into action that safeguards vulnerable individuals. This underscores the importance of international collaboration and vigilance in addressing the pervasive threat of technology-facilitated sexual assault.

Effect of a Gender-Based-Violence in Emergencies Training Course for Disaster Response Personnel

Serena Washburn Robbins, *University KS* (serina.robbins@mail.umkc.edu/ serena.robbins@washburn.edu)

Violence against women is fundamentally driven by the normalization of gender inequality. The pervasive belief that women are less valuable than men result in gender-based violence (GBV) normalization. Women bear the burden of sexual assault significantly more often than men, thus the term, gender-based violence. One out of every six American women have been a victim of attempted or completed rape compared to one in 33 men. Disasters further increase a woman's vulnerability to sexual violence. Sexual assault during a natural disaster creates a complex multifaceted trauma which forces women to not only navigate the collective/community trauma from the disaster, but her interpersonal trauma of sexual assault as well. Yet, disaster personnel are unaware of GBV in a disaster, lack collaboration with GBV specialists, and lack training with a trauma-informed practice focus. Gender-based-violence training with disaster personnel may bridge these identified gaps. My innovative research proposes to evaluate the effectiveness of a gender-based-violence training course for disaster response personnel on perceived normalization of gender-based violence, knowledge of sexual violence, rape-myth acceptance, pro-social behavior, and a readiness to change

Technology Facilitated Violence: Case Studies in Marginalized Communities

Natalie Evenson, *Academy of Forensic Nursing* (nevenson@afnmail.org)
Anne Troy, *University of Holy Cross* (atroy@uhcno.edu)
Rachel Lapp, *SANE-A* (rachel.lapp@aah.org)

Gender based violence (GBV) is a global health issue affecting millions of individuals across cultures. Violence against women continues to cause morbidity and mortality despite recognition of the issue and the rise in technology brings an abundant number of novel methods to perpetrate this harm. Social media has increased the ease and accessibility of connecting and communicating with anyone. Technology-facilitated violence (TFV) is a termed coined to address the potential nefarious use of the internet during this digital revolution. This tool has led to an abundance of methods to facilitate the perpetration of abuse across nations including cyberstalking, doxxing, revenge porn, deep fake pornography, sextortion, catfishing, trolling and hate based harassment. Data is extremely limited, but it is estimated that 16-58% of women have experienced some type of TFV. Due to the intersectionality of racism, misogyny and homophobia with other forms of gender-based violence, Black, Indigenous people of color, LGBTQIA+ communities, and individuals with disabilities are disproportionately affected by TFV. TFV is a dangerous tool used to intimidate, silence, and control victims, often with dire consequences. In addition to the perpetual nature of the abuse the abuser can hide in anonymity. This presentation will highlight the forensic nurses' role in facilitating equitable access to strategies to reduce harm specifically focused on marginalized communities. Forensic nurses have a role in primary prevention as well and can educate individuals and communities to prevent victimization or perpetration of these malicious acts. A case study will be included, demonstrating the holistic forensic nurse's role in caring for patients involved in TFV. Forensic nurses can educate, intervene, and prevent further harm to marginalized groups affected by this rapidly growing use of informatics.

Uses of Recorded Medical Incident Histories: The Good the Bad and the Healing

Anne D. Troy, *University of Holy Cross* (atroy@uhcno.edu / annetroy7@gmail.com)
Traci Owens (taostrong70@gmail.com)
Roy Salgado (rsalgado@uhcno.edu)
Shawna Mitchell (smitchell@uhcno.edu)
Delinda Martin (dmartin@uhcno.edu)
Debbie St. Germain (drdeblsu@gmail.com)
Paul Clements (ptclements@tamu.edu)
Sheree Cornstubble (sheree.cornstubble@tamu.edu)

Controversy exists as to the importance and prejudice of recording the history of sexual abuse after assault, while the provider is executing a medical evaluation. In child sexual abuse cases in Louisiana, a tape-recorded history is the norm. The words delivered by a seven-year-old attempting to articulate the manner of abuse and grooming they experienced are impactful and can be useful to remove doubt from the mind of jurors as to whether histories were coaxed or manipulated. Consensus on the use of tape-recorded histories will be examined from the perspective of justice and fairness for alleged offenders and survivors alike. Additionally, the use of the recording in assisting parents to function with a protective response, as they hear the words from their child's mouth retrospectively, can facilitate their moving from inaction often driven by denial to becoming an integral participant in a family's healing journey. Access to these delivered histories can have tremendous implications for the ultimate cost of the experience to all involved.

26. Generation Z (GenZ) on the Frontlines in the Fight for Democracy

Keywords: Surveillance; education; youth; collective action

Digital Activism and Social Media Mobilization

Ashley Shannon, *Transformative Justice Coalition* (ashleyshannon143.as@gmail.com)

This component of the workshop examines how Generation Z (Gen Z) has transformed digital spaces into powerful arenas for activism, advocacy, and democratic engagement. Participants will explore how Gen Z harnesses the reach and immediacy of platforms like TikTok, Instagram, Twitter, and YouTube to organize protests, share information, challenge misinformation, and pressure institutions for change. The session will highlight key examples where digital mobilization led to real-world political impacts, such as global climate strikes, social justice campaigns, and voter registration drives. Attention will also be given to the unique ways Gen Z uses humor, memes, storytelling, and viral content to make complex political issues accessible and engaging for a wide audience. Participants will critically examine the strengths and limitations of digital activism, including questions about digital surveillance, algorithmic bias, online harassment, and the need for cybersecurity. Strategies for building sustainable movements beyond the online space will also be

discussed. By the end of this session, participants will better understand how digital tools are reshaping democratic participation and how Gen Z is at the forefront of creating new

*Challenging Authoritarianism and Defending Civil Liberties**

Cameron Barnes, *Rainbow Push Coalition* (cameron.barnes403@gmail.com)

This component of the workshop focuses on Generation Z's critical role in challenging authoritarianism and defending civil liberties around the world. Participants will explore how Gen Z activists, journalists, artists, and community leaders have stood at the forefront of efforts to resist government overreach, censorship, political repression, and violations of fundamental rights such as freedom of speech, press, and assembly. Through case studies from countries experiencing democratic backsliding, participants will examine the creative strategies Gen Z employs—such as decentralized organizing, encrypted communication, and international solidarity campaigns—to protect and advance civil liberties. The session will also discuss the risks young activists face, including surveillance, arrest, disinformation, and violence, and how they are building networks of mutual aid and legal support to sustain their movements.
Participants will engage in discussions about the importance of vigilance, resilience, and innovation in defending democratic spaces. Special attention will be given to how Gen Z balances local resistance with global awareness, leveraging technology and transnational partnerships to hold oppressive regimes accountable. By the end of this session, participants will have a deeper understanding of the urgent challenges facing democracy and the inspiring leadership role that Gen Z is playing in the global struggle for freedom and human rights.

Voting Rights, Electoral Engagement, and Political Innovation

Mollie Duffy, *Transformative Justice Coalition* (duffyme4@miamioh.edu)

This component of the workshop focuses on how Generation Z is transforming democratic participation through advocacy for voting rights, enhanced electoral engagement, and the introduction of innovative political strategies. Despite facing systemic challenges such as voter suppression, lack of access to civics education, and rigid political structures, Gen Z is leading efforts to expand democratic access and ensure that young voices are heard in the political process. Participants will explore initiatives driven by Gen Z activists, including campaigns to lower the voting age, push for greater voter registration, and create more inclusive electoral policies. This session will highlight how Gen Z is using technology and social media platforms to engage politically, mobilize young voters, and foster political innovation. as introducing new ways of organizing and advocating for change. Through case studies and interactive discussions, participants will gain a deeper understanding of the ways Gen Z is challenging traditional political structures. The session will discuss strategies to overcome state legislative voting hurdles aimed at suppressing younger voters. This session will emphasize how youth-driven movements can reshape democracy to be more inclusive, responsive, and accessible to future generations.

*Climate Justice, Economic Equity, and Democracy**

Hope Alvarado, *Transformative Justice Coalition* (alvaradoh5738@gmail.com)

This component of the workshop explores the interconnectedness of climate justice, economic equity, and the fight for democracy, particularly through the lens of Generation Z's activism. Participants will examine how Gen Z is leading the charge for policies that address both environmental sustainability and social justice, recognizing that climate change disproportionately impacts marginalized communities. The session will highlight how young activists are pushing for democratic systems that prioritize long-term ecological health and economic fairness. Through case studies and discussions, participants will explore how Gen Z is advocating for climate policies that ensure economic equity—such as green jobs, clean energy access, and reparations for communities most affected by environmental degradation. The session will also address the role of economic inequality in exacerbating climate crises, and how a lack of democratic accountability often undermines meaningful action on climate change. Gen Z's approach to these challenges is rooted in collective action, with many young activists using social media to mobilize, educate, and advocate for sustainable policies. By examining global movements like Fridays for Future, participants will gain insight into how Gen Z is reshaping the discourse around climate justice and economic equity, pushing for solutions that are inclusive, fair, and grounded in democratic principles.

*Intersectionality, Global Solidarity, and Inclusive Leadership**

Miguel Hernandez, *Transformative Justice Coalition* (delgadm2@tcnj.edu)

This component of the workshop examines the importance of intersectionality, global solidarity, and inclusive leadership in the fight for democracy, particularly through the lens of Generation Z. Participants will explore how Gen Z activists understand and advocate for the interconnectedness of various forms of oppression, such as race, gender, class, sexuality, and disability. The session will focus on how these overlapping identities shape experiences of injustice and how inclusive leadership is essential for addressing systemic inequalities. Through case studies, the workshop will showcase how Gen Z movements embrace intersectionality, ensuring that marginalized voices—particularly those from indigenous, Black, LGBTQ+, and other vulnerable communities—are centered in the fight for democratic rights and freedoms. Attention will also be given to how global solidarity plays a key role in amplifying these efforts, with young people across borders collaborating on shared causes, whether through digital activism or in-person organizing. The session will encourage participants to reflect on their own leadership roles and how they can advocate for more inclusive, equitable, and diverse democratic movements. By the end of the session, participants will gain a deeper understanding of how Gen Z is transforming the notion of leadership to include diverse perspectives and build a more just, interconnected world.

27. Immigration and Mental Health

Keywords: Immigration; compulsory treatment; pedagogy; outpatient; asylum

*Disparity in Immigrant Compulsory Care Assignment**

Steven P. Segal, *University of California, Berkely, CA, USA* (spsegal@berkeley.edu)

Lachlan Rimes, V*ictoria Department of Health and Human Services, Melbourne, AU* (lachlan.Rimes@health.vic.gov.au)
Leena Badran, *University of California, Berkeley, CA, USA* (lbadran@ucdavis.edu)
Vinay Lakra, *Divisional Director, Mental Health, Northern Health, University of Melbourne, Victoria, AU and Kasturba Medical College, Manipal, India* (Vinay.Lakra@nh.org.au)

Medical-psychiatric-need for compulsory-community-treatment (CCT) requires the presence of symptomology severe enough to constitute a threat to health and safety. Are culturally-and-linguistically-diverse (CALD)-immigrant-groups assigned to CCT with less medical-psychiatric-need--a fact supporting claims of discrimination, unjustified CCT-assignments. Or do they have the same medical-psychiatric CCT-needs as European/Caucasians, an indication that observed disparities in CCT-assignments represent a commendable effort to provide needed-assistance. Method: All N=5,816, 18-65-year-old-patients without dementia, hospitalized and first placed on CCT between 2010-19 were considered. Backgrounds, clinical-characteristics, and presenting-behavior (Health of the Nations Scale (HoNOS) assessments) documenting CCT-need of CALD-immigrant-groups vs. European/Caucasians-patients were contrasted using ANOVA and cross-tabulation, between-group-differences determined by effect-size, Eta Squared ($\eta 2$) >.00. HoNOS-item-scores rounded to their closest clinical-anchors provided a clinical-risk-picture of group differences for each behavioral-assessment-item. Results: Eight HoNOS-items reached clinical-risk-levels most associated with CCT-assignment yet failed to distinguish the groups($\eta 2$=.00); no items evidenced all four CALD-groups at less "clinical-risk" than European/Caucasians —i.e. risk varied by different group combinations. Conclusions: Labeling numeric disparities, as discriminatory as opposed to good practice, without accompanying evaluation of clinical-need can be harmful to care provision and may provide an excuse to eliminate needed care that enables reductions in mental health service provision.

Training Holistic Professionals through Interdisciplinary Collaboration in Law, Social Work, and Health for Immigrant Communities

Virgil Wiebe, University of St. Thomas, Minnesota (vowiebe@stthomas.edu)
Amy Smith, *Clinical Professor and Director of Social Work Services, University of St. Thomas, Minnesota* (smit3839@stthomas.edu)

This presentation explores two decades of interprofessional collaboration at an urban U.S. university-based center where law, social work, and counseling psychology faculty co-train students to provide integrated services to marginalized populations, including immigrants seeking asylum, legal status, and citizenship. The center houses co-located clinics where law, social work, and psychology students—supervised by experienced faculty—engage in individual as well as collaborative practice to meet clients' complex legal and psychosocial needs. One co-author, a law professor and former co-director of the center, and the other, a licensed clinical social work professor with thirty years of client-centered experience who now co-directs the center, share their pedagogical and clinical insights.
With the recent formation of a new College of Health—including nursing, psychology, social work, nutrition, and exercise science—the university is poised to deepen its interdisciplinary training approach. This evolution opens opportunities for a broader, more holistic model of education and client care. The presentation will examine key lessons learned, challenges faced, and emerging strategies for fostering effective interprofessional education. It will also highlight the unique needs of immigrant populations and discuss how integrative training models can empower future professionals to navigate the intersection of law and mental health with greater empathy and efficacy.

In Whose Best Interests? Comparing Children's Treatment in Federal Immigration Court with Local Child Protection Hearings

Susan G. Schmidt, *Luther College* (susan.schmidt@luther.edu)

Children's vulnerabilities typically warrant protective treatment, including in court settings. Does this hold true in court settings where the US government holds conflicting interests, such as in procedures to deport an immigrant child? To consider children's treatment in different court settings, observational data was collected over six months of juvenile docket hearings in federal immigration court. This was compared with six months of observational research in county child protection hearings in Minnesota. Subsequent analysis compared procedures and protections for children in both settings. Quantitative data was analyzed to compare rates of legal representation, guardian ad litem appointments, and children's presence in court. Qualitative data was analyzed to consider child protection concerns raised in court, revealing that federal immigration court personnel were unprepared to respond to concerns regarding child wellbeing and maltreatment. Policy change recommendations will be discussed, along with current political priorities regarding the treatment of immigrant children in the US.

Assessment as a Form of Resistance: Forensic Evaluations for Asylum Seekers

Patricia Pearson Hawley, *Tulane University School of Medicine, Department of Psychiatry and Behavioral Science*s (phawley@tulane.edu)
Serena Chaudhry, *Tulane University School of Medicine, Department of Psychiatry and Behavioral Sciences* (schaudh2@tulane.edu)

Louisiana detention centers house nearly 7,000 of the nearly 39,0000 migrants detained in the United States (Transitional Records Access Clearinghouse, 2024). Of those detainees, nearly 70% were denied asylum relief (Transitional Records Access Clearinghouse, 2024). A physical or psychological evaluation can substantially increase a person's chance of getting asylum by 80% (Physicians for Human Rights, 2021). Intentional cross sector collaboration has served as a tactic for strategically confronting governing institutions that detain and oppress asylum seekers. Faculty, staff, and students from Tulane University School of Medicine have partnered with colleagues in social work, public health and law to establish an asylum clinic within a pre-existing community medical clinic. Luke's House Asylum Clinic in New Orleans, Louisiana provides pro bono physical and psychological evaluations for asylum seekers in the region. Presenters will review data on referrals, evaluations, continuity of care, and outcome data for asylum cases. Additionally, presenters will engage attendees in a discussion about how this model can be strategically replicated and scaled up to serve detainees and ultimately, perpetuate organized institutional resistance to increasingly oppressive immigration laws.

28. Informed Consent and Voluntary Decision Making in Medical Contexts

Undue Influence in Medical Contexts: Voluntariness, Decision Making, and Consent

Margaret Hall, *Simon Fraser University* (margaret_hall@sfu.ca)
Alan Felthous, *Saint Louis University*

Consent is a particular kind of decision, to which the generally applicable requirements for actionable decision -making apply: a person must understand the matter or course of action in question; they must

appreciate the foreseeable consequences of making a particular choice with respect to that matter or course of action; and their choice must be voluntary i.e. made without any feeling of constraint interfering with their free will. Unlike other kinds of decisions, the decision to consent is limited to accepting or refusing a course of action that has been proposed by another person. As legal concepts, decision-making and consent are based on the concept that a person is presumed to have autonomy and a free will. The legal doctrines of fraud, duress, and undue influence recognise that, in some circumstances, that autonomy and free will may be compromised. Undue influence (considered most often in relation to property transfers) is applicable across legal contexts, including consent to medical treatment (an exercise of legal capacity rendering an otherwise illegal physical contact- a battery- legal). This paper considers the nature of undue influence in the medical context together with approaches to its assessment.

Doing What Your Doctor Tells You: Informed Consent in Canadian Malpractice Law

Erik Knutsen, *Queen's University, Kingston, Ontario* (knutsen@queensu.ca)

Canadian patients continually lose informed consent cases, primarily because "reasonable patients do what their health care provider tells them." How can the concept of patient autonomy stand alongside this notion, particularly when the informational imbalance between health care provider and patient becomes more complex as science progresses and as access to medical information proliferates via technology? How is the reasonable patient to sort through complex medical information in today's information age, and arrive at an informed decision? What should be the involvement of the health care provider as information clearing-house in this complicated decision tree? This paper explores the tensions between the originating values embedded in informed consent law and how cases actually get resolved in courts. It examines the efficacy of informed consent negligence as an "information tort:" a means of redress when harm results from consenting to a misunderstood medical procedure. The paper explores where the informational imbalance lies and offers some solutions as to how to re-envision the patient-health care provider relationship. Finally, the paper will re-examine the doctrinal structure of the tort so it better fits with today's patient-health care provider information-based relationships.

29. Innovations Across Multiple Systems

Keywords: Cross-sector; pediatrics; awareness; digital

Transformative Leadership in Action: Building Digital Inclusion and Entrepreneurial Ecosystems in Underserved Communities

JoAnn Rolle, *J.D. Rolle & Associates LLC* (jdrolleandassociates@gmail.com)

The global wealth gap, amplified by technological disparities and the COVID-19 pandemic, creates significant educational and economic barriers in underserved communities. Despite existing research, few studies systematically integrate entrepreneurial leadership with digital equity strategies. This presentation

addresses this gap by applying Taylor et al.'s (2025) digital empowerment model and Klitgaard's co-intelligence principles, combining digital strategy frameworks with inclusive, emotionally intelligent leadership approaches. Employing comparative analysis of intervention outcomes such as improved digital literacy rates, our methodology evaluates sustainable solutions aligned with UN SDG 1. Case studies from NMITE (UK), Georgia State University, and Hong Kong illustrate digital inclusion initiatives effectively overcoming infrastructure challenges through peer-led learning and co-designed AI strategies. These interventions foster psychological safety, cognitive flexibility, and entrepreneurial competencies. Cross-sector collaborations demonstrate measurable impacts, including increased participation in digital entrepreneurship, cultivating dynamic ecosystems where sustainable innovation thrives. This study uniquely contributes by demonstrating how collaborative leadership leveraging emotional intelligence and co-intelligence principles can effectively address educational inequities, empowering underserved communities as active contributors to a sustainable, interconnected future.

Development of a Multi-Disciplinary Task Force to Support the Mother-Baby Dyad at a Tertiary Care Medical Center

Sigita Cahoon, *Los Angeles General Medical Center* (scahoon@dhs.lacounty.gov)

The peripartum period can be a time of increased vulnerability for many pregnant and birthing people. Healthcare teams regularly screen for risk factors including substance abuse, housing instability, and domestic violence during routine prenatal care; however, many providers struggle to support patients and families when risk factors and psychosocial stressors are disclosed. Many patients are reluctant to discuss social concerns and accept evaluation for supportive services due to fear of losing custody of their children. To maintain the mother-baby dyad whenever safely possible, our medical center has developed a multidisciplinary task force to evaluate the existing support structures within our institution and surrounding community, and to collaborate to meet the needs of vulnerable patients during the peripartum period. We aim to optimize medical outcomes, mitigate psychosocial stressors, and prioritize the preservation of the family unit after delivery. This task force involves both the obstetric and pediatric medical teams, nurses, social workers, and hospital administrators. Through this collaboration, we have improved communication and cooperation between healthcare providers to optimize patient outcomes and experiences, while joining forces to support the health and safety of the mother-baby dyad, avoiding family separation whenever possible.

*It Takes GUTS: Gastrointestinal Understanding of Tolerance Study" Educating Families on Nutrition & Microbiome for Altering Food Allergy & Anxiety**

Caroline Caperton, *Willis-Knighton Allergy, Asthma, & Immunology Center* (capertonmd@gmail.com/ ccaperton@wkhs.com)

The term "tolerance" refers to the body's ability to accept and adapt to substances or conditions, whether they be physiologic or mental challenges. Within the gastrointestinal (GI) tract, this can involve the digestive system's tolerance of foods, or the immune system's tolerance of the body's own gut flora and foreign antigens. The type of food or substance consumed, its fermentability, and individual gut microbiome

composition can affect digestive tolerance. Oral tolerance refers to the immune system's ability to recognize and not react to foreign substances (like food antigens or commensal bacteria) that are normally encountered in the gut. Research has shown that early introduction of peanuts can promote tolerance and prevent peanut food allergy. We also know that consumption of certain probiotics can influence the gut flora and promote tolerance or allergic development. Microbiome composition and previous experiences can all influence an individual's tolerance to various substances. Patients with GI issues have higher anxiety surrounding meals, with resultant decreased quality of life.

Increasing Awareness on the Health Effects of Microplastics in Middle and High School Classrooms

Nelson Cassandra, *Franklin Pierce University* (nelsonc@franklinpierce.edu)

The research is clear: micro and nanoplastics have been found throughout the human body, even in placentas, meconium, and semen. Microplastic exposures in animal and cell culture models have been associated with increased inflammation, activation of cancerous pathways, altered immune function and more. While awareness of the plastic pollution problem has improved, education on the biological interactions of these environmental pollutants, particularly as they pertain to human health, needs to be implemented. To better educate students about this topic, we created a presentation and lab experiment to share with middle and high school classrooms. Of the 111 students who participated in the activity, 85% found the lab experiment impactful, and 83% reported a shift in how they think about plastic pollution. We found that by implementing a creative lesson on microplastics that enabled students to visualize how plastics interact with human cells, they began to realize the potential threats of these materials to human health. It is vital to translate research science to levels that students and community can understand. By educating and increasing awareness, others may be encouraged to adjust their lifestyles when it comes to plastic use and exposure.

30. Intersecting Systems: Approaches to Identifying Needs and Improving Services for People with Mental Illness and Criminal Legal System Involvement (I)

Keywords: Criminology; health-services; Oregon

Epidemiological Criminology: A Multidisciplinary Approach to Understanding Issues at the Intersection of Health, Mental Health, and Criminal Legal Systems

Richard E. Adams, *Kent State University* (radams12@kent.edu)
Natalie Bonfine, *Northeast Ohio Medical University* (nbonfine@neomed.edu)

Chivon H. Fitch, *University of Tampa* (cfitch@ut.edu)

The interdisciplinary field of epidemiological criminology integrates theories, principles, and methods from criminology, sociology, and public health to assess issues related to health, mental health, and criminology. Epidemiological criminology is applicable for studying issues at the intersection of health and healthcare systems with the criminal legal system, including policing and law enforcement, health and mental health in jails and prison settings, and in community corrections. For example, in policing, epidemiological criminology can be used to promote case-base and place-based techniques (e.g., hot spotting) to identify spatial patterns of crime and areas where specialized populations may be at risk for criminal legal system contact, such as people with mental illness, those who are unhoused or living in encampments, and other marginalized populations. In corrections, epidemiological criminology can be used to better understand social drivers of health and legal outcomes. It may also be used to explore efforts to improve individual or population-level health and mental health and address social needs for people who are involved in the criminal legal system, including people with serious mental illness. We present an overview of this multidisciplinary approach and its potential application to research and practice in addressing health, mental health, and criminal justice.

Lessons Learned from Implementing a Mobile Behavioral Health Unit to Divert People Who Use Drugs from Crisis Services

T. Freeman Gerhardt II, *University of South Florida* (gerhardt@usf.edu)

Mobile behavioral health units (MBHUs) are a promising strategy to expand access to care for individuals with behavioral health and substance use disorders, particularly in underserved or geographically isolated areas. These units aim to reduce reliance on crisis services by delivering timely, community-based interventions. However, effective implementation requires logistical adaptations and community buy-in, which can be difficult to achieve. While MBHUs have been shown to improve access to treatment, limited research has examined implementation strategies, workflow adaptations, and tactical changes to improve participant outcomes or increase community buy-in. In 2025, a large health system in Florida received opioid abatement funding to implement a MBHU to provide integrated substance use, behavioral health, and medical care in socially vulnerable neighborhoods. This presentation will describe a mixed-methods evaluation of the MBHU, and highlight strategies for delivering medications for opioid use disorder (MOUD), adapting workflows to meet the needs of the community, participants, and staff, and addressing barriers and facilitators to treatment engagement and retention, particularly for justice-involved populations. Findings will provide insights into service utilization, continuity of care, and long-term treatment retention, as well as implementation strategies to enhance mobile service delivery for high-risk populations.

Portland Police Bureau Staff Experience with and Attitudes Toward Portland Street Response, Portland's Alternative First Response Program

Emily Leickly, *Washington State University* (emily.leickly@wsu.edu)
Greg Townley, *Portland State University* (gtownley@pdx.edu)

In Portland, Oregon, the Portland Street Response (PSR) program diverts 911 calls regarding mental and behavioral health crises away from police to an unarmed first response team trained in de-escalation. In 2022 to 2023, PSR responded to 7,418 calls for service, 97.6% of which would have normally been responded to by police, representing a 3.5% reduction in police response to calls during PSR's operating hours. We conducted a detailed analysis of the PSR program, including interviews and focus groups with 13 Portland Police Bureau (PPB) staff members to assess their experiences with and general attitudes toward PSR and gauge how the program may ease their workload and provide an additional resource to assist in the field. The majority of PPB staff recognized the value of PSR in responding to issues related to mental health and homelessness. They also discussed areas for improvement, including PSR's staffing capacity and availability, the need for expanded call types and criteria, and improving communication and collaboration between PSR and PPB. These findings will be contextualized within our larger study of PSR, and implications for research and practice in alternative first response will be discussed.

When Resources are Not Enough: How Systems Barriers Contribute to High Utilizers of Services

Stacey L. Barrenger, *Northeast Ohio Medical University* (sbarrenger@neomed.edu)
Leslie Wood, *Northeast Ohio Medical University* (lwood@neomed.edu)
Shiah Kleinman, *Northeast Ohio Medical University and Kent State University* (skleinman@neomed.edu)

Many communities have residents who utilize a disproportionate amount of crisis and acute behavioral health services. "High utilizers" often have frequent encounters with law enforcement and experience multiple jail admissions. While high utilization of services is often thought of as an individual level problem, there are systems barriers that prevent engagement to ongoing care, even in communities with ample resources. This paper describes multiple systems barriers within two service-rich communities that prevent high utilizers from transitioning to ongoing care. Semi-structured interviews were conducted with 45 providers from the behavioral health, criminal legal, health, and social service systems and 12 service users. Transcripts were analyzed using a combination of inductive and deductive coding. Findings show that systemic barriers like poor communication and coordination between service providers, a resistance to data collection and reporting, structural barriers like lack of housing and transportation, and a culture of preserving the status quo prevent the provision of adequate services to high utilizers. Among some service users, these barriers contributed to a lack of trust in the system which impacted their engagement with services. Potential solutions for communities to address systems barriers will be explored.

31. Intersecting Systems: Approaches to Identifying Needs and Improving Services for People with Mental Illness and Criminal Legal System Involvement (II)

Keywords: Community resilience; probation; behavioural health; U.S.

Development of a Community Resilience Model for Formerly Incarcerated People with Serious Mental Illnesses Living in Permanent Supportive Housing

Liat Kriegel, Washington State University (liat.kriegel@wsu.edu)

Permanent supportive housing (PSH) is increasingly being used as a reentry intervention for formerly incarcerated people with serious mental illnesses (SMI). While PSH are typically situated in high-risk environments, they are also surrounded by public spaces that can be resourceful and supportive during reentry. During the session, I will present findings from a novel QUAL + QUAN (spatial) concurrent mixed-methods study that examined the relationship between public and private spaces within PSH geography. Sixty people with SMI who live in PSH and were released from prison or jail within the recent five years participated in a single multi-method interview across two cities in the western United States. The interview examined their use of public and private spaces around PSH as well as individual, interpersonal, and environmental characteristics. We conducted GIS analyses examining the relationship between those characteristics, participatory features of spaces (i.e., importance, sense of belonging, frequency of contact), and measurable features of spaces (i.e., resource and treatment availability, and density of resourceful public places) to develop a community resilience index model. The model aims to characterize and quantify opportunities for community engagement for formerly incarcerated people with SMI who live in high-risk environments to support intervention development.

Studying the Implementation of a Novel Behavioral Health Screening Tool in a Large Probation System

Matthew W. Epperson, *University of Chicago* (mepperson@uchicago.edu)
Samantha Guz, *University of Alabama* (srguz@ua.edu)
Leonard Swanson, *University of Chicago* (leonards@uchicago.edu)

Identifying people with behavioral health is a persistent challenge in the criminal legal system and specifically in the largest segment of the U.S. system – probation. This paper discusses a pilot implementation study of an evidence-based computer adaptive screening tool (CAT-MH) in a large Midwestern U.S. probation system to efficiently identify individuals with potential mental health and substance use treatment needs. The implementation study was guided by the Interactive Systems Framework (ISF), which articulates three systems/stages of implementation: Synthesis and Translation System; Support System; and Delivery System. Implementation findings are presented across the three ISF stages, including: pilot implementation planning, training protocols, identifying infrastructure and stabilization factors. We also discuss the significant restructuring of implementation protocols to respond to changes in probation operations related to the COVID-19 pandemic, resulting making the CAT-MH accessible to probationers via a system-generated text system. As guided by the ISF, the CAT-MH implementation study identified numerous opportunities and challenges related to systematic behavioral health screening and referral in large probation systems. Capacity building across probation and health organizations is essential so that clients have enhanced opportunities to receive behavioral health services and avoid deeper involvement in the criminal legal system.

Preliminary Findings from a Prison-Based Transformational Housing RCT in the United States

Kelli Canada, *University of Missouri* (canadake@missouri.edu)
Beth Huebner, *Arizona State University* (beth.huebner@asu.edu)
Ashley Givens, *University of Missouri* (givensa@missouri.edu)
Janet Garcia-Hallett, *University of Newhaven* (jgarciahallett@newhaven.edu)
Francis Huang, *University of Missouri* (huangf@missouri.edu)
Rabia Faizan, *University of Missouri* (rabiafaizan@missouri.edu)
Kate Maley, *University of Missouri* (k.maley@health.missouri.edu)

People who encounter the criminal-legal system face worse health, mental health, and quality of life outcomes following incarceration. Life expectancy declines two years for every year served in prison, and stress from risk of violence and poor prison conditions leads to adverse health and mental health outcomes during and after prison. Adverse prison conditions including prison violence and overdoses, also affect staff, often in the form of staff absences, workplace injury, stress-related illnesses, and high turnover rates. Transforming prison conditions is one way to potentially mitigate some of the harms of incarceration. Many prisons in the U.S. are struggling to find innovative ways to improve prison conditions and overall prison culture and climate. Scholars have long observed the penal practices of Scandinavia and other countries across the globe as an alternative to U.S. practices and a viable strategy to improve U.S. prison conditions and reduce recidivism. In this presentation, we discuss the development of an intervention that is informed by international best practices and collaboratively developed with researchers and community partners that aims to improve prison conditions and the wellbeing of people living and working in prison. Preliminary findings from the RCT will also be discussed.

Innovating Community-Based Treatment for Justice-Involved Populations: Preliminary Evidence from a Randomized Trial

Amy Blank Wilson, *University of North Carolina - Chapel Hill* (amyblank@email.unc.edu)
Jonathan Phillips, *University of Minnesota at Duluth* (phil0309@d.umn.edu)
Natalie Bonfine, *Northeast Ohio Medical University* (nbonfine@neomed.edu)
Robert D. Morgan, *Southern Illinois University* (robert.d.morgan@siu.edu)
Faith Scanlon, *Massachusetts General Hospital - Harvard Medical School* (fscanlon@mgh.harvard.edu)
Anna Parisi, *George Mason University* (aparisi2@gmu.edu)
Caroline Ginley, *University of North Carolina-Chapel Hill* (caroline_ginley@med.unc.edu)
Jamie Swaine, *University of North Carolina-Chapel Hill* (jamie_swaine@med.unc.edu)

This paper presents preliminary findings from a small-scale RCT of Forging New Paths, a novel, group-based CBT intervention designed specifically to reduce criminal legal risk factors among individuals with serious mental illness receiving services in the community mental health service system. Thirty-eight adults with serious mental illness and moderate to high levels of criminal legal risk factors were recruited from a community mental health agency. Linear mixed-effects models assessed within-group changes over time.

Group-by-time interaction terms were included to examine between-group differences. Participants randomized to Forging New Paths showed statistically significant improvements in social problem-solving from baseline to 3-month follow-up ($b = 1.05$, $p < .05$), though between-group differences were not statistically significant. While not reaching statistical significance, trends in the FNP group indicated reductions in impulsivity ($b = -1.78$, $p = .39$), criminal attitudes ($b = -2.43$, $p = .10$), aggression ($b = -1.81$, $p = .41$), and mental health symptoms ($b = -1.08$, $p = .61$), suggesting potential intervention effects.

32. Journalists and PTSD: Studies and Experiences

Keywords: Social justice; PTSD; journalism

Yves Lévesque, *Média QMI* (levesque.yves@gmail.com)

The public tends to forget that more often than not, the first time they hear or read about instances of war crimes or crimes against humanity, it is because it has been reported, filmed or photographed by a war correspondent. They are therefore an essential component of any fact-finding on the front lines and anywhere else in war zones. To be effective, they have to be on the war theater, often risking their lives as much as the soldiers and the population they are close to. This takes a tremendous toll on the mental health of these individuals, and it can affect them for the rest of their lives. In a study published in 2002 in the American Journal of Psychiatry, regarding war correspondents, Feinstein, Owen and Blair concluded that "The lifetime prevalence of PTSD is similar to rates reported for combat veterans, while the rate of major depression exceeds that of the general population." Since that time, numerous studies have been published, as well as resources for journalists. We will discuss these interactions with a panel of experts.

Victor Malarek, *Journalist* (vmalarek@gmail.com)

Victor Malarek is a journalist renowned for his investigative reporting and commitment to social justice. Born in 1948 in Lachine, Quebec, he overcame a troubled childhood to become one of Canada's most respected journalists. Malarek began his career as a copyboy and rose through the ranks to become a reporter for The Montreal Star, then a national correspondent for The Globe and Mail, and later a prominent figure on CBC's The Fifth Estate and CTV's W5. Over four decades, his work exposed systemic failures in institutions, human rights abuses, and the exploitation of vulnerable populations, including victims of international sex trafficking. His investigations led to public outcry, policy discussions, and several prestigious journalism awards. Malarek is also the author of multiple books, both memoir and investigative non-fiction, including The Natashas, which examines global sex trafficking, and Hey, Malarek!, an autobiographical account that inspired the television drama Urban Angel. His reporting style, marked by empathy, persistence, and a strong moral compass, has left a lasting impact on Canadian journalism and continues to influence new generations of reporters committed to holding power to account.Victor will bring his observations as a journalist and war correspondent to the panel.

Vasilisa Stepanenko, *Journalist*

Vasilisa Stepanenko is a Ukrainian journalist and video producer whose work during the Russian invasion of Ukraine brought international attention to the realities of war. As part of the Associated Press (AP) team based in Mariupol in early 2022, she played a crucial role in documenting the siege of the city when most other media had fled. Working alongside colleagues Mstyslav Chernov and Evgeniy Maloletka, Stepanenko helped capture some of the most harrowing and defining images of the war's early days — including the bombing of a maternity hospital and the suffering of civilians under relentless attack. Their footage became some of the only independent reporting from Mariupol during the siege, reaching global audiences and shaping public understanding of the conflict. For this work, the AP team received numerous accolades, including the Pulitzer Prize for Public Service in 2023, and an Oscar for the documentary feature film "20 Days in Mariupol" the same year. Stepanenko's quiet presence behind the camera belies the risk and urgency of her work, which combines technical skill with deep moral clarity. Her reporting not only documents history in real time but also gives voice to those enduring unimaginable hardship.

Anthony Feinstein, *University of Toronto* (ant.feinstein@utoronto.ca)

Anthony Feinstein is a professor of psychiatry at the University of Toronto, recognized internationally for his research on the psychological effects of war and trauma, particularly in journalists covering conflict zones. Originally trained in South Africa, Feinstein has spent much of his career studying post-traumatic stress disorder (PTSD), moral injury, and related mental health challenges among war correspondents, humanitarian workers, and others exposed to violence and crisis. His pioneering studies were among the first to provide clinical data showing that journalists working in high-risk environments often experience levels of trauma comparable to soldiers or emergency responders. Through numerous studies, Feinstein has drawn attention to the emotional toll of bearing witness to human suffering and atrocity. His work has been published widely in both academic journals and mainstream media, and he has advised news organizations on how to better support the mental health of their staff. Feinstein is also the author of several books, including Journalists Under Fire, which explores the psychological cost of frontline reporting. Dr. Feinstein will discuss how his research has significantly shaped how trauma is understood within media professions, and his advocacy continues to influence newsroom policies and mental health awareness in high-stress fields.

Naseem Miller, *Journalist* (email will be provided shortly)

Naseem S. Miller is a journalist and the senior health editor at The Journalist's Resource, a platform dedicated to translating academic research into practical insights for journalists. She spent nearly two decades reporting for outlets like the Orlando Sentinel, where she was part of the team covering the Pulse nightclub mass shooting—coverage that earned a Pulitzer Prize finalist nod in 2016. Miller co-founded the "Journalists Covering Trauma" support group to foster peer connection and mental health resources for reporters who cover crises. At The Journalist's Resource, Miller, amongst other things,covers trauma-informed journalism, and strategies to manage secondary trauma and PTSD among reporters. She has partnered with the Dart Center on Trauma, co-authoring resource guides on self-care and trauma resilience for journalists. Miller emphasizes practical guidance—setting emotional boundaries, peer support, and self-care protocols—to help journalists navigating emotionally taxing beats. Her work bridges rigorous academic research and on-the-ground advice, shaping newsroom policies on mental health. She has become a key advocate for PTSD awareness, resilience training, and supportive structures for journalists working

in the most demanding environments. Miller will discuss her research and observations from her career and the journalists support group she founded.

33. Living in Limbo: Assessing Inequities and the Mental Health Implications of Youth in the Child Welfare System

Keywords: Incarceration; youth; welfare; foster care

Inequities and the Mental Health Implications of Youth in the Child Welfare System

Kaelan Temple, *University of Texas Medical Branch* (kgtemple@UTMB.EDU)
Alyssa Shaffner, *University of Texas Southwestern Medical Center* (m.alyssa.shaffner@gmail.com)

Children entering the child welfare system may do so for a multitude of reasons such as parental neglect, abuse, substance use, or death, amongst others. However, despite similar rates of maltreatment, children of color are more likely to be investigated, removed, and have prolonged involvement with the system in comparison to their white peers. Thus, highlighting systemic contributing factors such as implicit bias, historical marginalization, and socioeconomic inequalities. Similarly, children with developmental disabilities such as autism spectrum disorder, are also overrepresented in the foster care system compared to neurotypical peers due to contributing factors like higher support needs, less access to resources, and implicit bias. For children of color with developmental disorders, they are at higher risk of being involved in the child welfare system and not getting their needs met.

Diagnosing Mental Health Conditions in Children in the Foster Care System: Factors to Consider

Alyssa Shaffner, *University of Texas Southwestern Medical Center* (m.alyssa.shaffner@gmail.com)

Research has indicated that children in the foster care system are diagnosed with higher rates of mental health conditions when compared to their peers not in foster care. For instance, the general adult population rate of bipolar disorder is 2.8% but some studies have indicated a rate as high as 13.3% for youth in foster care. Whether the higher rates are related to the circumstances that resulted in them being in foster care and/or from being in the foster care system, is a distinguishment yet to be made. However, one aspect that is clear when working with youth in the foster care system is limitations in making an accurate diagnosis. This presentation will provide an overview of variables to consider when making a mental health diagnosis in youth that are in the child welfare system that may contribute to the disproportional rates of mental health conditions in this vulnerable population. A case presentation will be utilized to encourage active audience engagement and reflection.

Polypharmacy: The Problem of Overprescribing Psychotropic Medications in Foster Care Youth

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

Children in the foster care system have an increased rate of mental health and developmental disorders when compared to children outside of the system. There are several reasons for this, including the increased risk of adverse childhood experiences (ACEs) in this patient population. When children enter the foster care system, they may experience increased access to mental health care, which sometimes leads to increased treatment with psychiatric medications. Unfortunately, studies have shown that children in foster care are more likely to be prescribed multiple psychotropics, receive doses that are higher than the recommended doses in their age groups, and receive medication prescriptions in an off-label manner. More concerning, children in foster care are also more likely to be prescribed psychotropic medications without any documented mental health or developmental disorder. This presentation will discuss the risks associated with over-prescribing in this patient population and will explore different factors that may lead to these concerning prescription trends in this vulnerable population. The speaker will also discuss possible solutions to the problem of over-prescribing in this population, both from a systemic and individual patient care level.

Posttraumatic Stress and Disruptive Behavior Problems in Foster Care Youth

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

Youth in the United States child welfare system exhibit higher rates of posttraumatic stress symptoms and disruptive behavior problems than their same- aged peers. Foster care youth are also more likely to have experienced more than one traumatic event, in addition to prolonged separation from a caregiver, such as abuse or neglect. Further, foster care youth who struggle with mental and behavioral health problems are more likely to remain in the child welfare system longer and experience more placements than children without these concerns. This presentation will cover effective psychological treatments for posttraumatic stress and disruptive behavior problems in foster care youth, highlighting special considerations for this vulnerable population. There will be a focus on promoting resilience in foster care youth who struggle with significant behavioral health problems. The presenter will discuss her time as the psychologist for a foster care clinic in Texas, using nuanced case examples. Ethical considerations for psychological treatment of these youth will also be discussed.

Strategies for School Success and Adult Transition for Youth in Foster Care

Myesha Morgan, *University of Texas Medical Branch* (mymorgan@UTMB.EDU)

Children and adolescents in foster care face disproportionately high rates of academic underachievement, mental health concerns, and have difficulty transitioning into independent adulthood. Schools are often the most consistent and stable environment for youth in foster care and provide a reliable place where services

can be coordinated. In addition, school personnel are well-positioned to identify students in need of additional academic or social-emotional support. Many school-based models such as Multi-Tiered System of Supports (MTSS) incorporate early intervention and data-based decision making for students in need of additional behavioral and academic support. While these school-based models address students' needs during their years in primary and secondary education, additional strategies are needed to ensure continuity of support as youth in foster care transition into adulthood. Continuing support beyond school-age years is crucial as many experience an abrupt loss of services at age 18 or 21, leaving them without guidance during a critical transition period. In this presentation, the speaker will discuss how schools can act as central coordinators in supporting the academic, social-emotional, and developmental needs of youth in foster care, as well as review evidence-based models to support their transition into early adulthood.

34. Mandatory Outpatient Treatment of Mentally Disordered Offenders in Germany

Keywords: Aftercare; health ministry; policy; forensics

Dealing with Mentally Ill Offenders in Germany

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

In Germany, mentally disturbed offenders are subject to special legal regulations, which are based on the concept of criminal responsibility: Offenders who are not criminally responsible and not considered dangerous are hospitalized, if at all, in general clinical psychiatric institutions. If serious offenses are expected from offenders who are considered to have at least diminished criminal responsibility, they are admitted, regardless of therapeutic prospects, to special forensic psychiatric security hospitals (§ 63 German Penal Code) under the authority of the health ministry. Offenders dependent on psychoactive substances with sufficiently good therapeutic prospects, independent of being declared not or diminished or full criminal responsible, are admitted to special drug treatment facilities of forensic-psychiatric secure hospitals which are also under the authority of the health ministry (§ 64 German Penal Code). All other offenders, including individuals with schizophrenia who are considered criminally responsible despite their illness, may be sentenced to prison, if no milder sanctions like a fine are ordered by the court. In individual cases, it may depend on coincidental constellations whether an offender is committed to a forensic psychiatric or penal institution. Within penal institutions most of the sexual offenders are offered treatment in “Sozialtherapeutischen Anstalten”. There are special legal regulations for sexual offenders housed in preventive detention after having served their prison sentence. In some cases mandatory outpatient treatment after release is possible.

Impact of Forensic Aftercare on Patients with Schizophrenic Psychosis

Tatjana Voß, *Institut für Forensische Psychiatrie Forensisch-Therapeutische Ambulanz Charité* (tatjana.voss@charite.de)

Patients with schizophrenic psychosis are disproportionately represented in forensic institutions. Their treatment poses a particular challenge, primarily due to a lack of insight into their illness, low therapy adherence, social isolation, and difficulties in managing everyday life. The forensic therapeutic outpatient clinic at Charité in Berlin offers multiprofessional treatment and support for former offenders from the penal and correctional system. This community-based program provides forensic rehabilitation treatment

for former offenders with schizophrenic psychosis, who were assessed as legally incompetent or not guilty by reason of insanity at the time of their conviction. The group primarily consists of young men with severe psychotic disorders, frequent comorbidities such as substance use disorders, personality disorders, or cognitive impairments, and a low level of social functioning, particularly in the areas of relationships and employment. Through a combined treatment approach, which includes pharmacological therapy, as well as socio- and psychotherapy, it is possible to reduce their risk of reoffending and support their reintegration into the community. This paper discusses the specific needs of patients with schizophrenic psychosis in forensic rehabilitation treatment and examines their long-term risk of recidivism.

Monitoring of Side Effects of Antihormonal Treatment of Sexual Offenders in Forensic Aftercare

Valentin Bachmann, *Forensisch-Therapeutische Ambulanz Charité* (valentin.bachmann@charite.de)

Androgen deprivation therapy (ADT) is an antihormone therapy that lowers testosterone levels. Corresponding to the 2020 guidelines for the pharmacological treatment of people with paraphilic disorders by the World Federation of Societies of Biological Psychiatry (Thibaut et al.), ADT is an important element in the treatment of sexual offenders in forensic aftercare. On the one hand ADT is critical to prevent recidivism at sex offenders at high risk of sexual violence, on the other hand a profound reduction of testosterone levels may have serious side effects as decreases in bone density, development of a metabolic syndrome or depression. Therefore, clinical assessment is recommended before the start of the therapy and ADT should include careful monitoring of these potential side effects.
Currently more than 25 patients are treated with ADT at the Berlin Forensic Treatment Outpatient Dept. of the Charité. This presentation will give an overview of type and frequency of side effects in these patients and will illustrate the potential challenges associated with ADT.

Forensic Aftercare of Patients with Schizophrenic Psychosis – A Case Report

Lilith Hargarter, *Forensisch-Therapeutische Ambulanz Charité* (lilith.hargarter@charite.de)

This case report presents the treatment of a schizophrenic patient in a german outpatient forensic-therapeutic aftercare. The patient, a middle-aged male, has a long history of psychiatric hospitalizations and legal issues due to his condition. After discharge from a forensic institution, he was integrated into a specialized aftercare program combining psychiatric treatment with rehabilitation efforts aimed at reducing recidivism and supporting societal reintegration. The study focuses on the therapeutic methods employed to manage psychotic symptoms, ensure medication adherence, and balance the patient's mental health needs with legal obligations. It highlights the significance of a multi-disciplinary team approach and the importance of structured support systems. This case underscores the complexity of managing forensic patients with schizophrenia in a post-discharge setting and emphasizes the critical role of individualized care strategies in preventing relapse and promoting long-term recovery.

Long-Term Psychiatric Treatment of Mentally Ill Prisoners in Berlin/Germany

Norbert Konrad, *Charité-University Medicine Berlin* (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. Outpatient treatment within the prison system is common but differs from outpatient treatment in the community.

35. Mental Health and Legal Challenges for Autistic Persons

Keywords: Liberty; adolescence; misperceptions; policy

The Case for Profound Autism and Deprivation of Liberty

Elizabeth Lipman Leonard, *Neurocognitive Associates, Phoenix, AZ, USA* (ncapsych@me.com)

Autism spectrum disorder (ASD) is present in all societies with an estimated global population of 78 million from infancy through old age. Autism heterogeneity recognizes multiple impairment levels with variability in support needs. The term profound autism, proffered by the Lancet Commission in 2021, describes individuals with severe cognitive impairment (IQs<50) minimal or no language, and need for 24 supervision. Severely impacted individuals have complex needs requiring integrated services from systems providing health care, governmental support, legal protection, education, vocational, and social services across the lifespan for full inclusion in society for themselves, their families, and the communities in which they live. Profoundly autistic persons severe limitations in cognition, language, and social skills are underrepresented in research and treatment protocols denoting them as a relegated and stigmatized subgroup. They exhibit multiple behaviors drawing attention to autism's core deficits in public like behavioral decompensation, repetitive vocalizations, hyperactivity, elopement, and aggression limiting their opportunities from participation in self-advocacy, family celebrations, classrooms, and social activities where severe behaviors are likely to be displayed. This presentation addresses how to remedy perceived stigma through opportunities for full participation, and social acceptance of profoundly affected autistic individuals across all segments of society.

Autism Spectrum Disorder Barriers to Care Occurring During Transition from Adolescence to Young Adulthood

Joanna Kowalik, *Department of Psychiatry, Creighton University Schoo of Medicine, Phoenix, AZ, USA* (joanna_kowalik@dmgaz.org)

Autism spectrum disorder, characterized by challenges in social communication and restrictive and repetitive behaviors, seriously impacts transition from adolescence to adulthood. Transition, a complex developmental process, involves education, health, work, community, and social relationships. About 50 000 of 450 000 autistic U.S. youth turn 18 each year. Transitioning autistic teens encounter adult developmental expectations in less accommodating social environments and face greater challenges than neurotypical peers. Essential services are often terminated once adolescents exit school. Managing social relationships and emotional regulation is challenging for those undertaking post high school education or beginning employment creating transition barriers. Personal, medical, disability-related, psychosocial, and environmental factors combine contributing to poorer outcomes. Challenges result from restricted collaboration between schools, families, and community agencies often resulting in fragmented services.

Workplace and educational settings frequently lack flexibility to alter requirements and/or expectations creating barriers for success. Additional barriers include reduced services as teens age out of pediatric systems and lack in autism education for adult practitioners assuming their medical care. The current healthcare system is presently poorly equipped to meet complex transition needs of autistic adolescents highlighting the opportunity for additional physician training in mental health and other medical specialties. This addresses goals for improving care systems and health outcomes.

Deprivation of Care for Individuals with Autism and Serious Mental Illness when Psychiatric Hospitalization is Needed

Carol Olson, *Department of Psychiatry Creighton University School of Medicine, Phoenix, AZ USA* (carol_olson@dmgaz.org)

Many autism spectrum disorder (ASD) adults have co-occurring serious mental illnesses including major mood and psychotic disorders. Exacerbation of co-occurring psychiatric conditions may require hospitalization for emergent safety concerns for endangering behaviors. Hospitalization can offer more effective multidisciplinary assessments and treatments than many outpatient settings. ASD Individuals frequently encounter prolonged delays in psychiatric admission from lack of acute psychiatric beds. This leads to extensive stays in general hospital emergency rooms where the environment is over-stimulating often requiring physical restraint for prolonged periods. Once psychiatrically hospitalized, ASD patients may encounter physicians and staff with little autism experience and environments poorly suited to their care. ASD adolescents and adults may receive frequent medication for agitation and repeated episodes of seclusion or restraint. Hospitalized ASD patients may also be denied effective treatments such as prescription of clozapine or electroconvulsive therapy due to statutory barriers to evidenced-based care regardless of whether comorbid symptoms can be effectively treated by such treatment modalities. Once stabilized, ASD patients often endure extended unnecessary hospital stays before community placement can be secured. This presentation will discuss examples for improving care for autistic adults with acute exacerbation of comorbid serious mental illness requiring psychiatric hospitalization.

Misperception of Justice for Autistic Individuals in the Criminal Justice System

Sara Ashurst, *Department of Psychiatry, Creighton University School of Medicine, Phoenix, AZ USA* (sara_ashurst@dmgaz.org)

Autistic individuals encounter the criminal justice system at increasing rates facing challenges throughout the criminal justice process, from initial misperceptions of motive in interactions with police, stress throughout incarceration, and misperceptions of empathy and remorse when interacting with judges and juries. ASD can have important implications in areas of criminal competency and criminal responsibility. Unlike mood or psychotic disorders, ASD is a fixed condition not expected to change substantially with medication. Incompetent ASD defendants may struggle to progress through restoration programs. Autism may be considered a mitigating sentencing factor in defendants proceeding to trial. Measures seeking to accommodate and reduce injustices suffered by autistic persons are stunted by limited recognition and understanding of ASD. Autistic individuals in the criminal justice system face problems mirroring individuals with serious mental illness (SMI), who are incarcerated at disproportionately high rates in the United States. Diversion programs have been designed to shunt individuals with SMI away from lengthy incarceration towards treatment. Recent efforts have focused strategies diverting autistic persons from arrest or incarceration for circumstances lacking criminal intent. Approaches taken by courts to achieve this vary internationally, are evolving, and merit further debate. Discussion of these topics will be illustrated with cases from clinical practice.

36. Mental Health Innovation in Education

Keywords: Youth; self-help; reoffending; mindfulness

Promoting Self Care and Self Care Practice in a Bachelor of Nursing Degree

Deb O'Kane, *Flinders University* (debra.okane@flinders.edu.au)

Aim -- This presentation will showcase the development and process by which the self-care and self-care practice was embedded into an accredited three year Bachelor of Nursing. Purpose of the project – Equipping the future nursing workforce with the tools, practices and attitudes in self care to support them throughout their initial life course as student and then onwards towards a long and sustainable career. Background - Using the principles of Fundamentals of Care, the Bachelor of Nursing curriculum at Flinders University, Adelaide, Australia, has been designed to ensure graduates are able to competently deliver relationship-based, integrated fundamental care, informed by the context in which the care is being delivered. Just as important when caring for others is to also care for oneself. Within nursing the ability to recognises one's own needs and provide self-care is often neglected. Self-care is about self-respect. It is acknowledging that without a strong sense of wellbeing, care can be compromised. Nurses should be putting their own emotional, physical, and social wellbeing first, so they can be effective in their job. Implementing the regular practice of selfcare will support healthier lives, increased job satisfaction, and enhance relationships. Implementing a lens from which to view a students' lived experience within a program of study, highlights a pivotal point where life stressors increase due to the new challenges of academia, social connections, financial concerns, and quality of health. Project - The development of a 'Self Care' content is currently in the process of development in preparation for it being embedded and integrated within the curriculum of the Bachelor of Nursing by 2026. Self care is central to subjective wellbeing. Students by engaging in learning activities related explicitly to self-care can increase self-care knowledge, develop tools and strategies to cultivate self-care and wellbeing and provide a valuable resource whilst studying and beyond graduation. The overarching idea is that from the beginning of training where students engage in the care of others, the program will also consider the parallel care of the student, equipping them with knowledge and tools and habits and practices and attitudes that are intended to help them have a long and sustainable career.

Education a Risk and Strength: A Scoping Review

Michelle Scully, *Ontario Institute for Studies in Education (OISE), University of Toronto* (michelle.scully@utoronto.ca)
Michele Peterson-Badali (m.petersonbadali@utoronto.ca)
Tracey Skilling (tracey.skilling@camh.ca)

The Central Eight are a robust set of risk factors that predict reoffending. Low academic achievement and behavioural concerns with school – which are included in the 'education/employment' domain – are identified as risk factors. Although identifying risk factors is crucial for rehabilitation, there is growing

interest in identifying strength factors that may support desistance from crime. 'Strength' refers to an umbrella term and is delineated between protective (moderates the relationship to reoffending) or promotive (has a direct relationship to reoffending). The proposed poster will present results of a scoping review of research on education risk and strength factors for justice-involved youth. Research questions include: How are researchers conceptualizing and operationalizing educational strengths and risks? How are educational risks and strengths being evaluated empirically? What are the quality and caliber of these studies? Which aspects of the educational risk and strength domain are being identified most consistently as predictive of reoffending? The review will follow the methodological framework developed by Arksey & O'Malley. Relevant studies will be identified through databases (e.g., PsychINFO, Scopus,) and grey literature. Search terms will include youth, risk, strength, predict, rearrest. Identifying both risk and strength factors is crucial to aid in the rehabilitation of youth and can serve to inform policy and practice to ensure youth are receiving adequate support.

Teaching Mindfulness in American Law Schools

Katerina Lewinbuk, *South Texas College of Law Houston* (klewinbuk@stcl.edu)

Mindfulness is becoming mainstream in America with the National Institute of Health spending $100M on research pertaining to its benefits, Time magazine featuring it on its cover and many more. It is now practiced by Pentagon leaders, Silicon Valley entrepreneurs, Google and General Mills employees. In fact, many law schools and bar associations are now offering mindfulness training to lawyers, law professors, students, judges, and mediators through workshops and courses. The training offers students a new insight—third person perspective of their own performance as lawyers. This insight will expose cognitive biases, develop awareness of mental processes and emotions, such as distraction, anger, or anxiety and allow students to better understand themselves and to use this understanding to become better advocates for their clients. Once students gain this level of awareness, they can adjust and improve their performance in legal skills, such as interviewing clients, negotiating, mediating cases, and many others. Research shows that through practicing mindfulness, law students will be able to increase their focus, manage and reduce stress, become active listeners and lessen biases and distractions. This presentation will focus on teaching Mindfulness as part of the curriculum in American law schools.

Statewide Judicial Commissions on Mental Health as a Pathway for Innovation

Kama Lawrence Harris, *Texas Judicial Commission on Mental Health* (kama.harris@txcourts.gov)
Kristi Taylor, *Executive Director of Texas Judicial Commission on Mental Health* (kristi.taylor@txcourts.gov)

Since its inception in 2018, the Texas Judicial Commission on Mental Health (JCMH) has served as a groundbreaking initiative in bridging the systemic gap between mental health and the judiciary. This presentation explores the origins, mission, and evolution of the JCMH as the first state-level judicial commission of its kind in the United States. Drawing on a multidisciplinary framework, the session will

analyze how the JCMH has influenced statewide court policies, procedures, interagency collaboration, and legislative reforms aimed at more humane and effective justice system responses to individuals with mental health needs. Particular focus will be given to innovations such as the JCMH bench book, collaborative training initiatives, and statewide collaboration protocols, which demonstrate how institutional partnerships can advance justice while addressing mental health needs with compassion and clinical insight. By highlighting Texas's integrative approach, this presentation invites dialogue on how judicial systems globally can adapt institutional frameworks to better serve populations at the intersection of law and mental health.

The Courtroom Curriculum Project: A Multi-Disciplinary Training Model at the Intersection of Law and Mental Health

Daniela Jimenez Chisolm, *Texas Judicial Commission on Mental Health* (daniela.jimenezchisolm@txcourts.gov)

The Courtroom Curriculum (TCC) Project is an interdisciplinary training initiative designed to prepare psychiatry residents, law students, social work students, and practicing professionals for collaborative practice in legal settings where mental health is central. Developed by the Texas Judicial Commission on Mental Health, the model offers parallel tracks — including TCC-PSYCH, TCC-LAW, TCC-SW, TCC-JUVENILE, TCC-JUDICIARY, and TCC-FELLOWS — each tailored to learners' distinct roles while fostering shared understanding through a foundational module and integrated capstone simulation. While jurisdictions worldwide may be exploring similar innovations, the TCC Project provides a structured, replicable framework grounded in statutory law, clinical ethics, and systems-level collaboration. Its curriculum is aligned with competency standards such as ACGME milestones and courtroom readiness benchmarks. This presentation will share lessons from Texas's pilot implementations, reflect on interdisciplinary education within adversarial systems, and invite global discussion on how training models like TCC can evolve to meet cross-sector needs in mental health and justice.

37. Mental Health Services and the Right to Health

Keywords: Fundamental rights; Ontario; forensics; PTSD

Access to Psychotherapy as a Right to Health: Ensuring Quality by Enhancing Accountability

Kristine Lake, *Osgoode Hall Law School* (Kristine.Lake@tbh.net)

The Ontario government recently invested 72.6 million dollars to create publicly funded structured psychotherapy for adults suffering from mild to moderate depression and anxiety, which they claim are the most common mental health issues experienced by people in Ontario (Ontario Health, 2024). Although this substantial investment by Ontario Health does increase access to psychotherapy for some, it fails to provide the quality of treatment needed by the many individuals with more complex needs and conditions, who are undoubtedly most in need and at risk. While access to services is essential to the right to health, those services are futile if not of adequate quality. This presentation will examine the factors that have contributed

to issues of access to psychotherapy in Ontario, particularly as it relates to quality, and propose a novel system of accountability. Service users with lived experience are best equipped to direct a system of accountability and are entitled to participate in decisions about their access to appropriate mental health services. The international human rights legislation and family systems theory may offer some essential guidance about implementing such a process that can potentially affect relevant and much-needed change.

The Buck Stops Here: Forensic Mental Health

Michelle Davidson, *Thunder Bay Regional Health Sciences Centre* (Michelle.Davidson@tbh.net)

Divestment of the Ontario Provincial Psychiatric hospitals in the 1990s resulted in a push to move people out of hospitals and into an ill-prepared community. This occurred when society began to emphasize individual rights and pay more attention to the voices of those negatively impacted by the behaviour of others. This less-tolerant society was not able to support, or even cope with, the flood of people with mental health issues whose behaviour can often challenge accepted norms. With inadequate or non-existent community mental health support, the response by the public to such behaviour was to call the police for assistance. And so began the criminalization of the mentally ill. The Forensic Mental Health system in Ontario is finite. Still, the number of people coming under the governance of the Ontario Review Board and into that system has been steadily increasing. Because it is better resourced than the civil mental health system, well-meaning people in the criminal justice system often feel a finding of Unfit to Stand Trial or Not Criminally Responsible is the only way to ensure someone gets the help they need. Unfortunately, this also significantly impacts the person's civil liberties and has led to dysfunction of the system.

Serving Those Who Serve: Addressing the Mental Health Needs of Police Officers

Lana Brennen, *Thunder Bay Police Service* (lanabrennen@hotmail.com)

The number of police calls involving persons with mental illness has been increasing since the late 1960s. In a special report by Ontario's Chief Coroner (2019) looking at officer deaths by suicide, it was noted that within a few years of their career, the average police member comes to recognize that most of their calls involve persons with mental health issues. These interactions often involve unpleasant, stressful, and dangerous situations. This adversely affects police members, causing them to view mental health issues negatively, to question the effectiveness of, and even to lose trust in mental health care. The stigma about mental health that exists in society contributes to self-stigma for police members when they encounter their own mental health difficulties. With rapidly increasing rates of burnout, PTSD and suicide among police officers, it is critical not only that appropriate support is available but also that it is being utilized. This presentation will draw from the experiences of a police service in Northwestern Ontario to illustrate efforts that have been made, what seems to be working, and what may be needed further.

Invisible for Twenty Years: My Fight to be Heard in the Mental Health System

Anonymous Service User, *Ontario Community*

This presentation will highlight my journey through the mental health system, which began in the early 2000s when I was a young adult battling self-harm, unresolved trauma, and a fractured sense of identity. Multiple admissions to an Ontario hospital provided only the bare essentials – food, a bed – but no real support. Instead of healing, I left feeling more broken, more invisible. Looking back, I wonder how different my path might have been if someone had truly listened and if I had received a proper diagnosis and the appropriate psychotherapy. Instead, I was dismissed, my pain minimized, my voice unheard. Years later, in private psychotherapy, I finally realized the extent of my dissociation – something the

public system had overlooked for decades. Hoping for better, I returned to seek help, only to be re-traumatized by the same dismissive attitudes. It took 20 years and private psychotherapy to find the care I needed. No one should have to wait that long. Mental health care must be more than just survival – it should be about healing, understanding, and recognizing the complexity of human struggle. Because everyone deserves to be seen, heard, and truly helped.

Healthcare Among Traveller Youth in Europe: A Comparative Policy Analysis

Kristen Gurdak, *Florida Atlantic University,* (KGurdak1@fau.edu)

Traveller youth across Europe experience persistent health inequalities that reflect the intersection of ethnicity, mobility, and socioeconomic marginalization. Despite regional and national commitments to health equity, policy frameworks often overlook the distinct needs of this population. This paper presents a comparative policy analysis of healthcare for Traveller youth in Europe, drawing on existing literature and policy documents. Using Walt and Gilson's Policy Triangle, the analysis examines the context, content, actors, and processes shaping Traveller health policy. Final findings are still in progress; however, the paper will conclude with recommendations to integrate Traveller youth into mainstream health strategies, strengthen participatory policymaking, and enhance data collection and evaluation. Addressing this gap requires coordinated, youth-centered approaches that promote equity, build trust, and align with national efforts with European health and social inclusion agenda.

When Patients Record: Ethical and Legal Considerations for Clinical Encounters

Charlotte Schwarz, *Yale University,* (Charlotte.Schwarz@yale.edu)

Clinicians are bound by strict privacy laws and policies when it comes to recording patient encounters. However, the implications when a patient is the one recording the encounter are less well discussed. Patients and their families may explicitly ask for the physician's consent, or they may opt to record the encounter covertly. Given the ubiquity of smartphones, it has become possible for patients and their families to make these audio and/or video recordings and disseminate them with ease. Moreover, editing and artificial intelligence software can alter the context and content of the recordings, creating what is known as a verisimilitude paradox. In this presentation, I will review the limited existing survey data on physicians' attitudes towards practicing under these conditions of possible surveillance. I will discuss ethical and legal challenges to physician liability and the patient-physician relationship that could emerge from patient recordings. I will also examine how to harness opportunities from these situations to foster transparency and effective health care delivery.

38. Navigating Impartiality, Trauma, and Vicarious Trauma in Clinical and Legal Contexts: Canadian and American Insights

Keywords: Trauma; U.S; forensics; evaluations; sexual harassment

Impartiality and Trauma-Informed Legal Investigations

Shelley Ball, *Shelsu Pacific Law* (shelley.ball@icloud.com / shelley@shelsu.com)

Fact-finders conducting legal investigations involving trauma and traumatic events must carefully balance empathy with impartiality and objectivity. A steadfast commitment to the rules of evidence, due process, and fairness for all involved is essential, including for complainants, respondents, witnesses, and clients. These investigations are complex with varying and competing interests, and investigative findings often impact careers, lives, and organizations. Such high-stakes demand rigor, sensitivity, and an unwavering commitment to impartiality in investigation processes, with equal dedication to trauma-informed principles. Even the perception of bias can jeopardize credibility of an investigation and undermine trust in the legal process, and practices that ignore the impact of trauma risk causing additional harm. This presentation will discuss case examples where impartiality was challenged in complex investigations and the lessons learned, as well as how use of a trauma-informed approach supports the integrity of the impartial investigative process and outcomes.

*From Clinic to Courtroom: Distinguishing Civil Forensic Evaluations from Clinical Practice**

Jeanine Galusha, *NeuroForensics Integrated* (dr.galusha@nfintegrated.com)

Civil forensic evaluations of physical and psychological trauma differ significantly from standard clinical assessments. These evaluations occur in an inherently adversarial context and require a heightened standard of neutrality. Informed consent carries distinct legal and ethical implications, and evaluators must remain aware of potential biases related to referral source, legal questions, and personal reactions. Plaintiffs may present with emotion dysregulation or mistrust due to trauma, requiring evaluators to balance compassion and rapport-building with objectivity and non-advocacy. Additional challenges include the intense scrutiny of written reports and oral testimony, along with procedural constraints that may limit opportunities to clarify or defend findings in testimony. This presentation will examine the core distinctions between clinical and civil forensic evaluations and offer strategies to uphold ethical rigor and trauma-informed neutrality in complex legal contexts.

*Fit for Duty? Navigating Ethics and the Limits of Psychological Science in Misconduct Evaluations**

Antoinette McGarrahan, *NeuroForensics Integrated* (dr.mcgarrahan@nfintegrated.com)

When professionals are placed on administrative leave due to allegations of sexual harassment or misconduct, employers may request occupationally mandated psychological evaluations (OMPEs) to assess risk and determine fitness to return to work. These evaluations present unique ethical, legal, and clinical challenges. Evaluators must navigate confidentiality constraints imposed by the ADA, ensuring that only job-relevant information is disclosed. The primary client in these assessments is the employer, not the

employee, necessitating clear communication about the evaluation's purpose and scope. This presentation will examine best practices for conducting these evaluations, including strategies for gathering collateral data, assessing risk for future misconduct, and delivering clear, actionable findings within legal limits. Limitations on disclosure, managing dual-role dynamics, and the boundaries of psychological opinion in workplace safety decisions will also be addressed.

*Under Oath and Under Strain: The Psychological Impact of Forensic Testimony and Casework**

Jeanine Galusha, *NeuroForensics Integrated* (dr.galusha@nfintegrated.com)
Antoinette McGarrahan, *NeuroForensics Integrated* (dr.mcgarrahan@nfintegrated.com)

The complexities of forensic psychology go beyond that of clinical practice. Forensic psychologists are routinely exposed to disturbing material, such as graphic crime scene images, video footage, and emotionally intense interviews with defendants accused of extreme violence. When testifying in these cases, the families of the victims can create a distinct emotional strain not discussed in traditional doctoral programs. Unlike clinical settings, forensic work occurs in an adversarial system that demands precision and resilience under scrutiny, where even minor errors can discredit an entire opinion. Psychologists must defend their methodology against attorneys trained in conflict, despite lacking similar training. This presentation will explore the psychological toll of forensic practice, including vicarious trauma and professional burnout. It will also address the importance of explicitly preparing trainees and transitioning clinicians for these realities, ensuring informed career decisions.

39. Neuroscience, Criminal Justice and Rehabilitation

Keywords: Genetics; legislation; paradigms; rehabilitation

*Paradigm Shift in Criminal Justice**

John Callender, *University of Aberdeen* (jscall@doctors.org.uk)

The main purpose of this presentation is to argue for a fundamental change in the conceptual orientation of criminal justice, from one based on concepts such as free will, desert and moral responsibility, to one based on empirical science. I will argue that these two approaches are incommensurable and that the old must give way to the new. I will describe research in behavioral genetics, acquired brain injury and psychological traumatisation, in relation to criminality. This has reached a level of development at which the traditional approach to criminality is no longer tenable and should be discarded. I will argue that mental health legislation provides a model that could be adapted and applied to offenders.

Neuro-Rehabilitation and Respect for Persons

Elizabeth Shaw, *University of Aberdeen* (eshaw@abdn.ac.uk)

As our understanding of the brain increases, there has been growing support for neuroscientifically-informed rehabilitation programmes, which hold out the promise of protecting society from crime and helping the large proportion of offenders who suffer from mental health problems. However, some writers have warned that "the cognitive neuroscience project" would express a demeaning attitude to offenders and lead to the abuse of state power. In response, this presentation will argue that a non-retributive approach to criminal justice can reap the benefits of new forms of criminal rehabilitation while also showing respect for offenders' rational agency and upholding their rights. Far from demeaning offenders, it will be argued that attempting to rehabilitate offenders is required to show respect for offenders' agency and rights. To support this argument, I explore the relationship between philosophical discussions of respect and the legal literature on 1) the "right to criminal rehabilitation" and 2) "degrading treatment" under the European Convention on Human Rights. This presentation appeals to an account of respect that can help to provide a moral rationale for a legal right to rehabilitation.

*Ethical Requirements for the Conditions of Preventative Detention**

Derk Pereboom, *Cornell University* (dp346@cornell.edu)

I've argued in favor of preventative detention of dangerous lawbreakers on the ground of the state's rights to protect, based on the right of self-defense and defense of others. Accompanying that right is a minimum-harm principle, which permits only the minimum harm required to protect. In addition, the ethical demand of respect for persons requires that detention feature conditions that permit flourishing, promote rehabilitation, and prepare for reintegration. This presentation explores the ways in which these requirements have and can be developed.

Capacity in Canada: Criteria and Clinical Implications for Compulsory Psychiatric Treatment

Lyndal Christine Petit, *University of Ottawa*, (lyndalpetit@gmail.com)
Yasmin Khaliq, *Bruyère Research Institute*, (yasmink@me.com)
John Gray, *British Columbia Schizophrenia Society*, (jegray@shaw.ca)

Determining whether a person is capable of consenting to treatment is central to psychiatric care. A finding of incapacity to consent to treatment is required for involuntary admissions in Newfoundland and Labrador, Nova Scotia, Saskatchewan, as well as in Ontario when specific admission criteria are met. Across Canada, incapacity to make treatment decisions can often result in compulsory treatment, if authorized by a substitute decision maker, when a person is involuntarily admitted to a psychiatric facility and requires the treatment to become sufficiently safe for discharge. In some jurisdictions, capable individuals who are involuntarily admitted may also receive compulsory treatment if a review board issues an order for treatment without consent. This presentation will outline capacity criteria across Canadian jurisdictions and discuss the clinical implications of different legislative frameworks. It will review how legislation authorizes compulsory treatment for both capable and incapable patients during involuntary admissions, examine jurisdictional safeguards, and highlight risks that can arise when detained patients refuse and do not receive the treatment required for their safe discharge. This presentation will also discuss clinical implications in light of Supreme Court decisions and Charter rights.

40. Neuroscience, Psychiatry, and Health Justice: The Implications of Emerging Science

Keywords: Neuroethics; consciousness; brain organoids; mental health; justice

*Controversial Research: Use of Embryos and Embryoids**

Kirstin Matthews, *Rice University's Baker Institute for Public Policy* (krwn@rice.edu)

For decades, our ability to understand early human embryo development was limited to the first few days post-fertilization (DPF), when researchers could only view the embryo in vitro, use fixed slides of embryo development produced decades ago, or rely on animal models. However, all this changed a decade ago when new technologies were introduced. First, in 2016, two research groups demonstrated the ability to grow human embryos up to two weeks in vitro. This was longer than previous work and allowed researchers to view how the early embryo organized. In addition, scientists in 2014 published the first paper using human embryonic stem cells (cells isolated from a 5dpf embryo) to create a model of a human early embryo with the three germ layers, which we will refer to as embryoids. Embryoids have quickly become more sophisticated and more effectively recapitulated embryos in various developmental stages in the first few weeks of gestation, even resulting in a mouse embryoid with early-stage organs and limbs (the approximate equivalent to the end of the first trimester in humans).These two lines of research led to an increase in work and interest in early human embryo development, but also controversy as well. In the United States and other countries, embryo and embryoid research has been limited due to unclear regulations, definitions, and embedded limits in existing laws. Furthermore, there has been increasing efforts, especially in the United States, from some religious and anti-abortion groups to ban embryo research along with in vitro fertilization (IVF). This presentation will review the state of the field, ethical challenges with the use of embryos and embryoids, national laws impacting the research and political efforts to limit the work.

Brain Organoid Research in the U.S. amid a Shifting Legal and Regulatory Landscape

Christine Coughlin, *Wake Forest University School of Law* (coughlcn@wfu.edu)

Studying the brain in vivo presents challenges because of its complexity and centrality to consciousness and personhood. These challenges have, in part, prevented meaningful development of treatments for some mental health conditions and neurodegenerative diseases. Organoids are three-dimensional lab-grown structures created using human stem cells to form structures that resemble organs, including the brain. Although still in its early stages, brain organoid research shows promise in understanding and possibly developing treatments. Early-stage brain organoid research brings with it the host of ethical, legal and social issues in emerging biotechnologies, along with the singular yet unlikely possibility of consciousness in the future. Since the U.S. Supreme Court overruled longstanding precedent in Roe v. Wade and Chevron, the legal and regulatory landscape has shifted. Concerns about using embryonic stem cells/fetal tissue in future research, the unintended consequences of personhood statutes designed to prevent abortion and anticipated but unknown policy changes in the Trump administration may affect brain organoid research and translational delivery. It is critical, therefore, to meaningfully engage all stakeholders, including legislators, regulators, researchers, and the public about brain organoids' promises and limits to increase the opportunity for scientific or medical breakthroughs.

"Do You Greet Your Patients?"

Arlene Davis, *University of North Carolina School of Medicine* (arlene_davis@med.unc.edu)

One might rightly wonder why this question is of such interest to a clinical ethics consultant. Surely members of a patient's health care team would greet them upon entering their room. Even more powerful might be your certainty that physicians and others are attentive to the conversations held at the patient's bedside, or to a family member's insistence that the patient "knows" that they are with them. However, for care teams whose patients are judged to be unconscious or minimally conscious, an ethics consultant who offers a "good afternoon, Ms. ___, I'm here to talk with your daughter about some decisions in your care" may been viewed as a setback by the team, an otherwise respectful gesture that in this circumstance puts the consultant at odds with team and their goals. This presentation will examine the complexity of communications around and with pediatric and adult patients who are viewed as unconscious and the possible price of disregard in their presence.

Consciously Extreme: The Justice Implications of "Covert Consciousness."

Nancy King, *Wake Forest University School of Law* (nmpking@wakehealth.edu)

This presentation looks at the 2024 NEJM article examining unconscious patients' responses to "imagine you're doing this" commands using fMRI and EEG. The article compares patients diagnosed as minimally conscious on the basis of overt responses (like hand-squeezing) with patients exhibiting no such responses. Findings show that 25% of those exhibiting no overt responses do respond to "imagine" commands on fMRI or EEG. Findings also show that one-third of patients diagnosed as minimally conscious demonstrate those "covert" responses. The paper emphasizes the patients who seem to be "in there" but are currently not regarded as such. Nothing is said about the patients who have been diagnosed as minimally conscious but apparently are not. Health justice questions can and should be asked about those patients, all patients in the categories studied, and the much larger and thornier question of what basic health justice needs are being neglected as scientific and medical priorities become increasingly esoteric.

Social Prescribing and Persons with Mental Health Disorders: Promoting Equity through Research and Practice

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

Social prescribing, i.e., the use of non-clinical interventions such as community-based activities, is promoted as a cost-effective way to improve health outcomes and reduce healthcare utilization. Some have questioned the quality of the data used to support social prescribing, calling for more research. People with mental health disorders, even in countries with highly regarded healthcare systems, experience significant health disparities and die overall earlier than their counterparts. They also often are under-represented in or excluded from research. These effects are compounded for individuals who are also part of other minoritized social groups. All of this raises concerns about the extent to which people with mental health disorders will be represented in social prescribing research and whether such research will evaluate the efficacy of such programs in this population. This could mean that programs are not designed in ways that benefit people with mental health disorders. They may also be less likely to be offered participation in social prescribing programs. With increased attention being paid to social prescribing globally, including from the World Health Organization, social prescribing research and programs must proactively account for people living with mental health disorders.

41. Perspectives Regarding the Use of Involuntary Treatment in Individuals with Substance Use Disorders

Keywords: Involuntary treatment; substance use disorders; concurrent disorders; mental health legislation

*Involuntary Treatment Legislation in Ontario and Substance Use Disorders**

Valerie Primeau, *Canadian Academy of Addiction Psychiatry (CAAP)* (vmdprimeau@gmail.com)

The use of involuntary treatment for adults with substance use disorders (SUDs) has received a lot of media and national attention in the past years and remains somewhat controversial. Provincial governments are considering involuntary treatment for adults with SUDs based on their morbidity and mortality as well as impacts on public safety and health care utilization. Clinicians are questioning where they should stand on this important issue. This symposium will offer perspectives on the implementation and utilization of involuntary treatment, discuss the types of involuntary treatment interventions, and review the question of capacity in patients with severe SUD. In this session, Dr. Primeau will discuss the current state of the Ontario legislation, current applications and limitations, as well as future directions.

*Advancing Public Health in Alberta: Compassionate Involuntary Interventions for Substance Use Treatment**

Rob Tanguay, *Canadian Academy of Addiction Psychiatry (CAAP)* (rtanguay@ucalgary.ca)

Alberta is pioneering a transformative public health approach to address severe substance use disorders through the proposed Compassionate Intervention Act (Bill 53). This legislation introduces a framework for compassionate involuntary interventions, enabling family members, healthcare professionals, and law enforcement to petition for treatment orders for individuals whose substance use poses significant harm to themselves or others. Dr. Rob Tanguay, appointed as the interim senior medical lead for compassionate intervention at Recovery Alberta, is spearheading the evidence-informed implementation of this initiative. The Act aims to integrate involuntary treatment within a recovery-oriented model, emphasizing stabilization, long-term care, and aftercare support. This session examines the balance between public health objectives and ethical considerations in the context of Alberta's evolving addiction treatment landscape.

Intervening with Care: The Perspectives of Families in Involuntary Substance Use Treatment

Angie Hamilton, *Families for Addiction Recovery (FAR)* (angie@farcanada.org)

As overdose deaths and substance-related harms continue to rise, many families find themselves in an agonizing position—watching loved ones struggle with severe substance use disorders (SUDs) while lacking meaningful avenues to intervene. Involuntary treatment, though controversial, is increasingly seen by families as a necessary tool to prevent avoidable deaths and preserve the possibility of recovery. In this session, Angie Hamilton will explore the rationale behind family support for involuntary intervention, including the desperation born of repeated failed attempts at voluntary care, the trauma of witnessing ongoing harm, and the understanding that treatment—even if mandated initially—can be lifesaving. While acknowledging the ethical complexities surrounding autonomy and consent, this session centers on the voices of families who view involuntary treatment as an act of last-resort compassion. It calls for policies that balance individual rights with urgent public health realities and offer families more structured, compassionate pathways to support their loved ones toward recovery.

Involuntary Treatment for Substance Use Disorders: A Comparative Analysis of Policies and Perspectives in Canada and Brazil

Saulo Castel, *Ontario Psychiatric Association* (saulo.castel@sunnybrook.ca)

The use of involuntary treatment for adults with substance use disorders (SUDs) has garnered increasing media and policy attention in recent years and remains a subject of ongoing debate. In both Canada and Brazil, governments are considering—or have already implemented—involuntary treatment measures in response to rising rates of overdose, substance-related harms, and growing concerns about public safety and healthcare system pressures. These developments raise complex ethical, legal, and clinical questions regarding autonomy, capacity, and the role of government bodies in the treatment of SUDs. In this session, Dr. Castel will provide comparative insights into the implementation and utilization of involuntary treatment in Canada and Brazil. Drawing on policy frameworks, clinical practice, and cultural context, the session will explore how each country navigates the balance between individual rights and public health imperatives. This comparative lens aims to deepen understanding of the diverse approaches to a shared challenge, and to inform more ethical and effective strategies for intervention.

*Applying Legislation Through Clinical Cases in Opioid Use Disorder Treatment**

Samuel Law, *Ontario Psychiatric Association* (samuel.law@unityhealth.to)

In this session, Dr. Law explores how existing legislation can be applied in the clinical treatment of opioid use disorder (OUD), using real-world case examples to illustrate both opportunities and challenges. As jurisdictions adopt legal frameworks that permit or mandate treatment interventions, clinicians must increasingly navigate the intersection of healthcare, ethics, and law. Through the discussion of a complex clinical case, this session aims to support clinicians in making informed, compassionate decisions within legally complex scenarios. It will also highlight how providers can advocate for patient-centered care while working within legislative constraints.

42. Placement Options for Severe Parent-Child Contact Problems in Family Law

Keywords: Parent-child contact; resist-refusal dynamics; parental alienating behaviours; placement options

Forced Removals and Forced Transportations: Lessons from Child Protection Research

Michael Saini, *Factor-Inwentash Faculty of Social Work*, *University of Toronto* (michael.saini@utoronto.ca)

The body of research on forced removals within child protection provides critical insights into the effects of sudden changes in a child's living situation. This presentation consolidates findings related to children taken from parental care due to abuse or neglect, establishing connections to forced custody changes in alienation cases. We will investigate the factors that lead to successful transitions, the impact of disruptions in attachment, and methods to lessen trauma during removals. Additionally, practical recommendations for professionals involved in court-mandated custody adjustments will be shared. The presentation will thoroughly examine how children cope with abrupt placement changes, addressing factors like preparation, the quality of care in the new environment, and the provision of therapeutic support. Research covering the psychological impacts of forced removals and transport will be reviewed, including the risk of attachment issues, symptoms of post-traumatic stress, and challenges in forming identity. The session will recommend strategies to enhance outcomes in custody reversals, drawing lessons from child protection experiences. These strategies involve including children in the transition process when suitable, ensuring ongoing access to therapeutic resources, and opting for gradual, supported transitions whenever feasible.

*Judicial Decisions on Custody Reversal: Trends and Considerations**

Julia Ruth, *University of Toronto* (julia.ruth@mail.utoronto.ca)

Custody reversal is a highly contentious judicial response to serious parent-child contact issues. This presentation focuses on significant case law, highlighting trends in judicial reasoning and the factors that lead to transferring custody from the favored parent to the one who has been rejected. We will evaluate decisions from various jurisdictions to understand how courts interpret allegations of alienation, family violence, and child welfare concerns. The session will address the conditions under which judges are more likely to contemplate custody reversal and the legal protections established to ensure children's best interests. The review will draw attention to trends in judicial rulings, with an emphasis on the influence of expert testimony on outcomes and how courts consider the long-term effects of alienation on children. We will explore the delicate balance between maintaining the parent-child connection and mitigating the potential trauma from sudden custody changes. Additionally, the presentation will delve into how family violence concerns intersect with custody reversal decisions, especially when allegations of alienation are presented as counterclaims in cases of intimate partner violence. In conclusion, we will discuss best practices for courts when contemplating custody reversals, including the need for comprehensive, evidence-based assessments, judicial education on the dynamics of alienation, and the creation of clear, consistent guidelines for navigating the competing risks in these intricate cases.

Alternatives to Custody Reversal: Exploring Non-Disruptive Interventions for Mild to-Moderate Cases

Robin Deutsch, *Forensic Expert and Consultant* (drrobindeutsch@gmail.com)

While custody reversal may be necessary in severe cases, there are instances where non-disruptive interventions can help repair and strengthen parent-child relationships without requiring a change in custody. This presentation focuses on interventions that are best suited for mild-to-moderate parent-child contact issues, where there is potential for meaningful repair. We will explore structured therapeutic interventions, supervised contact, family-centered approaches, and protective orders that support parent-child reconnection while maintaining stability. The discussion will emphasize the importance of early identification and tailored interventions to prevent cases from escalating to the point where custody reversal becomes the only viable option. Evidence-informed programs that assist children and parents in re-establishing connections after estrangement will be reviewed, alongside the effectiveness of parenting coordination, therapeutic mediation, and psychoeducational programs in reducing harmful dynamics. Case studies will illustrate when these interventions are most effective and where they may be insufficient. The session will conclude with a discussion on best practices for implementing alternative interventions, including continuous monitoring, professional training, and judicial support in endorsing appropriate non-disruptive solutions.

Evidence-Informed Approach to Custody Reversal

Amylie Paquin-Boudreau, *Department of Psychology, University of Quebec in Montreal* (amylie.paquin@gmail.com)

This presentation examines the empirical literature on interventions related to parent-child contact problems, focusing on cases where a child is removed from one parent and placed with the other. We will investigate the psychological, developmental, and relational impacts of these interventions, especially in contexts involving alienating behaviors, trauma histories, or protective concerns. The discussion highlights the importance of early assessment and collaborative, multidisciplinary approaches to minimize the need for custody changes. We will address the role of family law practitioners in situations involving emotional abuse, such as parental alienation. Additionally, the criteria that family law practitioners use to decide when a child's removal from a parent's custody is warranted and the factors affecting placement choices will be examined. Research outcomes for children who are placed with the previously rejected parent will be analyzed, highlighting both positive adjustments and challenges related to loyalty conflicts and trauma. The session will conclude with suggestions for cross-sector collaboration among child welfare services, the courts, and mental health professionals, aiming to prioritize the child's well-being while safeguarding them from continued emotional harm.

43. Police, Mental Health, and the Law

Keywords: Policing; police; drug policy; mental health

A Comparative Analysis of Compulsory Drug Treatment Policies in Canada

Katarina Bogosavljević, *University of Alberta* (bogosavl@ualberta.ca)
Elaine Hyshka, *University of Alberta* (ehyshka@ualberta.ca)

Compulsory drug treatment is re-emerging as a favoured policy option in Canada to deal with the toxic drug crisis. In May 2025, Alberta passed the Compassionate Intervention Act (CIA) which enables police to forcibly detain and place under compulsory drug treatment any adult or youth deemed to be at sufficient risk of harming themselves or others. Other jurisdictions across Canada have expressed interest

in implementing similar legislation. This paper outlines the current state of compulsory drug treatment in Canada, including existing policy proposals. We compare the legislative and regulatory approaches of various jurisdictions to date, identify commonalities and divergences in approaches, and analyze how compulsory drug treatment is being framed and justified. The analysis documents key policy features, including the legal basis for intervention (e.g., standalone legislation like the CIA versus existing provincial mental health acts), the criteria for involuntary committal, the role of family members, healthcare professionals, police, and the public, procedural safeguards meant to protect patient rights, and the description of mandatory treatments administered. The findings serve to contextualize the CIA within the broader Canadian context and provide a foundational resource for future research on the legal, ethical, and clinical implications of this and other policies.

The Impact of Police Violence on Vulnerable Communities in the United States

Kami Chavis, *William and Mary Law School* (knchavis@wm.edu)

There has been a long history of police violence in the United States. One of the most familiar victims of police violence known internationally is that of George Floyd, killed by a Minneapolis police office in 2020. Prior to his death, there had been much advocacy around police reform, but after the protests in 2020, there were notable changes in many local communities in the United States. Upon entering office, President Biden also issued several federal Executive Orders to make changes in police practices when Congress failed to pass comprehensive federal legislation. Prior to George Floyd's murder, it was well-established that individuals and communities that experience high rates of police violence are less likely to trust the police and are, therefore, less likely to form partnerships that will positively impact public safety. President Obama's Task Force on 21st Century Policing included the recommendation to study and establish practices to improve the mental health of officers as a means of alleviating police violence. However, the impact of police violence on the mental health of marginalized groups experiencing acute police violence, remains under examined. My paper will identify some of these impacts and explore how some solutions (increased use of technology, for instance), can ameliorate police violence and the mental health issues associated with living under a constant state of police violence. The paper will also argue for increased resources to study the impact of police violence on communities of color in the United States.

Building Trust in High-Risk Environments: Building Trust in High-Risk Environments: Peer Outreach for Co-occurring Disorders in Public Transit Systems

Nili Gesser, *Bar Ilan University* (dr.nili.gesser@gmail.com)
Jordan Hyatt, *Drexel University* (jmh498@drexel.edu)
Robert Kane, *Drexel University* (rjk72@drexel.edu)

Responding to the growing presence of vulnerable individuals in transit systems during the COVID-19 pandemic, Philadelphia's Project SCOPE deployed outreach teams from local agencies to connect these populations with social services and reduce reliance on police interventions. These teams were staffed by outreach workers with lived experience of substance use and homelessness, uniquely positioning them to engage individuals facing similar challenges. This study explores how workers' personal histories shape their engagement with vulnerable populations and influence their own recovery journeys. Drawing on in-depth interviews (n=16), we examine how lived experience informs professional practice within high-stress transit environments. Findings suggest that lived experience enhances workers' ability to establish authentic, trust-based relationships, positioning them as role models of recovery and stability. Participants also exhibited notable resilience in the face of threats and violence commonly encountered in transit stations—settings often considered challenging even for trained professionals. Many developed personal coping strategies to manage trauma exposure and maintain sobriety, despite the presence of drug use in

their work environments. This study contributes to the growing literature on peer support in criminal justice-adjacent interventions, highlighting both the strengths and challenges faced by peer outreach workers supporting individuals with co-occurring mental health and substance use issues.

Advancing Mental Health Prevention Science for Law Enforcement

Nicole White, *University of Northern British Columbia* (nicole.white@unbc.ca)
Shannon L. Wagner (swagner@tru.ca)

Law enforcement personnel face frequent exposure to potentially traumatic events (PTEs) as an inherent occupational hazard and demonstrate elevated prevalence rates of trauma-related disorders including PTSD, depression, anxiety, sleep problems, and substance use. Understanding effective workplace mental health prevention is paramount, yet converging evidence from large-scale international systematic reviews indicates there are currently no effective, evidence-based strategies for prevention of mental health symptoms following PTE. The conceptual framework of primary and secondary prevention is to intervene and provide support for personnel prior to the development (primary) or worsening (secondary) of mental health symptoms. In other words, the empirical goal of primary prevention is to observe no change in symptom levels. Research that is designed around the expectation of a statistically null outcome requires especially close consideration to ensure that we can determine efficacy reliably considering common pitfalls of interpreting an absence of change. We must be able to distinguish effective prevention from individual resilience and/or methods that do not work. This session summarizes current conceptual and analytical limitations constraining prevention science, offering an overview of various research design and analytical strategies (e.g., equivalence testing) to advance the field of mental health prevention for law enforcement.

Does the Healthy Apples Program Make for Healthy Police, Healthy Services, and Healthy Communities?

Rosemary Ricciardelli, *Memorial University of Newfoundland* (rose.ricciardelli@mi.mun.ca)
Stanley R. MacLellan, *Durham Regional Police Service* (smaclellan@drps.ca)

Police services have created health and wellness related initiatives to support their memberships. However, little is known about the effectiveness, efficacy, and how to promote uptake of these programs. As such, we evaluate an incentivized health program constating of wellness assessment to: 1) determine the user experience; 2) understand barriers and facilitators to program use; 3) implement revision to programming to help meet the goals of a healthy first responder population; and, 4) support an increase in program-use and effectiveness if found to be valuable. We conducted 70 in-depth, semi-structured interviews with police service employees in Ontario. Our results help to confirm how creating incentives to engage with preventative health services can facilitate initial access to such services, building officers' coping strategies and resilience, and increase officers' comfort level for engaging with service providers. We find the psychological assessment and physical assessment: i) inform members about their physical and mental health; ii) encourage follow up if necessary; iii) create comparative baselines for future participation that evidence changes in health status; and iv) encourage consideration of overall health. In addition, the program requires streamlining administratively and greater incentives are desired. Findings and implications will be discussed in the presentation.

Consommation de Substances Psychoactives et Irresponsabilité Pénale des Personnes Atteintes de Troubles Psychiques ou Neuropsychiques en Droit Français

Anne-Blandine Claire, *Université Clermont Auvergne* (a-blandine.caire@uca.fr)

En droit pénal français, l'irresponsabilité pénale des personnes atteintes de troubles mentaux repose sur l'incapacité de discernement, selon l'article 122-1 du Code pénal. Deux évolutions ont marqué ce régime au XXIe siècle. D'abord, la loi du 25 février 2008 a instauré la déclaration d'irresponsabilité pénale pour cause de trouble mental, laquelle se distingue d'une ordonnance de non-lieu. Ensuite, la loi du 24 janvier 2022 a permis de retenir la responsabilité pénale d'une personne dont le discernement est aboli si elle était sous l'emprise de substances psychoactives. Cette réforme est intervenue après l'affaire Halimi, à propos de laquelle la Cour de cassation avait jugé en 2021 que celui qui commet un acte sous l'emprise d'une bouffée délirante ayant aboli son discernement n'est pas pénalement responsable, même si ce trouble provient d'une consommation régulière de produits stupéfiants.
Les articles 122-1-1 et 122-1-2 traduisent la volonté de concilier les droits de l'auteur de l'infraction avec ceux de la victime et soulèvent de ce fait des enjeux éthiques complexes. Bien que critiquée, la réforme prend en compte l'influence des substances psychoactives sur le passage à l'acte. Une approche criminologique et victimologique est essentielle pour évaluer les défis liés à l'articulation entre soin, sécurité et justice.

Mental Health, Homelessness, and Policing in NYC

Kobe Familara, *CUNY School of Law* (kobe.familara@live.law.cuny.edu)
Ishani Ray - Cornell University, (isray@okstate.edu)
Dr. Dustin Duncan - Columbia University, (dd3018@cumc.columbia.edu)

New York State Mental Hygiene Law Section 9.41, initially enacted in 1972, has allowed police officers to involuntarily transport people with "mental illnesses" to hospitals who pose "serious harm" to themselves or others. These determinations have been largely subjective. Consequently, there have been several cases litigating this law and its effects. More recently, in 2022, the interpretation of this law has changed to broaden the definition of the term "serious harm." Previously, "serious harm" had been interpreted as physical trauma. Yet, in a February 2022 memo from the NYS Office of Mental Health, "serious harm" was defined to include an "inability to meet basic needs," increasing the potential scope of police authority. For New York City, with a history of conflating mental health with homelessness, this guidance allowed for a possibly unconstitutional method to deal with NYC's homelessness "problem". We will look at NYC's history with mental health and homelessness. We will also go into the constitutionality of the law and its current application, more specifically, the 4th, the 5th, and the 14th amendment. Lastly, we will speak on this law's intersection with race, homelessness, and policing.

44. Providing Mental Health Services and Support for Survivors of Trauma: A Systems-wide Approach

Keywords: Trauma; systems; services; prisons

The Victims of Crime Act and the Development of the Trauma Recovery Center Model

Mary Iftner Dobbins, *Southern Illinois University School of Medicine* (mdobbins@siumed.edu)

The Victims of Crime Act (VOCA) utilizes fines paid by offenders convicted of violating US federal laws to support crime victim compensation programs and local victim assistance programs across the country. Priority for services is provided to victims of sexual assault, domestic violence, child abuse, and other groups identified by individual states as underserved victims of crime (determined through analysis of demographic characteristics combined with barriers to care). This presentation describes how a community-based medical school in rural Illinois has used this funding to create a regional "Survivor Recovery Center". This trauma-informed model provides targeted therapy, psychiatric care, case management and other supportive services free of charge to the individual clients, emphasizing the "therapeutic navigator" model to guide historically marginalized populations through medical, legal and other systems of services. We will explore how the modification of traditional professional services has led to enhanced patient engagement, partnerships, and both effectiveness and efficiency of care.

Treating Trauma: What Works and What is Falling Through the Cracks?

Sicely Kluge, *Southern Illinois University School of Medicine* (skluge82@siumed.edu)

The Survivor Recovery Center (based on the Trauma Recovery Center model) promotes a "low-threshold," patient-centered and holistic approach to working with clients who are victims of crime. Therapies are highly specialized in the processing of trauma but are also combined with case management and other types of coordinated support. In this model, clients are not charged for services, which decreases some of the regulatory restrictions on care. Appointments, which can be provided off-site, are flexible, timely, and not affected by productivity requirements. All providers discuss cases as an interprofessional team on a weekly basis and communicate frequently between patient appointments. New clients are often referred by family members or friends, which facilitates time-concurrent treatment of other people in a patient's environment. Interprofessional discussions facilitate accuracy of diagnostic constructs, including the contribution from previously undiagnosed developmental disorders (common in this patient population). This presentation explores how the above factors contribute to patient engagement, quality of care, efficient use of community resources and workforce satisfaction.

Developing Trauma-Informed Community and Interagency Services

Jeanne Hansen, *Southern Illinois University School of Medicine* (jhansen@siumed.edu)

The recovery of survivors of trauma is facilitated by the use of assertive case management services. These include accompaniment to court and assistance in areas such as filing police reports, obtaining orders of protection, completing and filing applications to the Victim Compensation Board, linkage to legal services, and the procurement of financial entitlements. Clients may additionally receive linkage to medical care and other agencies, advocacy in the educational setting, and assistance with obtaining employment, food, insurance, and safe housing. The provision of these additional services links the providers to community forums and activities, area agencies, medical providers, substance treatment centers, school systems, homeless shelters, law enforcement, child advocates, prosecutors, and other court related individuals. This presentation explores the wide variety of community resources that may facilitate the individual's trauma recovery, general well-being and quality of life. In addition, we will discuss how community partnerships

have led to training and support opportunities for medical providers, members of law enforcement, school district employees, jurors and community members.

Integrating Trauma-Informed Programming into the Prison System

Jeanne Hansen, *Southern Illinois University School of Medicine* (jhansen@siumed.edu)

Justice-involved individuals are commonly traumatized while incarcerated, and many have also experienced trauma prior to incarceration. The cumulative effects worsen the physiologic effects associated with post-traumatic stress disorder (PTSD). These also decrease the likelihood of individuals successfully reacclimating to society after being released from prison. The resultant hypervigilance and defensive reactivity may contribute to conflict with other incarcerated individuals and prison staff - driving the cycle of recurring traumatic experiences and ever worsening physiologic and psychological changes. Traumatic experiences are also common in prison staff, both before and after employment, which contributes to this ongoing pattern. This presentation discusses the opportunity for partnership between the Survivor Recovery Center and the Southern Illinois University School of Medicine Office of Correctional Medicine. This collaboration resulted in dual programming, for both incarcerated individuals and the prison staff with which they interact. We will explore the processes utilized to: develop infrastructure, assess needs and individual readiness, and develop a customized educational program, the Trauma Education Series ("TES Talks"). We will discuss challenges and "lessons learned" associated with developing educational content, methods of delivery and expansion of the program throughout the correctional facilities within the state of Illinois.

45. Psychosocial Impacts of Various Modalities

Keywords: Psychosocial; mental health; behavior

Psychosocial Impact of Oral Immunotherapy on Patients and Families Managing Peanut Allergy

Caroline Caperton, *Willis-Knighton Allergy, Asthma, & Immunology Center* (capertonmd@gmail.com / ccaperton@wkhs.com)
Nicolette Tukiendorf, *Tulane University School of Medicine* (ntukienorf@tulane.edu)
Natalie Bourand, *University of Illinois College of Medicine* (nboura3@uic.edu)

While oral immunotherapy (OIT) is increasingly used in food allergy management to raise the reactivity threshold and reduce the risk of severe reactions, few studies have evaluated the psychosocial outcomes of OIT. This study aims to fill that gap by collecting caregiver-reported data on how OIT impacts the mental health, daily anxiety, and quality of life for patients with food allergies and their caregivers. This retrospective, cross-sectional study explores changes in anxiety levels before and after reaching maintenance OIT dosing through a pre-/post-survey. Peanut allergy significantly restricts lifestyle and increases stress, with families experiencing heightened anxiety with activities including grocery shopping,

dining out, school activities, and social gatherings. It is important to understand and address these psychosocial burdens, as they not only impact the safety of the child but also the family's overall well-being and daily functioning. Anxiety related to living with food allergies is well-documented; however, there is less data on how those anxiety levels change following OIT. By evaluating real-world perceptions, these study findings will inform future clinical decision-making, enhance family-provider communication and collaboration, and ultimately improve collaboration between families and providers in the management of food allergies.

Long-Term Effects of Naturalistic Psychedelic Use on Mental Health and Behavior: A Longitudinal Study of U.S. Adults Aged 18-60

Stal Shrestha, *Weill Institute for Neuroscience, University of California* (stalmdphd@gmail.com)

Aim: To better understand the long-term effects of naturalistic psilocybin use on mental health and behavior among individuals aged 18–60, as well as the predictors that influence these outcomes.
Hypotheses: Using restricted cohort panel survey data, we aim to broadly assess the mental health effects, incidence, and prevalence of psychedelic use. Additionally, we will examine how psychedelic use impacts long-term mental health while controlling for covariates such as gender, ethnicity, financial status, and urban vs. rural living, as well as confounders like concurrent substance use.
Methods: This observational study utilizes data from the Monitoring the Future (MTF) survey, a nationally representative, longitudinal dataset (n > 100,000) tracking U.S. high school students into adulthood, with the oldest cohort around 60 years old. Trends in psychedelic use will be analyzed across ages 18–60, focusing on long-term mental health outcomes. Survey-weighted non-linear logistic regression models will estimate associations between psychedelic use, mental health, and mindfulness.
Conclusion: Findings on naturalistic psychedelic use and long-term mental health may inform risk stratification based on demographic and behavioral factors, including concurrent substance use, age, and prior mental health diagnoses.

Redefining Discipline: Challenging the School-to-Prison Pipeline for Youth with Mental Health Needs

Twyla Murphy, *University of Miami School of Medicine* (twylamurphy29@gmail.com)

During the 2017-18 school year, approximately 230,000 students nationwide were referred to law enforcement as a form of disciplinary action, often for lower-level offenses where more constructive interventions could have been applied. Research shows that students who experience law enforcement involvement or out-of-school suspensions are more likely to face the criminal justice system as adults, perpetuating the school-to-prison pipeline. While this pipeline disproportionately impacts numerous students, marginalized groups and youth with mental health disorders, such as Oppositional Defiant Disorder (ODD), are especially vulnerable. Among the 230,000 students referred to law enforcement, 28.7% were Black, despite representing only 15.1% of enrolled students. Additionally, ODD is 35% more prevalent among Black youth compared to their white peers. The psychological toll of criminalization, including heightened anxiety, depression, and trauma, further exacerbates preexisting mental health

challenges in these youth. To mitigate these harmful effects, schools must adopt restorative approaches over exclusionary discipline. Reducing reliance on law enforcement, eliminating out-of-school suspensions, and increasing access to school-based mental health resources and youth diversion programs are essential steps. Implementing these measures, schools can foster equitable environments that support student well-being and break the cycle of criminalization for marginalized youth with mental health disorders.

Ten Tips to Enhance Emotional Comfort and Facilitate Disclosure Using Gender and Nonverbal Communication Strategies

Monica Broome, *Florida International University* (drmonicabroome@gmail.com)

The ability to engage in clear and open communication is a primary goal in both professional and personal conversations. The pandemic and current world events have had an impact on many people regarding their mental health, especially feeling comfortable when emotions run high during stressful or difficult conversations. There are communication techniques shown to have a measurable impact on promoting an atmosphere of safety and comfort which may also facilitate disclosure. Certain communication techniques focus on addressing assorted styles of communication. Research shows gender communication differences start in childhood and vary by country and culture. Other techniques employ using specific nonverbal signs to signal safety. The area of nonverbal communication has recently garnered more attention. Using these simple communication strategies may affect outcomes by regulating the nervous system and decreasing anxiety. In this brief presentation, principles for both gender and nonverbal communication will be discussed and ten simple tips will be demonstrated.

Do I Have To? Optimizing Trainee Engagement and Utilization of Wellness and Burnout Resources

Elizabeth Batchelor, Eastern Virginia Medical School at Old Dominion University

The prevalence of mental health issues, notably depression and burnout, is well-recognized in both medical trainees and practicing physicians. While estimates vary, at least 50% of residents are recognized at suffering from symptoms of depression or burnout during training, and this extends to just under 50% of practicing physicians, with demonstrated effects on personal well-being, career satisfaction, job retention, clinical performance, and patient care. To this end, medical programs and the Accreditation Council for Graduate Medical Education (ACGME) have long focused on programs to recognize and treat depression and burnout in medical trainees. There has been a progressive development of focus from treating symptoms and burnout itself to early education, recognition, and mitigation of those symptoms. Strategies including dedicated curricula for wellness, opt-in programs for counseling, and screening tools have been developed to help integrate and normalize help-seeking behavior and burnout mitigation in trainees. Perception of utility, awareness of resources, and engagement with programs and tools by trainees remain a challenge for effective program implementation and utilization. This session seeks to review current strategies for increasing trainee participation and buy-in with wellness initiatives, including opt-out mental health counseling and support programs and approaches to integrating education and interventions.

46. Qualitative and Lived Experience Perspectives on Compulsory Treatment

Keywords: Community treatment order; compulsory treatment

Lived Experiences Voices of Coercive Practices in Mental Health: A Comparative Analysis of Canada, Kenya & Australia

Marina Morrow, *York University, Canada* (mmmorrow@yorku.ca)
Lisa Brophy, *La Trobe University, Australia,* (l.brophy@latrobe.edu.au)

Canada, Kenya and Australia all share diverse colonial histories and the same legislative framework of the Mental Health Act. They have all made commitments to UN CRPD which is meant to safeguard the rights of people with disabilities, including psychosocial disabilities. And yet, in each context governments have failed to live up to both international and domestic promises to address mental health and social care systems that are plagued by inadequate resources and fragmentation. Against this backdrop, people struggle to access voluntary care options and involuntary care has often become the default way to access care. Evidence in both Canada and Australia, for example, shows that the rates of involuntary committals and CTOs continue to rise. In Kenya despite recent legal reforms the government has yet to provide comprehensive voluntary mental health options in the community. Drawing on qualitative data from focus groups in Canada, Kenya and Australia we present the voices of people who have experienced involuntary treatment and discuss the implications for legal and mental health and social care reform.

*Service User Experiences of the Court Process in US Involuntary Outpatient Commitment: Biopsychiatric Deference, Due Process & Systemic Low Expectations**

Nev Jones, *University of Pittsburgh, USA* (nevjones@pitt.edu)
Todd Wittenberg, *Independent Peer Specialist, USA*
Kathryn Luk, *University of Pittsburgh, USA* (kal244@pitt.edu)
Skip Skipper, *Independent Peer Specialist, USA*
Felecia Pullen, *The PILLARS, USA* (felecia@drpphd.com)
Shannon Pagdon, *University of Pittsburgh, USA* (shp121@pitt.edu)
Ebony Flint, *Human Services Research Institute, USA* (eflint@hsri.org)
Heather Weller
Teresita Camacho-Gonsalves, *Human Services Research Institute, USA* (tcamacho@hsri.org)
Bevin Croft, *University of Pittsburgh, USA* (bcroft@hsri.org)

Involuntary outpatient commitment (IOC) remains one of the most controversial practices in psychiatry and its rigorous evaluation limited by both ethical and feasibility challenges. In this presentation, we report on the qualitative arm of a large-scale, lived experience co-led evaluation of IOC in the United States (service user N = 75). Specifically, we report on service user depictions of biopsychiatric deference in the

adjudication process, the accompanying testimonial marginalization of lived experience, and the virtual absence of robust due process protections. In spite of these near universal features of the adjudication process from the perspective of our participants, they frequently expressed acceptance and complacency rather than anger – acceptance we discuss through the lens of 'adaptive preferences' and 'internalized lowered expectations' stemming from the pervasive nature of structural inequality and structural violence in the US public mental health, legal and social welfare systems.

Community Treatment Orders in Australia in the Context of International Literature: A Review of Consumers, Families and Health Professionals' Perspectives

Harvery Madeleine, *Australian Catholic University, Australia* (madeleine.harsanyi@myacu.edu.au)

CTOs are used internationally in most high-income nations, however CTO use in Australia is very high compared with world standards. While CTOs aim to protect both consumers and society, they often interfere with personal freedom and trust between consumers and mental health professionals. International and Australian research is inconclusive about the effectiveness of CTOs in achieving their clinical aims. Australian research overwhelmingly reports consumers' experience with CTOs as coercive and distressing. Families generally support CTOs but are unhappy with certain aspects of the process. Consumers and families' feelings about CTOs often depend on how much they trust the mental health team, the support they receive, and the relationship between the consumer and mental health professional. Health professionals experience significant challenges balancing therapeutic care with their role carrying out CTOs. Local treatment culture, problems in the mental health system and staff attitudes also influence how CTOs are used. There is a lack of recent and high-quality guidance to inform CTO decision-making for mental health professionals. This presentation will propose that if CTOs are used in clinical practice, close consideration towards how and why they are implemented is warranted.

Qualitative Perspectives on CTOs: Understanding Variation from the Perspectives of Consumers, Carers and Clinicians

Sharon Lawn, Flinders University, Australia (sharon.lawn@flinders.edu.au)
Tessa Zirnsak, *La Trobe University, Australia* (T.Zirnsak@latrobe.edu.au)
Elaine Waddell, *Flinders University Australia* (elaine.waddell@flinders.edu.au)
Puneet Sansanwal, *University of Melbourne, Australia* (puneet.sansanwal@unimelb.edu.au)
Morgan Gould, *La Trobe University, Australia* (m.gould@latrobe.edu.au)
Christopher James Ryan, *St Vincent's Hospital, Australia* (chrisjamesryan@gmail.com)
Vrinda Edan, *University of Melbourne, Australia* (v.edan@unimelb.edu.au)
TJ Spencer, *La Trobe University, Australia* (TJ.Spencer@latrobe.edu.au)
Jane Fischer, *Flinders University Australia* (jane.fischer@flinders.edu.au)
Edwina Light, *University of Sydney, Australia* (edwina.light@sydney.edu.au)
Penelope Weller, *RMIT, Australia* (penelopejune.weller@rmit.edu.au)
Chris Maylea, *La Trobe University, Australia* (C.Maylea@latrobe.edu.au)

Giles Newton-Howes, *University of Otago, Wellington, New Zealand* (giles.newton-howes@otago.ac.nz)
Steve Kisely, *University of Queensland, Australia* (s.kisely@uq.edu.au)
Lisa Brophy, *La Trobe University, Australia* (L.Brophy@latrobe.edu.au)

Community treatment orders (CTOs) remain contested in their efficacy and rationale for use. Across Australia, there is significant unexplained variation in rates of CTO use, suggesting that more attention to local community, service and workforce, policy and practice, and organisational cultural factors is warranted. As part of the Factors Affecting Community Treatment Orders (CTOs) Research Study (FACTORS), we undertook national online surveys with individuals subject to these orders, family members, and clinicians. The perspectives of each of these three groups are valuable for understanding why the variation may be occurring. In this presentation, Prof. Sharon Lawn will reflect on constructing the survey questions with critical insights from the Lived Experience Advisory Panel and present the key results of the three surveys. In particular, Sharon will discuss what the survey results said about human rights and coercive practices, cultures of service provision, leadership, decision-making processes, workforce make-up, supervision and professional development, and other factors that influence how CTO variation operates in real world practice.

*Navigating Diversity of Views in Lived Experience Advisory Panels on Compulsion**

Tessa Zirnsak, La Trobe University, Australia (t.zirnsak@latrobe.edu.au)
Puneet Sansanwal, *University of Melbourne, Australia* (puneet.sansanwal@unimelb.edu.au)
Vrinda Edan, *University of Melbourne, Australia* (v.edan@unimelb.edu.au)
Sharon Lawn, Flinders University, Australia (sharon.lawn@flinders.edu.au)
Morgan Gould, *La Trobe University, Australia* (m.gould@latrobe.edu.au)
TJ Spencer, *La Trobe University, Australia* (TJ.Spencer@latrobe.edu.au)
Christopher James Ryan, *St Vincent's Hospital, Australia* (chrisjamesryan@gmail.com)
Edwina Light, *University of Sydney, Australia* (edwina.light@sydney.edu.au)
Penelope Weller, *RMIT, Australia* (penelopejune.weller@rmit.edu.au)
Chris Maylea, *La Trobe University, Australia* (C.Maylea@latrobe.edu.au)
Giles Newton-Howes, *University of Otago, Wellington, New Zealand* (giles.newton-howes@otago.ac.nz)
Steve Kisely, *University of Queensland, Australia* (s.kisely@uq.edu.au)
Lisa Brophy, *La Trobe University, Australia* (L.Brophy@latrobe.edu.au)

Engaging lived experience experts is becoming an essential practice for researchers. Yet, working with these experts requires attentiveness to their values and needs, particularly when the topic of research is upsetting or controversial. In this presentation, the project manager of the Factors Affecting Community Treatment Orders (CTOs) Research Study (FACTORS) will share project learnings from working with a lived experience advisory panel comprised of people who have been on, provided informal support to, or who are in identified peer roles working with people on CTOs. One of the key challenges and opportunities for growth was that members of this group had divergent and sometimes incompatible views about CTOs. Some felt that these orders had provided them with life-saving care, while others described them as traumatic and coercive. Many LEAP members identified that the function of CTOs and their experience with them was highly dependent on the context and efficacy of the services offered, highlighting CTOs as

a response to poor mental health service resourcing. In this presentation, we will outline how the FACTORS team navigated the different perspectives of LEAP members on this highly personal and controversial topic. We will share how the practice of engaging these lived experience experts increased the robustness of the research.

47. Racism Globally and Role of the Criminal Justice System: A Comparative Analysis

Keywords: Racism; justice; disparities; criminal

Racial Targeting, Stereotyping, and Presumption of Guilt

Donald Jones, *University of Miami* (djones@law.miami.edu)

This component of the workshop will explore how racial targeting, stereotyping, and the presumption of guilt impact individuals within criminal justice systems globally. Participants will examine how certain racial and ethnic groups are disproportionately targeted by law enforcement, often based on deeply rooted societal biases rather than evidence or behavior. Through case studies and comparative analysis, the session will highlight how stereotypes—such as assumptions about criminality, danger, or deviance—lead to unjust policing practices, wrongful arrests, and harsher treatment in legal proceedings. We will investigate how the presumption of guilt undermines the principle of "innocent until proven guilty," particularly for marginalized communities, and how this bias is reflected in stop-and-search practices, interrogation methods, and courtroom dynamics. The workshop will also consider the psychological, social, and economic impacts of these patterns on affected communities. By examining examples from various countries, participants will gain a broader understanding of how systemic racism manifests differently across global contexts but shares common underlying dynamics. Interactive discussions will encourage participants to critically assess their own assumptions and explore strategies for promoting fairness, accountability, and reform within the criminal justice system.

Disparities in Policing Practices and Use of Force

Salematou Camara, *Camara Law Firm* (salematou@camaralawfirm.com)

This component of the workshop focuses on the racial disparities in policing practices and the use of force within criminal justice systems around the world. Participants will explore how racial and ethnic minorities often face heightened levels of surveillance, stops, searches, and physical violence from law enforcement. The session will examine statistical evidence and real-world cases that highlight disproportionate rates of police encounters, arrests, and use-of-force incidents against marginalized communities. We will analyze how historical legacies of colonialism, segregation, and discrimination have shaped modern policing structures, leading to patterns of systemic abuse and mistrust. Attention will also be given to how policies such as "zero tolerance," "stop and frisk," and militarized policing disproportionately impact communities of color. Participants will engage in comparative discussions about different national approaches,

highlighting both failures and successful reforms. Through interactive activities, the workshop will encourage critical thinking about the cultural, political, and institutional factors that perpetuate these disparities. Strategies for promoting equitable policing, community oversight, accountability measures, and de-escalation training will be explored to help participants envision paths toward a more just and effective criminal justice system.

Sentencing Inequities and Access to Justice

Daryl Jones, *Transformative Justice Coalition* (djones@tjcoalition.org)

This component of the workshop examines how racial and ethnic disparities are reflected in sentencing outcomes and access to justice across different legal systems worldwide. Participants will investigate how bias influences the severity and type of sentences handed down, with marginalized groups often receiving harsher penalties compared to their counterparts for similar offenses. The session will also explore the role of prosecutorial discretion, mandatory minimums, and plea-bargaining practices in perpetuating sentencing inequities. Attention will be given to how systemic barriers—such as inadequate legal representation, language differences, and economic disadvantage—affect fair trial outcomes for minority defendants. We will study comparative examples, illustrating how these issues appear both in wealthier nations and in countries with developing legal infrastructures. Through case studies and group discussions, participants will critically analyze how the intersection of race, class, and legal process creates profound challenges for achieving true justice. The session will also highlight initiatives aimed at reforming sentencing guidelines, improving public defender systems, and enhancing access to culturally competent legal services. Ultimately, participants will be encouraged to think about how justice systems can be reshaped to promote equity, restore trust, and ensure that the right to a fair trial is truly universal.

Structural Racism and Institutional Accountability

Mairi MacDonald, *University of Saskatchewan* (mairi@mairismacdonald.ca)

This component of the workshop addresses how structural racism operates within criminal justice systems and the critical need for institutional accountability. Participants will explore how racism is not just the result of individual bias but is deeply embedded in the policies, practices, and culture of legal institutions. From policing to prosecution to incarceration, systemic inequalities are maintained through laws, procedures, and traditions that disproportionately harm racial and ethnic minorities. The session will examine how historical power dynamics, colonial legacies, and socioeconomic disparities continue to shape modern justice systems, reinforcing cycles of marginalization and injustice. Participants will learn to identify examples of structural racism, such as disparities in resource allocation, biased legal language, and discriminatory risk assessment tools. A major focus will be on institutional accountability—how agencies can be held responsible for perpetuating injustice and what mechanisms exist (or should exist) to enforce transparency, reform, and redress. Comparative analysis of different countries' accountability structures, including civilian review boards, independent prosecutors, and international human rights interventions, will offer insights into pathways for change. Through discussions and activities, participants will be

challenged to think critically about the balance between reforming systems from within and building alternative models for justice rooted in equity and human rights.

Resistance, Advocacy, and Reform Movements

Barbara Arnwine, *Transformative Justice Coalition* (barnwine@tjcoalition.org)

This component of the workshop highlights the critical role of resistance, advocacy, and reform movements in challenging racism within criminal justice systems worldwide. Participants will explore how marginalized communities, activists, and allies have historically organized to confront injustice, demand accountability, and reimagine public safety and legal fairness. From grassroots protests and legal challenges to international campaigns for human rights, these movements have been central to exposing systemic racism and driving change. The session will examine key movements such as Black Lives Matter in the United States, Indigenous justice campaigns in Australia and Canada, anti-apartheid struggles in South Africa, and emerging youth-led efforts across Latin America, Europe, and Asia. Attention will be given to the strategies these movements use—including media advocacy, community organizing, policy reform efforts, and legal challenges—and the obstacles they face from entrenched power structures. Participants will critically assess how reforms have been implemented, where progress has been made, and where movements have sparked broader societal shifts. This component will also encourage dialogue about the ongoing need for solidarity, innovation, and resilience in the pursuit of racial justice within criminal systems. Participants will leave better equipped to support, amplify, and contribute to movements for systemic transformation in their own contexts.

48. Reflections on the Truth and Reconciliation Commission in Indigenous Counselling Practice

Keywords: TRC; Indigenous peoples; counselling

More Than 10 Years Later: Indigenous Counselling Since the Truth and Reconciliation Commission

Gwendolyn Villebrun, *University of Alberta* (gvillebr@ualberta.ca)
Kathleen Gorman, *University of Calgary* (gormanconsultingservices@gmail.com)

In 2015, we presented at the XXXIVth International Congress on Law and Mental Health in Vienna, Austria. As Indigenous therapists serving Indigenous communities, we considered the path forward following the Truth and Reconciliation Commission (TRC) hearings. Over a decade later, we reflect on the impact that the TRC's Calls to Action have had on our work as counsellors. The TRC has been instrumental in raising awareness and deepening understanding of the unique historical and socio-cultural contexts of Indigenous clients. This increased awareness has led to the development of counselling practices that are more culturally safe and responsive. This presentation will highlight both the challenges and the meaningful

successes we have encountered in advancing reconciliation and healing. We will also outline directions for moving forward, emphasizing the ongoing nature of this important work.

Responding to the Calls for Justice: An Indigenous Women's Healing from Sexual Trauma Circle

Gwendolyn Villebrun, *University of Alberta* (gvillebr@ualberta.ca)

The 2019 release of the Missing and Murdered Indigenous Women and Girls' Calls for Justice emphasized the critical importance of providing trauma-informed, culturally relevant healing supports for Indigenous women. In response to this call, an Indigenous women's healing circle was established in 2020 in partnership with the Sexual Assault Centre of Edmonton. This initiative, grounded in ceremony and guided by the wisdom of an Elder, creates a safe and supportive space for Indigenous women to reconnect with their culture and support their healing journeys. This presentation will detail the process of developing this Indigenous-led healing circle and highlight the most helpful aspects as identified by the participating women.

Holding Our Anger Bundle

Kathleen Gorman, *University of Calgary* (gormanconsultingservices@gmail.com)

The program was developed to support Indigenous women whose experiences with anger have often resulted in situations involving the corrections system or child welfare. This presentation will review how this initiative goes beyond a traditional anger management model, taking an innovative, decolonizing approach. It integrates ceremony, talking circles, somatic practices, and expressive arts, embodying a ""two-eyed seeing"" philosophy that honours both Indigenous and Western perspectives. Within this safe and supportive space, women are encouraged to explore the roots of their anger and to discover healthier ways of expression. The primary goal is to foster personal growth by addressing and healing from both collective and individual traumas of the past.

Building Relationships within Indigenous Communities

Kathleen Gorman, *University of Calgary* (gormanconsultingservices@gmail.com)
Gwendolyn Villebrun, *University of Alberta* (gvillebr@ualberta.ca)

Therapists, healthcare workers, and organizations dedicated to serving Indigenous peoples hold a crucial responsibility in facilitating healing journeys. Guided by the Truth and Reconciliation Commission's Calls to Action and the Missing and Murdered Indigenous Women and Girls' Calls for Justice, there is a recognized need to decolonize our practice, strengthen connections with Indigenous communities, advocate for systemic change, and foster healing initiatives led by Indigenous peoples. Despite widespread commitment, the path to engaging in this work with cultural safety and humility is not always clear.

Drawing from our experience and learning, this presentation outlines the steps we take towards building relationships and practicing stewardship in ways that are culturally safe and meaningful for Indigenous communities.

49. Reframing Addiction Research and Recovery

Keywords: Strengths-based approach; addiction; substance use; mental health

From Deficit to Strength: Reframing Addiction Research with a Strengths-Based Approach

Elise Cournoyer Lemaire, *Université du Québec en Abitibi-Témiscamingue* (cournoye@uqat.ca)

Mental health research has traditionally followed a deficit-based model, focusing on the challenges faced by individuals with mental health issues. This approach has contributed to the stigmatization and marginalization of these individuals, with some groups, such as those dealing with substance use issues, bearing a disproportionate burden. Despite growing calls for a shift toward a strengths-based approach, its application in addiction research remains limited and underexplored. This presentation aims to foster reflection on integrating a strengths-based approach in addiction research. We will discuss the theoretical foundations of this approach, its benefits, and we will provide practical guidelines for its application at various stages of the research process. A deeper understanding of the relevance of this approach, as well as strategies for its thoughtful integration into research design and implementation, could empower researchers to move beyond a focus on deficits. By acknowledging individuals' strengths, interests, and capacities, researchers can generate more holistic studies that promote both individual and community health and well-being. Emphasizing strengths over mental health and legal difficulties of people with substance use issues presents a promising approach for advancing both addiction and broader mental health research.

Examining Personal Strengths in the Recovery Process of Individuals with Persistent Substance Use Disorder

Myriam Beaulieu, *Psychoeducation School, Montreal University* (myriam.beaulieu.1@umontreal.ca)
Karine Bertrand, *Université de Sherbrooke* (karine.bertrand@usherbrooke.ca)
Marie Jauffret-Roustide, *National Institute of Health and Medical Research* (marie.jauffretroustide@santepubliquefrance.fr)

The recovery process from substance use disorder (SUD) is multifaceted and relies on individual strengths and resources (i.e. recovery capital). Limited research has been conducted on recovery capital in individuals with persistent SUD, who experience a severe and complex disorder, as well as a longer recovery process. This study aims to explore how these individuals leverage personal strengths to enhance their well-being and mental health. Qualitative interviews were conducted with 19 participants (9 men, 10 women) experiencing persistent SUD, followed by a gender-differentiated thematic analysis of the transcripts. Findings reveal that, despite significant obstacles, participants mobilized existing skills and cultivated new ones. Key strengths identified include perseverance, characterized by daily tenacity, discipline, and emotional detachment. For women, self-assertion emerged as a crucial survival tool. Additionally, many participants expressed a lack of material and financial resources, leading women to adopt proactive strategies for self-support. The findings underscore the importance of a balanced perspective that emphasizes strengths, skills, and abilities in individuals with persistent SUD. It advocates for practitioners

to foster a positive self-image, aid in life trajectory analysis, and create opportunities that enhance self-esteem and self-efficacy, thereby supporting individuals on their lengthy recovery journeys.

Highlighting Individual Strengths Through Physical Activity in Substance Use Disorder Recovery

Florence Piché, Université de Montréal (florence.piche@umontreal.ca)
Stéphanie Girard, *Université du Québec à Trois-Rivières*
Chantal Plourde, *Université du Québec à Trois-Rivières*
Ahmed-Jérôme Romain, *Université de Montréal*

Substance use disorder is a frequently diagnosed mental disorder and therapies have low retention rates and high rates of relapses. A new solution to improve treatment is physical activity based on its benefits for health. The objective was to understand the perception of patients about physical activity during treatment for substance use disorder. Thirteen patients (69% men; 33.4 ± 8.3 years old) were interviewed after experiencing the addition of 12 weeks of physical activity during their treatment. Following the content analysis, we observed that physical activity highlighted individual strengths by enhancing self-esteem while also fostering a sense of pride and validation for having voluntarily participated in the intervention. Furthermore, participants' skills were used, with some emerging as role models within the group, while others aspired to become role models for their loved ones. Additionally, some participants recalled past experiences related to physical activity, and it increased their confidence in resuming physical activity. Lastly, the development of knowledge, both in terms of individual capacities and environmental factors, encouraged participants to project themselves into a future that includes physical activity. In conclusion, physical activity naturally highlighted individual strengths while also helping to develop healthy lifestyle habits during the treatment.

*Resilience Strategies of Trans and Non-Binary individuals Facing Substance Use and Gender Affirmation Challenges**

Abdelhakim Missoum, *Université de Sherbrooke* (Abdelhakim.Missoum@USherbrooke.ca)

Transgender and non-binary (TNB) individuals with risky or problematic substance use (SU) encounter significant barriers to accessing addiction treatment services. Experiences of discrimination, as well as the perception that services are not tailored to their specific needs, contribute to disengagement from and even avoidance of services. Despite these challenges, TNB individuals actively mobilize resources and develop strategies to navigate adversity. This research, grounded in a collaborative approach, explores these resilience processes from a lived-experience perspective, shedding light on how TNB individuals manage minority stress and foster their well-being and mental health. Twenty TNB individuals in Quebec (Canada), who reported risky or problematic SU, were interviewed using semi-structured interviews. Analysis, guided by a multidimensional resilience framework (Luthar et al., 2000; Walsh, 2016), highlights the central role of resource mobilization in overcoming obstacles across various environments. Family, peer networks, and community resources play a crucial role in reinforcing resilience. Key factors contributing to well-being include gender identity affirmation (e.g., coming out), engaging in gender-affirming processes, and building strong emotional and support networks within the TNB community. Findings emphasize the urgent need for addiction treatment and harm reduction services that respect and affirm TNB experiences. Participants advocate for safer, discrimination-free environments, enhanced professional training, and greater representation of TNB role models in service provision. By centering experiential knowledge, this research contributes to developing concrete and equitable solutions, ensuring that services are responsive to TNB realities and improving access to respectful, effective, and trans-affirming care.

50. Rejecting the Master's Tools: Eschewing Western Psychology in Recovery from State and Systemic Violence

The Resistance of Children and Allies Against State Kidnapping and Involuntary Child Removal

Zeina Ismail-Allouche, *Concordia University* (zeina.ismailallouche@concordia.ca)

This presentation interrogates the use of "care" as a colonial tool - one that justifies displacement, adoption, and institutionalization of children under the guise of protection. Drawing on interconnected histories from Canada, Lebanon, and Palestine, it highlights how systems of forced separation have operated as mechanisms of assimilation and erasure. From the history of Canada's residential schools and the Sixties Scoop, to Lebanon's post-war child displacement, and the current devastation in Gaza, the presentation exposes the structural violence behind so-called protective interventions. Through storytelling, historical reflection, and survivor testimony, it argues that genuine care must be relational, restorative, and rooted in cultural continuity. It invites us to reimagine care not as control, but as collective responsibility and resistance.

Anti-Colonial and Cultural Psychology: Teachings from Algeria

Sarah Memchout, *Université de Montréal* (sarah.memchout@umontreal.ca)
Meriam Memchout, *Université de Montréal* (meriam.memchout@umontreal.ca)

This presentation examines Algeria's mental health landscape through a decolonial lens, exploring the interplay between colonial legacies, post-independence trauma, and the enduring role of culturally-rooted healing practices. Building on Franz Fanon's critique of colonial psychiatry and insights from. local fieldwork, we argue that French colonial psychiatry weaponized medical racism to pathologize Algerian resistance, leaving a fractured clinical system ill-equipped to address contemporary needs. Today, marked by the traces of a colonial heritage, Algerian mental health practices coexist with longstanding Islamic and Amazigh traditions, like maraboutic healing and Quranic rokia practices, that embody cultural resilience and communal care. The presenters highlight grassroots efforts to integrate clinical and traditional models, such as cross-disciplinary training programs bridging psychology and Islamic ethics. Algeria's journey reveals broader tensions in post-colonial mental health: How can nations honour culturally resonant practices while ensuring equitable, evidence-based care? Decolonial mental health embodies community-driven solutions, collaborations between clinicians and traditional healers while addressing systemic inequalities, not as a rejection of 'modernity', but as a reclamation of holistic, culturally-grounded care.

Indigenous Resistance to State Control & Systemic Violence: An Exploration of Response-Based Practice*

Prudence Caldairou-Bessette, *Universite de Quebec à Montréal* (caldairou-bessette.prudence@uqam.ca)

In this presentation, Metis scholar Catherine Kineskewêw Richardson will discuss the key tenets of response-based practice, including the centering of dignity, viewing acts of resistance as understandable in context and recognizing the importance of positive social responses for healing, restoration and well-being. The presenter will share examples of how Indigenous people resist imposition and mistreatment in health/psychological care settings and reassert their dignity when humiliated. With a view to understanding social interaction within a present-day colonial context, she discusses allyship, decolonization, increased autonomy and sovereignty over services in Indigenous sectors.

51. Rethinking Paradigms of Care and Belonging: Psychedelic Therapy, Mechanistic Metaphors, and Disability

Keywords: Mental health; belonging; psychedelics; mechanistic metaphors

Informed Consent in the Age of Psychedelic Psychiatry

Michelle Bach, *Emory University School of Medicine* (michelle.christine.bach@emory.edu)

Psychedelics, as a novel therapeutic modality, are on the horizon in psychiatry. Psychedelics are being investigated as potential treatments for a variety of disorders including PTSD, substance use disorders, bipolar II, and treatment resistant depression. Currently, these investigational therapeutics necessitate a psychedelic "trip." These trips are hallucinogenic and mystical by nature. They have been classified as a unique and transformative experience that is not possible to imagine or anticipate. Trips can lead to quick and important transformations in users, such as changes in religious and political convictions. Furthermore, the therapeutic goal of the trip is "ego dissolution" or the loss of individualistic boundaries. The unique experience of a psychedelic trip poses numerous challenges for informed consent as we know it. How can patients be adequately informed prior to a mystical experience the likes of which they have never encountered? Are research subjects and patients able to truly appreciate the possibility of radical changes in their very self? Is the mechanism of informed consent, which is grounded in individual agency, at odds with an event meant to blur agency and individuality? This talk will explore the pitfalls and paradoxes of informed consent for psychedelics and question if informed consent, the foundational bioethical tool for individual protection, can function in this new frontier.

On Mechanistic Metaphors and Perception of Mental Disorder

Kate Finley, *HOPE College* (finley@hope.edu)

Mechanistic metaphors shape how we understand the mind, brain, and mental disorder - with important implications for selfhood and agency. I will draw on empirical research on the influence of metaphors in medicine to argue that in academic and clinical contexts, mechanistic metaphors act as conceptual metaphors rather than mere linguistic devices—in other words, shaping not only how we talk about but also how we think about mental disorder. The prevalence and appeal of these metaphors align with and further cement theories of mental disorder as inherently dysfunctional and neurobiological ('broken brain'), by encouraging "neuro-essentialism", which involves reductionistic and deterministic thinking about mental disorder (i.e. 'you are nothing but your brain and your brain determines your experience). This helps explain recent research indicating that increased adoption of biogenetic theories of mental disorder is associated with negative effects such as increased sense of dangerousness and decreased empathy from others, as well as a decreased sense of agency and increased prognostic pessimism in those experiencing mental disorder. Examining how metaphorical frameworks influence patient agency and selfhood in mental disorder is essential for understanding and mitigating their unintended impacts in academic and clinical contexts.

Beyond Rights-Based Approach: Rethinking Disability and Reimaging Belonging

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

Western understanding of disability studies has historically operated within normative frameworks grounded in democratic ideals such as justice, equality, or rationality. These paradigms have prioritized legal mechanisms—most notably civil rights legislation such as the Americans with Disabilities Act (ADA) and the United Nations Convention on the Rights of Persons with Disabilities (CRPD)—the principal tools for securing individual well-being and social inclusion. However, despite the transformative potential of these legal structures, they remain insufficient in fostering substantive societal change, particularly for individuals experiencing mental health challenges. This presentation advocates for a shift in focus from legal rights alone to the broader, more humanizing concept of belonging—a universal, shared need that transcends legal definitions and is deeply rooted in social and cultural practices. Drawing on the limitations revealed in landmark community integration cases such as Olmstead v. L.C., and employing Charles Taylor's notion of the social imaginary, this paper examines how belonging is shaped by collective narratives, cultural images, and moral frameworks. This reframing is particularly vital for individuals with mental health-related disabilities, whose experiences often fall outside traditional legal recognition, and thus very often remain unanswered. Ultimately, the presentation argues that cultivating belonging through cultural and narrative means is essential for moving beyond compliance-based models toward genuine communities of belonging where all individuals can flourish.

52. Sacred Betrayal: Clergy Abuse, Institutional Silence, and the Path to Justice and Healing -

Examining the Psychological, Legal, and Spiritual Impacts of Clergy Abuse

Keywords: Abuse; betrayal; clergy; sacred

*Mitigating the Torment of Clergy Victimization**

Cheryl D. Wills, *Forensic Psychiatrist, Cleveland, Ohio, USA* (cwforensic@earthlink.net)

Clergy abuse causes intensified torment due to the perpetrator's religious authority, and addressing victim conciliation requires a multifaceted approach considering physical, psychological, societal, and other factors to promote healing and justice. The forensic evaluation is a multidimensional, systems-based analysis that considers the long- and short-term impacts of the trauma, along with unanticipated factors that can aggravate or mitigate the plaintiff's rehabilitation. Also, it is essential to consider the role of faith, religion, worship, and related matters in the plaintiff's life, both before and after the abuse, with sensitivity and respect, as this can impact the degree of emotional suffering and mitigating considerations. This presentation will examine the process and provide use case examples to illustrate key concepts that facilitate conducting these assessments.

*Building Resilience and Prioritizing Mental Health for Law Professionals During Times of Extreme Political Change**

Jeff Gardere, *Board-Certified Clinical Psychologist, Author, and Professor of Behavioral Medicine, New York, New Yor*k (Drjeffgardere@gmail.com)

This presentation examines strategies that legal professionals can employ to promote resilience and prioritize mental health amid the political, social, and institutional upheavals intensified by the current political climate. Lawyers and judges often navigate high-stress environments, but the recent climate of deep polarization, threats to democratic norms, and attacks on truth and justice have exacerbated burnout, moral distress, and professional fatigue. Drawing from clinical psychology, psychoanalysis, and trauma-informed frameworks, this talk identifies practical approaches to self-care, emotional regulation, and values-based decision-making. Special attention is given to the psychological toll on those who advocate for marginalized communities or defend constitutional protections. By examining the intersection of law, politics, and mental health, this session equips attendees with the tools to maintain their well-being, remain ethically grounded, and continue their essential work with clarity and purpose, even in the face of adversity.

Clergy Abuse and Women: Aggravated Spiritual Abuse

Miranda M. Kwon, *Pastor, First Baptist Church, Melrose, Massachusetts, USA* (miranda@melrosefbc.org)

The purpose of this presentation is to call attention to and address the prevalence of clergy abuse within Christian churches, both abuse by clergy (clergy as the abuser) and abuse of clergy (clergy as the abusee), particularly with women as the abusees in both categories. Observations are based on direct and indirect ministry experiences spanning the past fifteen years across Eastern and Western cultures, from Asia to America. The observations reveal that not only are female members of the church abused by male clergy, but also female clergy are abused by the male-dominant leadership of the church and its members who are influenced by such leadership. The pattern, form, and nature of the abuse show that such abuse is based mainly on the faulty notion of male supremacy and dominancy as a biblical mandate and the tradition of such malpractice in the church. Both clergy and lay people, women and men, need to work together to reduce and further eliminate such abuse in the church, if anything, for the sake of the gospel.

Betrayal in Sacred Spaces: Clergy Abuse, Moral Injury, and the Crisis of Trust

Willard Ashley, *Psychoanalyst, Retired Dean/Professor, and Pastor, Teaneck, New Jersey, USA* (willard.ashley@gmail.com)

Clergy abuse shatters not only individual lives but the moral fabric of entire faith communities. This presentation explores clergy abuse as both personal trauma and institutional betrayal, focusing on the psycho-spiritual impact of such violations within Christian contexts. Drawing from relational psychoanalysis, family systems theory, and pastoral theology, I examine how religious authority can be weaponized to silence, exploit, and retraumatize—particularly for women and marginalized clergy. Special attention is given to the psychic toll of moral injury, the dynamics of transference in therapeutic work with survivors, and the racialized dimensions of silence and complicity in churches of color. While some survivors lose faith entirely, others wrestle with ambivalence toward religious structures that once nurtured their identity. This presentation advocates for trauma-informed, justice-oriented models of prevention and restoration, combining clinical insight with theological accountability. As a psychoanalyst, pastor, and educator, I argue that healing requires more than policy reform: it demands cultural change and prophetic courage. This presentation is part of a panel addressing gender, power, and recovery in the aftermath of sacred trust betrayed.

53. Sexsomnia and Automatism: Recent International Developments

Keywords: Sexsomnia; parasomnia; automatism; criminal responsibility

*Sexsomnia and Automatism: Current Developments**

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

Sexsomnia, a subtype of confusional arousal, characterised by sexual behaviour during the early phases of deep sleep, poses confronting and controversial challenges for the criminal law. Latterly, it has been invoked increasingly as a defence in criminal trials, on the basis of its constituting a form of automatism

which results in a full defence under the law. It generates difficult issues of categorisation - sane or insane automatism - which have an important effect on disposition. Utilising the law on the subject from England, Canada, Australia and New Zealand, the paper will explore issues of classification, diagnosis and treatment relevant to both criminal responsibility and criminal culpability.

54. Sexual Abuse and Exploitation I

Keywords: Sex offending; sexual exploitation; trauma-informed; child sexual abuse

Lessons from the Community: An Exploration of What Community Reactions to Offender Release Tell Us About Social Wellbeing and Solidarity

Jordan Anderson, *Swansea University* (j.a.anderson@swansea.ac.uk)

This paper explores the phenomenon of community notification of the release of individuals convicted of sexual offences, and the ways communities react to these notifications. Using case study research from a range of communities in New Zealand that have experienced such notifications, this paper will reflect on what the reactions of these communities tells us about social wellbeing and solidarity. Although the words of politicians and the media would lead the public to believe that communities subjected to the release of 'high-risk' individuals lash out in fear and intolerance, necessitating populist reactions, these case studies paint a much more nuanced picture of community understandings of risk, of the impact of state intervention, and of their own power. This paper will unpack what risk-consciousness means for community leaders on the ground, and the ways that their understandings of state power inform their actions in leading their communities toward enhanced social wellbeing and solidarity.

From Survival to Stability: Economic Empowerment Programs for Survivors of Sexual Exploitation

Kristen Bracy, *I Rise FL, inc*. (kristen@irisefl.org)
Sanda Kasparovics, *I Rise FL, inc.* (sanda@irisefl.org)

Research has suggested that it takes an average of five attempts for a victim of sexual exploitation to successfully exit the life (Cimino, 2013). One of the major contributing factors to this cycle of violence and exploitation is lack of resources and economic need. Traffickers create a sense of dependency to control victims and keep them in an exploitative situation. To reduce the risk of revictimization due to economic need, survivors need a clear pathway to gaining financial independence and stability. In this presentation, the founder of I Rise FL, inc. will discuss the development of innovative and trauma-informed programs that support economic empowerment for survivors, including a licensable workforce development program curriculum, a professional and leadership development networking group, and a prevention program for youth focusing on financial literacy and educating/creating awareness on economic abuse. These programs are designed to help survivors learn the skills and receive the support necessary to enter (or reenter) the workforce on a career path that provides a sense of dignity and worth, a livable wage, and an opportunity

for upward mobility. An overview of these programs' structures, curriculum, and components will be provided, key learnings will be discussed, and outcomes will be shared.

*Protecting Children from Sexual Abuse in Youth-Serving Organizations: A Qualitative Vignette Study on the Perspectives of (Potential) Offenders and Therapists Regarding Safeguarding Programs**

Christian Goetzl, *Department of Forensic Psychiatry and Psychotherapy, Ulm University, Ulm, Germany* (christian.goetzl@uni-ulm.de)
Judith Streb, *Clinic for Forensic Psychiatry and Psychotherapy, University of Ulm, Ulm, Germany* (judith.streb@bkh-guenzburg.de)
Manuela Dudeck, *Clinic for Forensic Psychiatry and Psychotherapy, University of Ulm, Ulm, Germany* (manuela.dudeck@bkh-guenzburg.de)

Background: Holistic approaches to preventing child sexual abuse (CSA), such as German Safeguarding Programs, integrate comprehensive analysis, intervention, prevention, and evaluation efforts, and are employed to address CSA in youth-serving organizations (YSOs). However, little is known about how individuals who have committed CSA in YSOs (i.e., offenders), those who identify as being at risk of committing such offenses (i.e., potential offenders), and therapists experienced in treating these groups perceive these programs.
Methods: In an exploratory vignette study, we performed semi-structured interviews with six adult (potential) perpetrators and five therapists. Participants reviewed the central components of Safeguarding Programs in light of their own criminal histories or those of patients they have treated.
Results: Participants emphasized that, to be effective, the interrelated measures of Safeguarding Programs must be implemented comprehensively rather than in isolation. As part of the core components of safeguarding frameworks, emphasis was placed on addressing sexual violence within organizational mission statements and personnel selection procedures, highlighting the importance of situational factors to better manage potential behavioral impulses.
Conclusion: These findings may inform the further development of Safeguarding Programs and other holistic approaches. The study underscores the potential of incorporating insights from (potential) offenders to address existing knowledge gaps.

The Living Shaheed: What Future for a Uyghur Martyr?

Ethan Gutmann, *Victims of Communism Memorial Foundation* (eastofethan@yahoo.com)

A 12-year-old Uyghur girl from Xinjiang, Rukiye, was arrested on charges of family "separatism." Chinese physicians tested Rukiye's father, mother, and three brothers for organ harvesting compatibility. At 16, Rukiye refused to sign a written confession, and Chinese authorities executed her family. Prison guards systematically gang-raped her into a comatose state. With an associated death toll of 200,000, the Uyghur persecution represents the largest mass incarceration of the 21st century. While human rights reportage focuses on victimhood, it avoids difficult cases (Rukiye is a separatist) and semi-consciously censors testimony (Rukiye was raped in public). This self-inflicted blind spot allowed causes célèbres such as

Ukraine or Gaza to displace the Uyghur issue. Yet in a small German town, Rukiye survives, her identity as a living martyr (shaheed) inextricably linked with severe post-traumatic stress. Could Rukiye retain the latent power of her experience after psychological treatment? Instead of cancelling Rukiye's politically inconvenient separatism, can we provide a secure, legal, non-Islamist, space where Rukiye can bear witness? I have no answers but can supply the raw data for a lively discussion.

55. Sexual Abuse and Exploitation II

Keywords: Diversion; prevention; complex trauma; technology

Social Media & Sexting Intervention: A Juvenile Diversion Program

Bryan Wright, *University of Wisconsin Oshkosh* (dynamicfamilysolutionsllc@gmail.com)

Between consenting adults, the private electronic sharing of nude photos is generally not illegal. However, when adolescents mimic this adult behavior they are in possession of child pornography and/or engaging in the pandering of child pornography, both of which are crimes in the United States. To address this fairly new adolescent social "sexting" problem, the Social Media & Sexting Intervention Program was created. This is a curriculum based juvenile diversion program recently established in two counties in Wisconsin. The purpose of the current study was to provide a preliminary evaluation assessing the impact of the program. During the first year of the program, 66 adolescents were referred to the program by school resource officers and courts in the two counties. Of those 66 referrals, 61 adolescents were able to participate in the program. A pre/post-test design was used to assess knowledge gained and attitude changes. Overall, the results of the assessment indicate that the program is educationally promising. Perhaps just as importantly, the program protects adolescents from an overly punitive justice system.

*Assessment of Historical Sexual Abuse Claims - Lessons from the Australian Experience**

Michael David Robertson, *University of Sydney* (michael.robertson@medhealth.com.au)

Litigation in historical child sexual abuse (CSA) claims in Australia has escalated since the Royal Commission into Institutional Responses to Sexual Abuse. Medicolegal assessments in this area demand a degree of sophistication in understanding of traumatic stress and its effects on mental health and psychosocial morbidity that can only be demonstrated by familiarity with a large body of diverse scientific literature. In this paper, I will provide a distillation of the key aspects of the scientific literature in the field necessary for such assessments, as well as a reflection on the main themes (diagnosis, intercultural considerations and the legal landscape) to arise from a case series of assessments of historical sexual abuse litigation.

*Cases of Technology-Facilitated Sexual Exploitation of Teens**

Deborah St. Germain, *Texas A&M University College of Nursing* (deborah.stgermain@tamu.edu)

Today's youth are highly tech-savvy, with constant access to the internet. While this connectivity offers opportunities for relationships, it also increases risks such as harassment, bullying, stalking, exploitation, and victimization. Several cases of exploitation of young male and female children highlight these dangers, particularly risky online behaviors and stalking. Forensic nurses lead prevention efforts by offering tips for Internet safety to school nurses, parents, and teachers, who can inform and guide children about both the benefits and dangers of online relationships.

56. Substance Use Concerns

Keywords: Wellness; addiction; post-treatment; substance abuse

Factors Contributing to the Well-Being of Indigenous People Following Addiction Treatment: A Rapid Systematic

Bianca Lahaye, *Université de Sherbrooke* (bianca.lahaye@usherbrooke.ca)
Mathilde Garneau, *Université de Sherbrooke* (mathilde.garneau@usherbrooke.ca)
Hannah Fraser-Purdy, *Université McGill* (hannah.fraser-purdy@mail.mcgill.ca)

Indigenous people face systemic challenges related to addiction recovery, particularly in aftercare, due to ongoing disparities in access to culturally appropriate healthcare influenced by current government policies. Since follow-up care should meet Indigenous people's need, a rapid review of the literature was conducted to answer the question : What factors contribute to the wellbeing of Indigenous populations in CANZUS following addiction treatment? PRISMA protocol was applied and carried out by three co-authors, including an Indigenous research assistant. APA PsycInfo, Medline, PsycArticles and ERIC databanks were searched with three concepts : "Indigenous", "post-treatment", and "addiction". From the 15 articles included, the emerging themes were interpreted within a Canadian Indigenous Wellness Framework that considers four dimensions. As part of the mental dimension of wellbeing, intrapersonal characteristics newly acquired during treatment would support the recovery. Related to the affective dimension, social environment could break the sense of isolation. In the spiritual dimension, prayers and traditional practices were reported as opportunities to connect with one's cultural identity. Finally, in the physical dimension, social determinants and lifestyle habits could help maintain abstinence. This review highlighted the importance to document the needs of loved ones surrounding a person returning from addiction treatment and better supporting individuals in their recovery.

Subjective and Objective Assessments of Executive Functions are Independently Predictive of Aggressive Tendencies in SUD-Patients

Sebastian Pichlmeier, *Department of Forensic Psychiatry and Psychotherapy, Ulm University, Ulm, Germany* (sebastian.pichlmeier@uni-ulm.de)
Judith Streb, *Clinic for Forensic Psychiatry and Psychotherapy, University of Ulm, Ulm, Germany* (judith.streb@bkh-guenzburg.de
Franziska Anna Roesel, *Clinic for Forensic Psychiatry and Psychotherapy, University of Ulm, Ulm, Germany* (franciroesel@aol.de)
Hannah Dobler, *Clinic for Forensic Psychiatry and Psychotherapy, University of Ulm, Ulm, Germany* (hannah.dobler@t-online.de)

Manuela Dudeck *Clinic for Forensic Psychiatry and Psychotherapy, University of Ulm, Ulm, Germany* (manuela.dudeck@bkh-guenzburg.de)
Michael Fritz, *Clinic for Forensic Psychiatry and Psychotherapy, University of Ulm, Ulm, Germany* (michael.fritz@bkh-guenzburg.de)

It is of high relevance whether patients with cognitive impairments and a history of violent behavior can correctly gauge their mental capabilities. Being able to plan ahead, meet goals, maintain focus and control oneself is essential in everyday life. These abilities might be substantially impaired in patients with substance use disorder. We studied correlations between subjective, self-report, and objective, behavior-based, methods of assessing executive functions and the predictive validity of these measures. Results based on a sample of 64 forensic-psychiatric patients convicted for crimes in the context of drug addiction demonstrated that those patients generally showed impaired executive functions and that executive functions were predictive of aggressive tendencies and violent offenses. A lack of correlation between self-report and performance-based tasks sheds an interesting light on possible deficits in introspection of mental processes in patients with a forensic background. It also demonstrates, however, that the exact nature of the cognitive construct measured is still not comprehensively understood. We discuss that this finding might be attributed to the conceptual differences of both measures. Therefore, self-report and behavioral measures should not be deployed as proxies of each but as measures that are complementary and useful for holistic diagnostics of cognitive impairments.

Improving Substance Use Treatment in Adult Drug Treatment Courts: Assessing Treatment Quality and Improving Collaborative Case Planning

Steven Belenko, *Temple University* (sbelenko@temple.edu)
Deborah Koetzle, *John Jay College* (dkoetzle@jjay.cuny.edu)
Stephanie Spiegel, *John Jay College* (sspiegel@jjay.cuny.edu)
Jennifer Stanley, *Arcadia University* (jennifer.stanley@temple.edu)
Mariely Morel, *John Jay College* (mariely.morel@jjay.cuny.edu)
Julie Garman, *John Jay College* (jgarman@jjay.cuny.edu)
Shelley Johnson, *University of North Caroline Charlotte* (slistwan@charlotte.edu)

Drug treatment courts have been operating in the United States and other countries for more than 30 years, with extensive research indicating that these programs have positive impacts on many participants. Yet one of the key components of drug courts - substance use treatment - has not been extensively studied although the quality and impact of the treatment received by drug court participants varies greatly. Moreover, the quality of communication and collaboration between treatment and drug court staff can be problematic, which can undermine the ability to develop and implement treatment plans that will best serve participant needs. This paper describes findings from a recently completed multisite project that developed and implemented (1) a multi-domain tool to assess the quality of substance use treatment in drug court settings, and (2) a collaborative case planning training curriculum for drug court and treatment staff designed to improve collaboration and communication, more effectively match clients to treatment and related services, and assess treatment quality to inform service referral decisions. The findings highlight the importance of understanding treatment quality and improving collaborative case planning to make better service referral decisions and maximize the positive impacts of drug treatment courts.

Expanding and Integrating Mental Health and Substance Use Services: Research-Informed Approaches to Justice System Transformation

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

Brian Graves, *Florida Atlantic University* (gravesb@fau.edu)
Michael Robinson, *Florida Atlantic University* (michaelrobinson@fau.edu)
Ed Risler, *University of Georgia* (erisler@uga.edu)
Jeff Skinner, *University of Georgia* (jskinn@uga.edu)
Mariam Fatehi, *University of Georgia* (mariam.fatehi25@uga.edu)

This presentation examines research-informed strategies to expand and integrate mental health and substance use services within criminal justice and community-based settings. As behavioral health needs continue to grow among justice-involved populations in the United States, there is an urgent need to improve service quality and strengthen capabilities of the behavioral health workforce. From three federally funded studies, we present findings on: (1) the development and implementation of an assessment tool used among specialized probation settings for adults with substance use related problems (Day Reporting Centers), showing that higher-quality, comprehensive services within these settings are linked to reduced justice involvement; (2) the outcomes of a Housing First program for justice-involved individuals, which provided stable housing to 89% of participants and resulted in subsequent decreases substance use and mental health needs; and (3) an analysis of peer-run wellness and respite centers, which showed reductions in later intensive psychiatric service use. Together, these studies highlight the value of integrating behavioral health services with justice systems, including housing support, and peer-delivered care. They also underscore the need for workforce strategies that promote adaptability and community engagement. We conclude by emphasizing a broader and more inclusive approach to defining and delivering effective mental health care.

A Comparative Analysis of Compulsory Drug Treatment Policies in Canada

Katarina Bogosavljević, *University of Alberta* (bogosavl@ualberta.ca)
Elaine Hyshka, *University of Alberta* (ehyshka@ualberta.ca)

Compulsory drug treatment is re-emerging as a favoured policy option in Canada to deal with the toxic drug crisis. In May 2025, Alberta passed the Compassionate Intervention Act (CIA) which enables police to forcibly detain and place under compulsory drug treatment any adult or youth deemed to be at sufficient risk of harming themselves or others. Other jurisdictions across Canada have expressed interest in implementing similar legislation. This paper outlines the current state of compulsory drug treatment in Canada, including existing policy proposals. We compare the legislative and regulatory approaches of various jurisdictions to date, identify commonalities and divergences in approaches, and analyze how compulsory drug treatment is being framed and justified. The analysis documents key policy features, including the legal basis for intervention (e.g., standalone legislation like the CIA versus existing provincial mental health acts), the criteria for involuntary committal, the role of family members, healthcare professionals, police, and the public, procedural safeguards meant to protect patient rights, and the description of mandatory treatments administered. The findings serve to contextualize the CIA within the broader Canadian context and provide a foundational resource for future research on the legal, ethical, and clinical implications of this and other policies.

57. The Architecture of Coercion: Legal Models of Compulsory Community Treatment in Global Perspective

Keywords: Community treatment orders; comparative law; policy; coercion; choice

*Availability and Content of CTO Legislations Across 33 European Countries**

Jorun Rugkåsa, *University of South-Eastern Norway* (Jorun.Rugkasa@ahus.no)

Community Treatment Orders (CTOs) are legal mechanisms for compulsory care outside the hospital setting. Despite little empirical support for clinical or social benefit, CTOs are increasingly introduced in mental health systems word wide. They are in use in close to 90 jurisdictions, with additional countries in the process of discussing or introducing legislation. At the same time, international frameworks, most notably the UN Convention on the Rights of Persons with Disabilities, raise concerns over coercive care, and expect countries to find voluntary ways to help those with severe mental health problems. These legislative and policy processes would benefit from comparative analyses of CTO legislation, but very few such studies have been published. To address this gap, we report from the FOSTREN Law and Policy Project that sprang out of the EU funded COST-Action 'Fostering and Strengthening Approaches to Reducing Coercion in European Mental Health Services'. This was a network of clinicians and researchers dedicated to understanding the dynamics surrounding the use of coercive measures, with a view to reduce their need. The project collected data on law and policy as pertaining to involuntary care across member countries. Based on data from 33 European countries, this presentation will describe (i) in which jurisdictions CTOs are permitted, (ii) what the key features of the various laws are, and (iii) what being on a CTO involves for patients and the legal powers of clinicians to enforce the orders.

Legislative Reform and Coercion: Evaluating the Impact of Victoria's Mental Health and Wellbeing Act 2022 on Community Treatment Orders

Chris Maylea, *La Trobe University* (C.Maylea@latrobe.edu.au)
Penelope Weller, *RMIT, Australia* (penelopejune.weller@rmit.edu.au)
John Reece, *ACAP, Australia* (John.Reece@acap.edu.au)

Victoria's Mental Health Act 2014 coincided with a marked fall in the use of Community Treatment Orders (CTOs), yet the Royal Commission into Victoria's Mental Health System recommended a further decline following the Mental Health and Wellbeing Act 2022. We tested this expectation by analysing state-wide administrative data on quarterly CTO incidence from July 2008 to December 2024. Using segmented regression with two intervention points (July 2014 and September 2023), we observed a significant step decrease and followed by a plateau after the 2014 Act, indicating immediate reduction in compulsory community treatment. In contrast, the first eighteen months of the 2022 Act showed neither a significant level change nor an altered slope, suggesting that the newest legislative reforms have not yet translated into reduced coercion. The findings highlight the limits of legislation alone and point to the need for complementary policy levers, rigorous monitoring and sustained investment in voluntary, rights-promoting supports if the Royal Commission's aspirations are to be realised.

*A Systematic Review and Meta-Analysis of the Effect of Community Treatment Orders on Aggression or Criminal Behaviour in People with a Mental Illness**

Steve Kisely, *University of Queensland, Australia* (s.kisely@uq.edu.au)
Claudia Bull, *The University of Queensland School of Medicine, Australia* (c.bull@uq.edu.au)
Neeraj Gill, *School of Medicine and Dentistry, Griffith University, Australia* (neeraj.gill@griffith.edu.au)

Aims: There has been concern about violent acts and other criminal behaviour by people with a possible history of mental health problems. We therefore assessed the effects of CTOs on self-, third-party-, and agency-reported criminal behaviour when compared to voluntary treatment. Methods: A systematic search of Pubmed/Medline, Embase, PsycINFO and criminal justice bibliographic databases for observational or randomised controlled trials (RCTs) comparing CTO cases with controls receiving voluntary psychiatric treatment. Relevant outcomes were reports of violence and aggression or contacts with the criminal justice system such as arrests and court appearances. Results: Thirteen papers from 11 studies met inclusion criteria. Nine papers came from the United States and four from Australia. Two papers were of RCTs. Results for all outcomes were non-significant, the effect size declining as study design improved from non-randomised data on self-reported criminal behaviour, through third party criminal justice records and finally to RCTs. Similarly, there was no significant finding in the subgroup analysis of serious criminal behaviour. Conclusions: On the limited available evidence, CTOs may not address aggression or criminal behaviour in people with mental illness. This is possibly because the risk of violence is increased by comorbid or nonclinical variables, which are beyond the scope of CTOs. These include substance use, a history of victimisation or maltreatment, and the wider environment. The management of risk should therefore focus on the whole person and their community through social and public health interventions, not solely legislative control.

*Where to Now? CTOs the Conundrum of Mental Health Legislation**

Penelope Weller, *RMIT* (penelopejune.weller@rmit.edu.au)
Chris Maylea, *La Trobe University, Australia* (C.Maylea@latrobe.edu.au)
Giles Newton-Howes, *University of Otago, Wellington, New Zealand* (giles.newton-howes@otago.ac.nz)
Christopher James Ryan, *St Vincent's Hospital, Australia* (chrisjamesryan@gmail.com)
Joey Cook, *La Trobe University Australia* (joey.cook@latrobe.edu.au)
Tessa Zirnsak, *La Trobe University, Australia* (T.Zirnsak@latrobe.edu.au)
Sharon Lawn, *College of Medicine and Public Health, Flinders University, Adelaide, South Australia* (sharon.lawn@flinders.edu.au)
Puneet Sansanwal, *University of Melbourne, Australia* (puneet.sansanwal@unimelb.edu.au)
Morgan Gould, *La Trobe University, Australia* (m.gould@latrobe.edu.au)
Vrinda Edan, *University of Melbourne, Australia* (v.edan@unimelb.edu.au)
TJ Spencer, *La Trobe University, Australia* (TJ.Spencer@latrobe.edu.au)
Edwina Light, *University of Sydney, Australia* (edwina.light@sydney.edu.au)
Steve Kisely, *University of Queensland, Australia* (s.kisely@uq.edu.au)
Lisa Brophy, *La Trobe University, Australia* (L.Brophy@latrobe.edu.au)

The FACTORS project has sought to provide a distinct analysis of the law and policy that authorises community treatment orders in the context of a broader analysis of the conditions that lead to lower rates

of coercion in the community. Focusing on CTOs alone has enabled a close analysis of this aspect of mental health systems in Australia and New Zealand, contributing directly to an expanding body of global knowledge. With respect to the structure of the law and how it is implemented, our analysis reveals two distinct legislative models. One legal model represents CTOs as an automatic 'follow on' from a compulsory treatment orders instigated at acute admission. In this model the civil commitment criteria frame provides the legal basis for a CTO. A less common model imposes additional procedural and legal criteria and safeguards for CTOs which are aimed at ensuring they operate as a targeted intervention. If CTOs are viewed as a function of compulsory treatment orders, however, the law and policy analysis must extend to the overall approach in legislation with respect to coercion, choice, dignity and autonomy. This paper evaluates the different legislative models that have emerged in response to heightened debate about the need to reduce coercion and promote voluntary mental health treatment, assessing them according to human rights criteria.

58. The Prognosis of Alcohol Dependence - What Do We Need for Forensic Questions

Minimal Standards for Forensic Psychiatric Assessments in Addiction

Otto Lesch, *Medical University Vienna, Austria* (ordination@ottolesch.at)
Walter Henriette, *Medical University Vienna, Austria* (henriette.walter@meduniwien.ac.at)

Using pubmed to search for forensic assessments in addiction, to answer forensic questions like severity, treatment or prognosis of addicted patients you get more than 700 papers. These papers generally do not look at the heterogeneity of different dimensions of addiction. In this last 15 years the diagnostic psychiatric procedure up to ICD-11 or DSM 5, knowing different typologies should stronger influence the forensic assessments of addiction. Nowadays craving – a strong desire or urge to use alcohol or drugs is accepted as the central symptom of addiction. In this presentation we show that we need subgroups of addiction for the prognosis, severity and effective treatment approaches. We will show a computer program in 17 languages which should be used in every forensic assessment in addiction. References Lesch OM, Walter H, Wetschka Ch, Hesselbrock MN, Hesselbrock V, Pombo S: Alcohol and Tobacco. Medical and Sociological Aspects of Use, Abuse and Addiction. Springer Verlag, 2nd Edition, 2020.

Alcohol Related Health Problems - Biological Markers for Alcohol

Zima Thomas, *Institute of Medical Biochemistry and Laboratory Diagnostics, 1st Faculty of Medicine, Charles University and General University Hospital, Prague, Czech Republic* (zimatom@cesnet.cz)

Alcohol is a very dangerous cytotoxic substance damaging the organism both acutely and chronically. Alcohol consumption is associated with more than 200 diseases, including tumors, hypertension, liver cirrhosis, brain damage and diabetes and injuries. Alcohol is most commonly associated with liver damage. Consuming higher doses then 100–200g of alcohol/week means a higher risk of heart attack, atrial fibrillation. Chronic alcohol consumption is associated with 10 % of tumors in males and 3 % in females.

Laboratory markers of alcohol consumpition include classical as GGT, ALT which are not specific. New markers which are more specific are CDT (carbohydrate deficient transferin), ethyl glucuronid which are widely use and indicate chronic alcohol use. Combination of GGT and CDT or CDT and EG is more effective. Alcohol-induced damages are very influential on the health and also on psycho-social- economic consequences of society. Acknowledgement: Supported by research projects the Cooperatio Program, research area DIAG, MH CZ DRO VFN 64165 and program EXCELES, ID: LX22NPO5104.

Anticraving Properties of GLP-1 Receptor Agonists

Walter Henriette, *Medical University Vienna, Austria* (henriette.walter@meduniwien.ac.at)

To find new anticraving medication we need an even more exact definition of craving as provided by DSM 5 and/or ICD 11. According to Lesch´s typology (Types 1-4) craving is an urge to use of alcohol as self-treatment of withdrawal syndromes, of anxiety, of depression as well as intake due to uncritical behaviour. We learned from clinical observations that patients taking semaglutide drink less alcohol. This observation alerted alcohol research. Since the year 2000, pilot animal and human studies provided an initial prospective evidence that low dose semaglutide and liraglutide seem to reduce craving, justifying larger clinical trials to evaluate GLP-1 Agonists for AUD (alcohol use disorder). Only one paper (Sharafshah et al.2025) investigates in which subgroups GLP-1 Agonists in subgroups. We need future research to find in which subgroups GLP1- agonists work.

59. The Role of Trauma Informed Lawyering in Protecting Community Legal Service Clients' Human Rights: Preliminary Enquiries

Keywords: trauma-informed lawyering; human rights; preliminary enquiries

The Role of Trauma-Informed Lawyering in Protecting Community Legal Service Clients' Human Rights: Preliminary Enquiries

Puneet Sansanwal, *La Trobe University, Australia* (P.Sansanwal@latrobe.edu.au)
Tessa Zirnsak, *La Trobe University, Australia* (T.Zirnsak@latrobe.edu.au)
Lisa Brophy, *La Trobe University, Australia* (L.Brophy@latrobe.edu.au)

Major Community Legal Centres (CLCs) in Australia are starting to introduce 'trauma-informed' approaches to legal practice. Trauma-informed approaches include CLC lawyers and staff having greater awareness of the intersectional issues faced by their clients and thus preventing additional trauma. Trauma-informed services aim to empower clients and improve their safety, and promote trust between clients and service providers. Ideally, this approach will help deliver services that better uphold the rights of legal service clients, though there is little research on whether this is indeed the case. This paper presents

preliminary findings from PhD research examining the role of trauma-informed practices by CLCs in upholding the human rights of their clients. This research builds on previous research showing that Australian CLC clients are among the most disadvantaged populations in the country, with a very high proportion of this group have survived traumatic life experiences. The presentation will share a synthesis of literature on (including grey literature) trauma-informed services and human rights This research forms part of an ARC funded research project titled 'Supporting Trauma-Informed Legal Services (STILS): A Stepped-Wedge Multi-Site Study' led by Professor Chris Maylea and Associate Professor Piers Gooding at La Trobe University.

60. Topics in Mental Health Patient Rights I

Keywords: Pregnancy; mental health law; human rights; social work

Reconceptualising Pregnancy, and the Recognition of a Unique Category of Personhood

Heloise Robinson, University of Oxford, (helosie.robinson@law.ox.ac.uk)

The law's response to pregnancy is particularly contentious, and can have many important implications for mental health during pregnancy. There are debates for example about the law on abortion, prenatal testing, maternal-fetal conflicts, surrogacy, employment rights, maternity care, and the potential for ectogenesis. In some of these areas it is also common to see pregnancy through a conflict model. This presentation will propose that we can make better progress if we take a new approach to our philosophical conceptualisation of pregnancy. Building further upon research published by the speaker, it will propose that we need to recognise that pregnancy leads to a unique form of bodily existence, and to a unique category of personhood in both philosophy and the law, calling for a stronger set of rights. This approach can lead to increased support for mental health and wellbeing during pregnancy, and can also help achieve genuine equality for women.

Reforming New Zealand's mental health law: A critical examination

Marozane Sapmers, University of Caterbury, (marozane.spamers@canterbury.ac.nz)

The Mental Health Bill 2024 represents a significant overhaul of New Zealand's mental health legislation, repealing and replacing the outdated Mental Health (Compulsory Assessment and Treatment) Act 1992. This reform seeks to align mental health care with contemporary human rights principles, shifting towards a framework that prioritises supported decision-making, recovery, and wellbeing while minimising coercion. Guided by the recommendations of He Ara Oranga: Report of the Government Inquiry into Mental Health and Addiction (2018), the Bill introduces stronger safeguards and protections for individuals subject to compulsory care. It ensures that affected persons are fully informed of their rights, placing them at the centre of decision-making. This paper will analyse the key features of the legislation, which has a proposed commencement date of 1 July 2027, assessing its alignment with international human rights standards, particularly the United Nations Convention on the Rights of Persons with Disabilities (CRPD). By critically evaluating the Bill's approach to balancing individual autonomy with public safety, this paper will explore whether the new regime is likely to achieve its goal of providing safe, effective, and rights-based mental health care.

Medicine and Human Rights: Organ Transplantation Abroad

David Matas, International Coalition to End Transplant Abuse in China, (dmatas@mts.net)

The NGO Global Rights Compliance (GRC) released a report, dated April 3, 2022, asserting that transplantation medical institutions and professionals need a human rights policy, that this policy requires due diligence in its application, and that, if human rights risks can not be prevented, mitigated or remediated, the institutions and professionals should disengage from the transplantation relationship. The Board of Directors of The International Society for Heart and Lung Transplantation (ISHLT) approved a statement on April 26, 2022 that, given the evidence that the Government of China is continuing to systematically support the procurement of organs from executed prisoners, transplantation submissions involving organs from sources in China would not be accepted for presentation or publication. Other than the ISHLT, the transplantation profession has done nothing consistent with the GRC report. The paper would address how the failure of the rest of the profession to follow the recommendations of the GRC and the example of the ISHLT could be remedied. In doing so, the paper would consider the internal debates in the psychiatric profession in dealing with Soviet abuse of psychiatry and the resolution of those debates in favour of a unified, human rights based approach.

Audits of the Convention on the Rights of the Child in 40 Swedish municipalities

Marianne Larsson Lindahl, *Lund University, Dept Clinical Sciences* (marianne.larsson_lindahl@med.lu.se)

Sweden ratified the Convention on the Rights of the Child (CRC) in 1990. In 2018, the parliament voted to make the CRC Swedish law, which came into force in 2020. The aim was to strengthen the impact of the child's rights in legal procedures and decision-making processes. In this study, 290 municipalities in Sweden were asked to provide any local CRC audits made since the CRC became law in 2020 and up to December 2023. All of the municipalities responded to the question, which showed that 40 had performed an audit into the impact of CRC in their respective municipalities. The audits were analysed from the auditors' comments on 1. Identified deficiencies, and 2. Recommendations to achieve better compliance. The preliminary results showed that the municipalities had not taken adequate measures for the CRC to have a sufficient impact in practice. The municipalities had, for example, not included the CRC in their policies, no goals were identified, and no specific budget was provided. Findings and implications regarding the challenges of policy to support the practice and strengthen the rights of the child will be discussed in the presentation.

The Role of Law in Mental Health Social Work Practice

Gavin Davidson, *Queen's University Belfast* (g.davidson@qub.ac.uk)
Sarah Vicary, *Open University* (sarah.vicary@open.ac.uk)
Kev Stone, *University of South Wales* (kev.stone@southwales.ac.uk)
Pearse McCusker, *University of Edinburgh* (pearse.mccusker@ed.ac.uk)

This presentation will explore the importance, complexities and limitations of legislative frameworks for social workers in mental health settings with a focus on their statutory duties and roles in compulsory intervention. It is based on a recent book, Social Work in Mental Health Settings, edited by the presenters, which provides international perspectives on mental health social work, from 15 countries, and then considers key issues for current and future practice. The presentation will be in three main parts. The first examines the principles that underpin social work practice and mental health law to identify areas of alignment and possible tension. The second part outlines perspectives from a wide range of international jurisdictions, including the UK, Ireland, India, Vietnam and Australia, to highlight recurring themes and

examples of progressive developments. Finally, the presentation will suggest some key points to consider for current and future law, policy and practice including the implications for mental health social work.

61. Topics in Mental Health Patient Rights II

Keywords: End-of-life care; human nature; ethics

"The Zest for Life" – Determining a Decreasing Will to Live in Advanced Neurodegenerative Disease

Julia Braun, Atty.-at-Law, Doctoral Student, *Center for Life Ethics, Bonn University, Germany* (julia.braun@uni-bonn.de)
Björn Schmitz-Luhn, J.D., Ph.D., Atty.-at-Law, Scientific Coordinator, *Center for Life Ethics, Bonn University* (schmitz-luhn@uni-bonn.de)

In cases of severe neurodegenerative diseases like advanced dementia, especially when accompanied by other chronic or acute conditions affecting quality of life, the patients' will to live can eventually decline. The determination of the continuing desire to live can be particularly difficult in individuals with long-standing psychiatric illnesses who can no longer clearly express their wishes but can exhibit behavior possibly pointing at the refusal of life-sustaining care, such as by rejecting the uptake of food. The uncertainty to interpret such behavior complicates medical decision-making, balancing the duty to preserve life with the need to alleviate suffering and respect patient autonomy.
While living wills and advance directives may offer insights, they might not reflect the patient's current wishes, especially if created years earlier. Different interpretations by actors of surrogate decision-making, including relatives, informal carers, and legal representatives, can also hinder patient-oriented decision-making. However, certain mechanisms and factors can help clarify a patient's actual will, ensuring ethical, compassionate, and legally sound care. The study highlights practical approaches to managing these uncertainties while balancing medical, legal, and ethical responsibilities.

Does Enhancement Violate Human Nature?

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

One question to be addressed before we can inquire about the ethics of human enhancement is whether there is an essential nature in which all human beings share. On one side are those who reject interventions that could alter the putatively definitive qualities of human nature. On the other side are transhumanists who argue in favor of "morphological freedom" to reshape ourselves. In between are proposals that allow for moderate forms of enhancement within the limits of a defined human nature. Collating various philosophical views, I propose that a person is any being that exhibits a capacity for self-conscious rational thought and autonomous volition, and is thereby a member of the moral community. I also affirm the ontological significance of embodiment and a human being's essential nature qua animal, entailing vulnerability and mortality. I critique transhumanist proposals that seek to eliminate the conditions of human embodiment, such as uploading one's consciousness or radical life-extension. Moderate enhancement proposals, including forms of cognitive or moral enhancement, are arguably congruent with the nature of human persons and support our flourishing as the types of beings we are; though some interventions may still have significant implications for one's narrative identity, including one's moral authenticity.

The Catholic Debate on Brain Death

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

Cases like that of Jahi McMath continue to fuel scholarly and public controversy regarding the validity of neurological criteria for determining death. Such debate is mirrored within Catholic health care. Since the mid-1980s, advisory bodies to the Vatican and official papal pronouncements have affirmed that neurological criteria may be utilized to determine death. Nevertheless, several prominent Catholic scholars have continually challenged the moral validity of using neurological criteria. This presentation will elucidate the history of the intra-Catholic debate, canvass the various arguments offered in critique or defense of the use of neurological criteria, and outline key points of disagreement yet to be resolved. The last includes whether the use of neurological criteria coheres with accepted Catholic philosophical anthropology, grounded in the thought of Thomas Aquinas; whether "integrative unity" is a sufficient rationale for defining death and whether the irreversible cessation of whole-brain function constitutes the loss of such unity; and whether, due to the evidence and arguments that have been put forth against the use of neurological criteria, there is sufficient "moral certitude" that a whole-brain dead human being is truly dead. A brief argument will be given in support of neurological criteria as sufficient for establishing death.

Supporting Family Substitute Decision-Makers in the context of Community Treatment Orders: Findings from Phase One of a Mixed-Methods Study

Fiona Jager, *St. Lawrence College* (fjager@sl.on.ca)
Sam Thomas Boyle, *Queensland University of Technology* (samuel.boyle@qut.edu.au)
Melissa Johnston

Community Treatment Orders (CTOs) are a medico-legal intervention that allows individuals with serious mental health conditions to receive mandated treatment while living in the community. This research considers the often overlooked but crucial role of family members in relation to CTO treatment, in particular family members acting as substitute decision makers (SDMs).
This multiphase mixed methods study represents a collaboration between applied researchers and four community treatment teams. The first phase of the study involves using both a survey and in-depth interviews to better understand the needs of family members SDMs. The second phase involves developing a resource, based on the results of the data collected in the first phase, and the third phase of the study will involve piloting and evaluating the tool. This presentation will provide the results of the first phase of the study. This research has the potential to produce useable tool which can assist family member SDMs in their important role in the CTO. This has the potential to improve client wellbeing, improve the protection of human rights, and preserve family relationships.

62. Trauma-Informed Practice I

Keywords: Emergency intervention; authorized professionals; trauma-informed law

Reimagining Emergency Psychiatric Intervention Authority

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

This presentation will focus on model legislation to expand the types of professionals who can initiate an emergency psychiatric intervention and transport a person to an appropriate facility for assessment.

Traditionally the exclusive province of law enforcement absent a court order, a few states now permit various medical and mental health professionals to initiate an emergency assessment. Doing so is consistent with recent efforts to deploy professionals other than, or in addition to, law enforcement in a mental health crisis, such as mobile crisis outreach teams or other co-responder models. The National Judicial Task Force to Examine State Courts' Response to Mental Illness endorsed model statutory language developed by a Model Legal Processes Workgroup that included judges, psychiatrists, and law professors (including this presenter), whose goal was to develop model mental health laws intended for adoption across the country, including emergency psychiatric intervention. Specifically, the workgroup recommended permitting an array of mental health care providers and professionals such as physicians, nurses, psychologists, social workers, and counselors to be empowered to respond to a psychiatric emergency and, when safe to do so, take the person directly to an appropriate facility for an emergency psychiatric assessment, when deemed safe to do so.

Use of Relational Contracts for the Prevention of Hostile Dissolution of Polyamorous Relationships

Menahem Kanafi, *Integrative Law Movement* (menahem@kanafilaw.com)
Nicole Kanafi, *The Berlin School of Mind and Brain, Humboldt Universität zu Berlin* , (nicole.rachel.kanafi@student.hu-berlin.de)

Consensual non-monogamy in interpersonal relationships in general, and specifically polyamourous arrangements, have received wide publicity in the general public recently, including bestselling memoirs, periodical publications and so forth. Alongside this growing exposure of alternative family structures, there has been an initial surge of self-help literature on crafting sustainable and trauma-resistant structures. Existing legal frameworks provide structure for traditional families and occasionally some novel forms (such as single-sex marriage), and there is extensive literature concerning formal agreements and the legal, financial and psychological fallout from their breach. There has, however, been little scientific research into the parallel phenomena in non-monogamous relationships as these become more visible and socially accepted. The authors propose that where legacy-style pre- and post-nuptial agreements are being adapted for these new family structures, they are inadequate especially in addressing the emotional needs of the parties in situations of stress, major change and dissolution, often leading to short- and long-term traumatisation of one or more of the parties. We propose that the use of relational contracts - and specifically, the Conscious Contracts method - can more adequately address these difficulties and thereby reduce secondary and tertiary negative effects and affects of these fluid situations.

Healing from Legal Trauma: Addressing Secondary Victimization in the Justice System

Felicia Rosario, *Harvard Medical School* (rosario@post.harvard.edu)

Survivors seeking justice often experience secondary victimization through legal proceedings that inadvertently mirror coercion and abuse. Despite growing awareness of trauma-informed care in clinical settings, legal professionals often misinterpret trauma responses, discredit fragmented memories, and apply

adversarial strategies that retraumatize survivors. This presentation examines how standard legal and forensic practices exacerbate trauma symptoms, deter survivor participation, and undermine justice. Grounded in neuroscience, forensic psychology, and case law, this presentation will explore how traditional cross-examinations, case timelines, and credibility assessments impact trauma survivors in court. It will present concrete trauma-informed legal strategies to enhance survivor testimony integrity while ensuring fair legal proceedings. Attendees will gain practical reforms for attorneys, forensic evaluators, and policymakers that balance survivor well-being with legal due process. This presentation will provide a science-backed roadmap for reducing harm in legal proceedings while strengthening judicial outcomes.

The Practice of Law Supported by a Gender Perspective and Trauma Recognition as a Pathway to Transforming Legal Narratives in Family Law

Fernanda Guerra, *Universidade Estácio de Sá* (fernandaguerramachado@gmail.com)
Anna Beatriz Bicalho, *Universidade Estácio de Sá* (anabeatriz@abrbicalhoadvogados.com)

Studies estimate that, worldwide, women perform over 75% of domestic work, tasks that, if paid, would amount to $10.8 trillion annually (OXFAMBRASIL, 2020). According to the American Economic Association, in 1983, men spent 55 minutes a day on such tasks, while women spent 3.8 hours. Today, these figures stand at 1.1 and 2.2 hours, respectively. In Brazil (IBGE, 2024), the inequality in the distribution of these tasks reflects a similar gap (21.3 and 11.7 hours). The complexity of this issue calls for reflection on the persistence of a binary Western culture that continues to impose emotional norms and, in a traumatic manner, dictates the "appropriate" roles for men and women, leading to distinct forms of harm for each. Studies indicate that women are more likely to develop disorders such as depression and anxiety, while men are more prone to addiction and suicidal behaviors (ZANELLO, 2021). In this context, a decolonial legal approach, informed by trauma and attuned to structural inequalities, can play a crucial role in minimizing the impact of decision-making on family relationships. Literacy on social markers enables the creation of legal mechanisms that prevent the perpetuation of exclusions and re-traumatization within the family unit.

63. Trauma-Informed Practice II

Keywords: Traumatic experience; coercive control

The Identity Construction of Justice-Involved Homeless Women: An Exploration of the Role of Traumatic Experiences in the Process of Desisting from Crime

Mathilde Moffet-Bourassa, *Université Laval* (mathilde.moffet-bourassa.1@ulaval.ca)
Isabelle F. Dufour, *Université Laval*
Julie Marcotte, *Université du Québec à Trois-Rivières*

The experiences of justice-involved homeless women (JIHW) and the meanings they attach to these experiences are integral to their present and future identities. However, the ways in which a person perceives

and interprets his or her experiences remain inextricably linked to culture, suggesting that certain experiences may also influence an individual's identity construction. Several contemporary studies document individual characteristics resulting from life experiences that may be stigmatized and influence the underlying meaning-making process essential to the ongoing formation of identities. For example, homelessness is an experience that leads to social stigma that may influence how they define themselves. In this qualitative study, the life narratives of five JIHW were analyzed to identify how they describe the influence of their traumatic experiences in the construction of their crime-free identity.The analysis informs that as they cope with their traumatic experiences, JIHW go through five consecutive identities. These results allow a better understanding of the criminality, desistance from crime and element of personal growth of this population.

La Protection de la Santé Mentale des Victimes par la Prise en Compte de la Victimisation Secondaire

Margaux Camous, *Université Clermont Auvergne* (margaux.camous@doctorant.uca.fr)

La victimisation secondaire désigne la réaction inadaptée de l'entourage ou des institutions face à une victime, aggravant son traumatisme initial. Elle impacte profondément la santé mentale des victimes et doit être reconnue comme un processus de victimisation autonome nécessitant sanction et réparation .
L'impact de la victimisation secondaire sur la santé mentale des victimes : La victime subit une aggravation du traumatisme causé par la victimisation primaire lorsqu'elle ressent un manque de reconnaissance ou une culpabilisation. Ces effets peuvent conduire à des troubles psychologiques durables, voire à des comportements à risque. Cela peut également avoir pour conséquence d'affecter la santé physique. Lorsqu'elle émane d'une institution, il est d'autant plus important de s'en saisir.
Un processus de victimisation à part entière :
La victimisation secondaire repose sur un fait générateur, un dommage et des préjudices. Elle doit donc être sanctionnée pour prévenir sa répétition. La sanction, davantage pédagogique que punitive, doit viser les institutions plutôt que les agents individuellement. La réparation doit être globale, au-delà de l'indemnisation, des mesures de justice restaurative sont nécessaires pour assurer une véritable reconnaissance et reconstruction des victimes.

*Children of Coercive Control**

Christine Cocchiola, *Coercive Control Consulting Institute* (admin@drcocchiola.com)

This all-new evidence-based training will prepare you to understand the experiences of children living in the home with a coercive controller or sharing time with a coercive controller and how they experience the trauma of these circumstances. They are beyond witnesses or exposed to – they are suffering the same experiences as the adult victims. Systems fail to recognize the often covert abuses that children experience and minimize or entirely dismiss the harms inflicted. Knowing how children are harmed and how best to support them and guide their protective parents in supporting them is imperative to ending the intergenerational trauma.

The Many Faces of Trauma

Patricia Miller, *Mount Royal University* (pmiller@mtroyal.ca)

Trauma is a common experience in people's lives. The current institutional and medical approach for which "the doctor knows best" does not consider how the different backgrounds and inner capacities of people to self-determinate and chose their preferred way of healing. The objective of this presentation is to provide insight into the process of healing for those, who chose to self-determine their healing versus having it other determined. The research was a part of a graduate research project in which 24 participants were interviewed with a semi-structured interview process. The transcripts were analyzed by using NVivo to extract common themes. The results of the study supported the hypothesis that regardless of the background of the participants, self-determination played a pivotal role in the healing of trauma, and the capacity for participants to decide for themselves what they needed to heal their traumatic experience. The current study highlights how present medical models may not fully appreciate that the "doctor does not know best" in relation to the protective factor of self-determination in the healing of traumatic experiences.

64. Trauma Therapy for Children of War

Keywords: Trauma; therapy; children; war

Trauma Therapy for Children of War

Taras Kulish, *HOPE Worldwide Canada*(taras.kulish@hopewwcanada.org)

Children exposed to war experience complex trauma that disrupts development, attachment, and the capacity to trust. This session will explore current approaches in trauma therapy for children affected by armed conflict, emphasizing culturally sensitive, legally informed, and developmentally appropriate interventions. Presenters will discuss challenges in delivering trauma-focused cognitive-behavioral therapy, narrative exposure therapy, and play-based methods in settings of ongoing insecurity, displacement, and legal precarity. The session will address how clinicians navigate legal and ethical dilemmas in cross-border cases, including documentation of psychological harm for asylum and refugee claims while maintaining therapeutic alliance and child safety. Case examples will illustrate strategies for restoring a sense of safety, building emotional regulation skills, and supporting family systems disrupted by war, including separated and unaccompanied minors. The discussion will include research on trauma biomarkers, intergenerational impacts of war trauma, and how legal structures intersect with access to mental health care. Participants will gain insight into developing holistic care models that integrate legal advocacy and mental health support to promote recovery for children living with the aftermath of war. This session aims to build collaborative frameworks between law and mental health professionals working with war-affected children globally.

Trauma Therapy for Children of War

Victor Malarek, *Journalist* (vmalarek@gmail.com)

Victor Malarek is a journalist renowned for his investigative reporting and commitment to social justice. Born in 1948 in Lachine, Quebec, he overcame a troubled childhood to become one of Canada's most respected journalists. Malarek began his career as a copyboy and rose through the ranks to become a reporter for The Montreal Star, then a national correspondent for The Globe and Mail, and later a prominent figure on CBC's The Fifth Estate and CTV's W5. Over four decades, his work exposed systemic failures in institutions, human rights abuses, and the exploitation of vulnerable populations, including victims of international sex trafficking. His investigations led to public outcry, policy discussions, and several prestigious journalism awards. Malarek is also the author of multiple books, both memoir and investigative non-fiction, including The Natashas, which examines global sex trafficking, and Hey, Malarek!, an autobiographical account that inspired the television drama Urban Angel. His reporting style, marked by empathy, persistence, and a strong moral compass, has left a lasting impact on Canadian journalism and continues to influence new generations of reporters committed to holding power to account. Victor will bring his observations as a journalist and war correspondent to the panel.

Trauma Therapy for Children of War

Oksana Oliynyk, *HOPE Worldwide Ukraine* (info.hopewwukraine@gmail.com)

Oksana is the Program Coordinator for HOPE worldwide Ukraine's main project: 'Helping Hand for Ukraine' - humanitarian aid and psychological assistance to children traumatized by russian aggression during the war against Ukraine. Oksana will discuss her observations from the perspective of a Program Coordinator immersed in the conflict zone of her own country. Children impacted by war in Ukraine face profound trauma that affects their safety, development, and hope for the future. This session, led by the Program Coordinator of the Helping Hand for Ukraine program of HOPE worldwide Ukraine, will discuss practical approaches to coordinating trauma therapy for children of war within the current Ukrainian context. The presentation will highlight the use of Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) adapted for Ukrainian children, group therapy models, and family-based interventions to build resilience amidst ongoing displacement and uncertainty. The session will explore how therapy is delivered in shelters, schools, and community centers, emphasizing culturally sensitive approaches and collaboration with caregivers. Legal challenges intersecting with therapeutic work, including issues of displacement, child protection, and documentation for asylum processes, will be examined.

Trauma Therapy for Children of War

Ira Suhova, *HOPE Worldwide Ukraine* (irasuhova@gmail.com)

Dr. Suhova, psychologist, psychotherapist, supervisor at HOPE worldwide Ukraine, will present evidence-based, culturally sensitive approaches to trauma therapy for children affected of war, drawing on a decade of fieldwork in Helping Hand for Ukraine program. This session will share clinical observations, therapeutic models, and program outcomes addressing acute and complex PTSD among children exposed to conflict, displacement, and loss. Interventions include trauma-focused cognitive behavioural therapy, art

and play therapy, and group resilience-building workshops adapted for war-affected communities, emphasizing safety, trust, and emotional regulation. Case studies will illustrate the impact of community-based interventions in Ukraine's war zones and among internally displaced populations. The session will highlight the integration of psychological support within legal and humanitarian frameworks to uphold children's rights and dignity while addressing urgent mental health needs. Discussion will include challenges in cross-sector collaboration, delivering care within disrupted systems, and supporting families alongside child-focused therapy. Participants will gain practical insights into scalable, trauma-informed care in conflict settings, emphasizing hope, agency, and long-term recovery pathways for children of war within the broader context of law, mental health, and human rights, while exploring how integrated community and legal frameworks can promote healing and sustainable recovery for children affected by armed conflict.

65. UN Convention on the Rights of Persons with Disabilities

Keywords: UNCRPD; capacity assessment, low-income countries; legal invisibility

Long-Term Mental Healthcare in Malta and the Right to Equal Recognition Before the Law in the UNCRPD: Has the 'Recognition of Full Legal Capacity' Been Achieved?

Daniel Bianchi, *University of Malta* (daniel.bianchi@um.edu.mt)

The presentation addresses long-term mental healthcare through the lens of the right to equal recognition before the law safeguarded in Article 12 of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD). The presentation highlights the account of the latter provision adopted in Malta, which has incorporated the substantive rights arising from the UNCRPD into Maltese law so that those rights are enforceable. It is furthermore stipulated in Maltese law that the General Comments issued by the UNCRPD Committee are also incorporated into Maltese law and shall constitute interpretative guidance when interpreting the UNCRPD's substantive rights. General Comment No 1 (GC1) addressing Article 12 then constitutes the interpretative basis in Maltese law upon which to interpret that provision as an enforceable right. The domestic authorities have now tabled proposals with a view toward giving better effect to the provisions of Article 12, including recognition of full legal capacity for all adults. Focusing on long-term mental healthcare in Malta, the presentation illustrates the solutions that the Maltese authorities proffer to give better effect to the obligations arising from Article 12. This then challenges legal scholarship that posits that the account of Article 12 enshrined in GC1 is impracticable.

No Tools, No Law, No Training: The Capacity Assessment Dilemma in Low-Income Nations.

Tusekile Asajile Mwakalundwa, *Penn State Dickinson Law College* (tam6517@psu.edu)

The effective implementation of the right to mental health in Tanzania significantly depends on the equitable determination of legal capacity. As a signatory to the Convention on the Rights of Persons with Disabilities (CRPD), Tanzania is obligated under Article 12 to ensure equal legal status for individuals with mental illnesses. However, the country faces considerable challenges in this area. One major issue is the

absence of specific laws or assessment criteria for determining legal capacity, which results in inconsistent case law and judicial ambiguity. This leads to an over-reliance on medical evaluations that lack transparency and clarity in their criteria. With courts equating mental illness with a lack of capacity. Additionally, there is no clear definition of who is a mental health practitioner, which can result in incompetent assessments. The situation is further complicated by a deeply ingrained culture of substituted decision-making, which is contrary to the CRPD's supported decision-making framework. Evident in the paternalistic nature of the healthcare system and current jurisprudence. Resource constraints and a shortage of professionals further entrench these non-compliant practices. This research aims to explore ways in which Tanzania can effectively address these intricate legal, cultural, and resource-related challenges.

From Exclusion to Emancipation: Rewriting Mental Health Justice in the Global South

Surabhi Bhandari, *O.P. Jindal Global University, Sonipat, India* (surabhi.bhandari@jgu.edu.in)

This paper emerges from the conviction that mental health justice cannot be achieved without confronting the law's complicity in producing silence, suffering, and exclusion. Across India and the Global South, entire populations, inter alia, migrant workers, stateless communities, caste-oppressed, queer, and gender-marginalised persons, live at the intersections of structural neglect and legal invisibility. Their distress is not a private pathology but a public indictment of systems built on criminalization, dispossession, and carceral control. By tracing mental distress as a function of caste hierarchies, economic precarity, and gendered violence, this paper interrogates the limits of existing legal frameworks, including India's Mental Healthcare Act, 2017, and challenges global models that remain rooted in colonial paradigms. It calls for a radical reimagining of mental health as a legal, economic, and developmental right, drawing on Article 21 of the Indian Constitution, the UNCRPD, and Sustainable Development Goal 3. Ultimately, it proposes a new jurisprudence of healing. One which is non-carceral, community-led, and rooted in dignity and autonomy. Through a comparative, decolonial, and intersectional approach, this paper aims not only to critique the failures of law but to reclaim its transformative potential in building systems of care that do not abandon those at the margins, but begin from them.

66. Understanding and Addressing Mental Health Issues in Justice System-Impacted Youth

Keywords: Youth criminal justice; youth mental health; mental health screening; mental health court; intervention

Evaluating Gender and Race-Based Differences in Psychiatic Illness Prevalence and Care Access in a Sample of Deep-End Justice-Impacted Youth

Ellen Coady, *Carleton University* (ellencoady@cmail.carleton.ca)
Shelley Brown, *Carleton University* (shelleybrown@cunet.carleton.ca)
Tracey Skilling, *Centre for Addiction and Mental Health* (tracey.skilling@camh.ca)

Little research has examined whether community findings on gender and race-based differences in psychiatric illness prevalence and access to mental health care replicate in the legal system. In this study, clinical files used to prepare court-ordered assessments for justice-impacted youth (JIY; n = 373; 74% male, 37% Black, Mage = 16 years) were retrospectively coded. The overall prevalence (69%) of psychiatric illness was 4.6 times higher than in community settings. Consistent with community findings, Asian boys

(54%) and Black youth (girls: 57%; boys: 59%) reported the lowest prevalence of psychiatric illness, while White girls reported the highest (92%). Additionally, the "gender gap" in internalizing disorders replicated ($\Phi = .3$, $p < .001$). Contrary to community findings, girls reported higher rates of conduct, oppositional defiant, and substance use disorders ($p < .03$) and equivalent rates of ADHD to boys ($p = .5$). Most JIY (78.6%) had previously accessed mental health services; however, racial disparities in access were present. These findings may indicate that interventions for at-risk or justice-impacted youth should leverage their high rates of service involvement prior to age 16, provide specific support for girls with externalizing conditions, and incorporate practices that facilitate care access for racialized populations.

The Relationship Between Adverse Childhood Experiences (ACEs), Recidivism and Rehabilitation in Justice-Impacted Youth

Alexandra Mogadam, *Department of Applied Psychology & Human Development, Ontario Institute for Studies in Education, University of Toronto* (alex.mogadam@mail.utoronto.ca)
Michele Peterson-Badali, *University of Toronto* (m.petersonbadali@utoronto.ca)
Shelley Brown, *Carleton University* (shelleybrown@cunet.carleton.ca)
Tracey Skilling, *Centre for Addiction and Mental Health* (tracey.skilling@camh.ca)

Adverse childhood experiences (ACEs) encompass a set of negative and potentially harmful childhood experiences, including maltreatment and household dysfunction. Justice-impacted youth experience ACEs at a greater rate than the general youth population, but researchers disagree on how ACEs should be conceptualized and addressed in justice system interventions. Some researchers suggest ACEs are direct risk factors for reoffending. Others view them as specific responsivity factors: variables not directly related to recidivism but that affect the effectiveness of rehabilitative interventions. We examined the role of ACEs in 322 justice-impacted youth (Ngirls = 77; Nboys = 245) in Canada. On average, girls had 3 ACEs and boys had 2. Results suggest that, while they did not directly predict recidivism, ACEs indirectly contributed to reoffending by increasing young people's risk in domains known to be strong and direct predictors of recidivism (e.g., substance abuse, having procriminal peers). The extent to which youth received services targeting their criminal risk factors did not depend on their number of ACEs. Future analyses will investigate whether ACEs impact rehabilitation outcomes when addressing specific criminal risk factors. Preliminary results suggest ACEs may be driving (some) of these risk factors, which has implications for case conceptualization and intervention planning.

A Qualitative Exploration of the Youth Mental Health Court Worker Role in Ontario Youth Criminal Courts

Tasfia Jahangir, *Behavioral, Social, and Health Education Sciences Department, Rollins School of Public Health, Emory University* (tjahang@emory.edu)
Michele Peterson-Badali, *Department of Applied Psychology & Human Development, Ontario Institute for Studies in Education, University of Toronto* (m.petersonbadali@utoronto.ca)
Tracey Skilling, *Centre for Addiction and Mental Health* (tracey.skilling@camh.ca)

Legal systems grapple with how to meet the mental health needs of justice-involved youth while fulfilling crime-reduction objectives. In Ontario, the Youth Mental Health Court Worker (YMHCW) program was developed to support the Court and connect youth with services. However, it remains unclear how addressing mental health relates to reduced recidivism, and research on YMHCWs is still in its early stages. To address this gap, our ongoing study explores the YMHCW role through semi-structured interviews with YMHCWs across Ontario (n=12). Preliminary findings describe YMHCWs as navigating a complex dual role of case management and systems coordination. Themes include: (1) the dual role of case management and systems navigation; (2) court-embedded mental health advocacy; (3) flexibility and responsiveness to

youth needs; (4) facilitating access in the face of structural barriers; (5) gaps in screening and missed opportunities; and (6) qualifications, training, and peer networks. These themes highlight how YMHCWs support youth within challenging legal and mental health systems, while advocating for youth-centered, equitable care.

Systematic Mental Health Screening in a Youth Criminal Court in Toronto, Canada

Michele Peterson-Badali, *Department of Applied Psychology & Human Development, Ontario Institute for Studies in Education, University of Toronto* (m.petersonbadali@utoronto.ca)
Aminah Chambers, *Department of Applied Psychology & Human Development, Ontario Institute for Studies in Education, University of Toronto* (aminah.chambers@mail.utoronto.ca)
Lauren Goldberg, *Department of Applied Psychology & Human Development, Ontario Institute for Studies in Education, University of Toronto* (lauren.goldberg@mail.utoronto.ca)
Tracey Skilling, Centre for Addiction and Mental Health (tracey.skilling@camh.ca)

In Ontario, Canada two program models have been implemented to address the mental health needs of youth before the courts: specialized youth mental health courts and a broader-based youth mental health court worker program. An assumption underlying both models is that by diverting youth with mental health needs away from traditional youth criminal court proceedings, their mental health needs will be addressed and they will be less likely to reoffend. However, the little that is known about how youth come to participate in these programs raises concerns about lack of systematic, evidence-based methods for identifying mental health needs and bias in who gets access. To address these concerns, a downtown Toronto, Canada youth court implemented a systematic mental health and criminogenic needs screening program aimed at all youth appearing at the court. In this presentation, we review findings from our mixed-methods case study, including 'who and how' of the screening program, characteristics (demographic, mental health, criminogenic) of youth who participated, and program facilitators and barriers. We will discuss implications for practice and the need for future research to establish the evidence base for these programs.

Evaluating the Processes and Outcomes of a Youth Mental Health Court in Toronto, Canada

Michele Peterson-Badali, *Department of Applied Psychology & Human Development, Ontario Institute for Studies in Education, University of Toronto* (m.petersonbadali@utoronto.ca)
Aminah Chambers, *Department of Applied Psychology & Human Development, Ontario Institute for Studies in Education, University of Toronto* (aminah.chambers@mail.utoronto.ca)
Lauren Goldberg, *Department of Applied Psychology & Human Development, Ontario Institute for Studies in Education, University of Toronto* (lauren.goldberg@mail.utoronto.ca)
Tracey Skilling, Centre for Addiction and Mental Health (tracey.skilling@camh.ca)

The prevalence of mental health problems in youth involved in the criminal justice system is much higher than in the general population. This issue has implications for the development and implementation of effective justice system interventions to address the needs of these young people. The introduction of youth mental health courts (YMHC) represents one such response. Modelled on adult mental health courts, they are designed to divert youth with mental health issues away from typical criminal court processing, facilitate

access to mental health services, and thereby support desistance from crime. However, the growth in YMHC has not been matched by research addressing the courts' theoretical and empirical foundations, utility, operations, and how these are linked to youth outcomes. In this presentation, we report on a process and outcome evaluation of a youth mental health court operating alongside a standard youth criminal court in downtown Toronto, Canada. We describe the court model (staffing, essential operations), with a particular focus on how youth's mental health needs are assessed and addressed; characteristics of the youth served; perceived benefits to and drawbacks of the YMHC; and outcomes for youth clients. Implications for theory and practice will be discussed.

67. Undue Influence

Keywords: Undue influence; civil liability; forensic psychology; coercion analysis;

Doctors Taking Benefits Under Patients' Wills: A Medico-Legal Minefield?

Tina Cockburn, *Australian Centre for Health Law Research, Queensland University of Technology, Brisbane, Australia* (t.cockburn@qut,edu.au)
Nicole Kroesche, *Australian Centre for Health Law Research, School of Law, Faculty of Business and Law, QUT, Brisbane, Australia* (nicole.kroesche@qut.edu.au)
Karen Sullivan, *Australian Centre for Health Law Research, School of Psychology and Counselling, Faculty of Health, QUT, Brisbane, Australia* (karen.sullivan@qut.edu.au)
Kelly Purser, *Australian Centre for Health Law Research, School of Law, Faculty of Business and Law, QUT, Brisbane, Australia* (k.purser@qut.edu.au)

Given the relationship of trust and associated power imbalance which arises in the doctor-patient relationship, if a doctor takes a benefit under a patient's will, medico-legal consequences may follow. This may include civil litigation to challenge the validity of the benefit under the will and/or the will itself and also disciplinary action by the regulator. Two related Australian cases, Schwanke v Alexakis; Camilleri v Alexakis and Health Care Complaints Commission v Alexakis, demonstrate that these circumstances may result in prolonged and costly litigation, including associated psychological harm for both doctors and others. Even if the will and the doctor's testamentary benefit thereunder is upheld as valid, the doctor may still face disciplinary action for failing to meet professional standards. Our presentation analyses the legal and regulatory framework governing this jurisdiction, proposes risk management strategies and calls for clarification of professional standards and the intersection of the law and professional standards.

Survivors as Experts: The Role of Lived Experience in Forensic Evaluations and Legal Strategy

Felicia Rosario, *Harvard Medical School* (rosario@post.harvard.edu)

Survivors of coercion, trafficking, and systemic abuse possess deep experiential knowledge of manipulation tactics, undue influence, and trauma recovery, yet legal and forensic systems often overlook this expertise. Courts, policymakers, and forensic psychologists rely on theoretical models of coercion, while survivors develop advanced pattern recognition skills, making them uniquely equipped to assess undue influence, coercion tactics, and deception detection in legal cases. This session will explore how lived experience complements forensic and legal expertise to improve case outcomes, testimony assessment, and policy development. Topics include the neuroscience of coercion, survivor contributions to forensic analysis, legal precedents integrating survivor expertise, and policy reform implications. Attendees will gain insight into

how lawyers, forensic evaluators, and policymakers can integrate survivor expertise without retraumatization or ethical concerns, ultimately leading to more accurate forensic assessments, stronger legal arguments, and survivor-centered justice reforms.

Undoing Undue Influence and a Proposed Model

Robin Boyle-Laisure, *St. John's University School of Law* (rblaisure421@gmail.com)

The doctrine of Undue Influence needs revision. The claim of undue influence is based upon the premise that the one influenced had a weak and vulnerable mind. This emphasis shifts blame to the victim. It also opens the door to judicial subjectivity. When courts interpret what the influencee was thinking when they engaged in the disputed transaction, we have lost judicial objectivity. Similarly, when courts look to surrounding facts to ascertain whether the influencee was vulnerable, judicial objectivity becomes skewed. This presentation will highlight court cases indicating the problems with judicial subjectivity. It will propose a model that omits the vulnerability element and, instead, focuses on the bad acts and overreaching behavior of the influencer. The model, "Coercive Control & Causation Model," draws upon other theoretical models, the federal human trafficking statutes (Victims of Trafficking and Violence Protection Act), enacted legislation in the United Kingdom and other countries, and state legislation, both proposed and enacted.

Coercion Experience in Persons with Severe Mental Illness and Attitudes of Caregivers Towards Constraint Measures in Acute Psychiatry Wards

Bevinahalli Nanjegowda Raveesh, *Department of Psychiatry, Mysore Medical College* (raveesh.bn@gmail.com)
Dhanusia P*, Department of Psychiatry, Mysore Medical College* (pdhanushia@gmail.com)

Severe mental illness presents significant social and economic challenges, negatively impacting patients, their families, and society as a whole. Understanding the subjective experiences of patients regarding coercion is crucial for improving their care. Participants were required to be aged 18 or older, diagnosed with severe mental illness and have caregivers who had lived with them for at least one year. Data were collected using a sociodemographic proforma, a semi-structured tool to assess methods for bringing patients to the hospital, the Coercion Experience Scale (CES), and the Attitude to Containment Measures Questionnaire (ACMQ). Perceived coercion was found to be influenced by age, gender, illness severity, and family structure. The most common method for bringing patients to the hospital was through diversion activities (31.7%). Caregivers generally preferred less restrictive, observation-based containment methods. A strong negative correlation ($r = -0.653$, $p = 0.000$) was identified between CES and ACMQ scores. Sociodemographic variables significantly impact perceptions of coercion. Caregivers' support for coercive methods can shape patients' experiences; therefore, enhancing caregivers' attitudes towards patient-centered care could reduce perceived coercion and strengthen therapeutic relationships.

Understanding the Risk of Online and Technology-Facilitated Trafficking of Children

Deborah St. Germain, *Texas A&M University College of Nursing* (drdeblsu@gmail.com)
Anne Troy (atroy@uhcno.edu)

In today's interconnected world, technology has become a powerful tool, opening new avenues for exploitation, particularly in the realm of child trafficking. Social media, gaming platforms, and encrypted

messaging apps have become key channels for traffickers to connect with potential victims. Children become vulnerable to trafficking through everyday digital interactions. Many are unaware of the risks associated with online conversations and connections. Psychological manipulation, coercion, and false promises often play a role in trapping victims. This presentation uses several real-world child trafficking cases to explore the alarming rise of online and technology-facilitated trafficking in children, shedding light on how digital platforms are used to recruit, manipulate, and exploit vulnerable individuals. By increasing digital literacy and promoting online safety education, families and communities can help protect children from falling prey to these dangers. Parents, educators, technology companies, and policymakers must collaborate to create safer digital environments.

68. U.S. Sanctuary Cities and "Welcoming Cities" Welcome "The Welcoming" Sculpture

Keywords: Immigrant well-being; racism; white privilege; monumental statue, government abuse

Plans For a Sculpture to Shift Political Framing on the Issue of Immigration" in the Trump Era U.S.A. circa January 2025 and Going Forward

Isaac Romano, *Arts & Immigration Alliance* (p. romano_program@uniserve.com)

An era is upon us where right-wing politics and "fear of the other," in Trump's America is leading to authoritarian, ICE immigration police whisking away U.S. legal and undocumented residents from U.S. cities who are from El Salvador, Venezuela and elsewhere. Spiriting them out of the country to Salvadorian mega prisons, without any legal hearing or recourse. But the Sanctuary movement and "The Welcoming City" movement have firm resolve to assist and not allow ICE with non-legal access and removal into their cities.What might "The Welcoming" Monumental Statue provide as a means for shifting U.S. population centers to a more generous policy or toward a "holding-fast" for sanctuary and "welcoming" cities and for the country overtime? What might the sculpture provide as an antidote to the underlying racism in the U.S. and increase steadfast resolve for decades to come, with the iconic The Welcoming Sculpture that A&IA will gift to up to four Sanctuary Cities and or Welcoming Cities in the U.S.A.

Being in the Circle Together: Indigenous Perspectives on Humans Seeking Safety and Belonging

Cathy Richardson/Kineweskwêw, *Concorida University* (catherine.richardson@concordia.ca)

Anishinaabe philosopher and elder Fred Kelly wrote about the circle of belonging in Turtle Island, believing that humans from here and there form part of this circle, along with our more-than-human kin. He wrote. "It appears that, as years go by, the circle of the Ojibway gets bigger and bigger. Canadians of all colours and religions are entering the circle. You might feel that you have roots somewhere else, but in reality, you are right here with us. I do not know if you feel the throbbing of the land in your chest, and if you feel the bear is your brother with a spirit purer and stronger than yours, or if the elk is on a higher level of life than is man. You may not share my spiritual anguish as I see the earth ravaged by the stranger, but you can no longer escape my fate as the soil turns barren and the rivers poisoned. Much against my will, and probably yours, time and circumstance have put us together in the same circle. And so I come not to plead with you to save me from the monstrous stranger of capitalist greed and technology. I come to inform you that my danger is your danger too. My genocide is your genocide". (p. 585 Kelly In Ondaatje) In this presentation,

Richardson shares various views, drawn from Indigenous philosophies, on what it means to be in the circle. This includes a brief exploration of ethics and responsibilities of circle dwellers in Turtle Island.

Enfants de la Republique? French Minors in Syrian Refugee Camps and the Crisis of National Self-Perception

Azelie Lemoine, *Leiden Universiteit/A&IA* (azelielemoine8@gmail.com)

"Since the collapse of the so-called Islamic State in 2019, more than 60,000 women and children—many related to foreign fighters—have been held without charge in detention camps in northeast Syria. Among them are children born to French nationals, whose repatriation has been largely suspended. These children, many under five, face inhumane conditions, high mortality, and legal invisibility. Framed in French public and political discourse as enfants de Daesh, they are constructed simultaneously as vulnerable victims and as latent threats. This securitized portrayal justifies their exclusion and weakens their legal subjectivity as children entitled to protection. Drawing on critical discourse analysis of French media (Le Monde, Le Figaro, BFMTV, Radio France) alongside key legal cases (H.F. and Others v. France, ECtHR; L.H. et al. v. France, CRC), this presentation explores how notions of innocence, belonging, and republican universalism are contested and reframed. It argues that these children's ambiguous status reveals the limits of France's proclaimed universalism. This research highlights a broader challenge for international human rights and children's rights protections in the context of counterterrorism and prolonged detention.

69. Violence and Aggression

Keywords: Early intervention; victim support; psychopathy; sociopathy

*Rethinking Community Legal Practice - Responsive and Preventative Lawyering in Mental Health Settings**

Kimia Randall, *Australian Centre for Disability Law* (kimia@disabilitylaw.org.au)

In addition to my submission (to the 'General' and 'Disability, Law and Society' stream) on the Health Justice Partnership, I wish to explore a broader emerging theme - that legal intervention is a key factor in tackling the social determinants of health and this involves embedding legal services within community health settings in the mental health space. Programs such as the 'Free Legal Hub', which place lawyers in mental health centres and provide free, on-site legal advice, are examples of this integrated approach. Research indicates that individuals with psychosocial disability face disproportionately higher levels of legal need in many areas including debt, housing and family and domestic violence. However, these clients lack insight into the legal dimensions of their problems. They often do not seek help, or else seek help from non-legal professionals who lack the skills to effectively address the issues. This highlights the need for a preventative, responsive legal approach embedded within clinical settings. The traditional model of legal practice, where clients self-identify legal problems and seek help accordingly, fails to capture the complexity of client experiences in mental health settings. As such, an integrated model of legal and healthcare reframes the lawyer's role as both diagnostic and interventionist, identifying and addressing legal issues which are often obscured within complex personal and clinical narratives. If time permits, I would like to present practical case studies and share preliminary evaluation findings from health professionals and clients, demonstrating the value of early, preventative legal engagement in improving health outcomes in socioeconomically disadvantaged communities where psychosocial disability and mental health issues are prevalent. If time does not permit, I could present these case studies and the evaluation data (from both a clinical and client perspective) at a separate session in the same stream.

Is Comorbid Anxiety a Barrier to the Success of Stop Now and Plan (SNAP) program for Children Displaying Aggressive Behavior?

Sarah Woods, *Child Development Institute* (swoods@childdevelop.ca)
Laura Wassertheurer, *Maastricht University* (laurawassertheurer@gmail.com)
Thea Josefine Austevik, *Smaragdi Consulting* (theajohsefineaustevik@gmail.com)
Margaret Walsh, *Child Development Institute* (mwalsh@childdevelop.ca)
Areti Smaragdi, *Child Development Institute* (asmaragdi@childdevelop.ca)

Disruptive behavior at an early age is a robust predictor of later criminality and children with high levels of aggression have a two-three fold increase in risk criminal justice system involvement later in life. Stop Now And Plan (SNAP) is an evidence-based crime-prevention model focusing on enhancing socio-emotional skills in children (6-12) who are displaying antisocial behavior, and their caregivers. While highly efficient in keeping children out of the criminal justice system, it is unclear how effective SNAP is for children with comorbid anxiety. Cluster analysis was performed on archive data from 929 SNAP children to created subgroups based on children's level of aggression and anxiety. Pre- and post-intervention scores were compared to assess treatment response between groups. Cluster analysis identified four distinct groups. Using Reliable Change Index (RCI), we found that children with high levels of aggression significantly reduced their aggressive and conduct symptoms following SNAP, regardless of their level of anxiety. Similarly, children with high levels of anxiety showed reduced symptoms of internalizing symptoms, regardless of their levels of aggression. While originally developed to reduce criminal behaviour for children displaying aggressive behavior, these findings suggest that SNAP is beneficial for children presenting both with aggression and anxiety.

Unsilenced: VictimsVoice App Revolutionizing Interpersonal Violence Cases Through Digital Testimony

Nikol Hamilton, *Academy of Forensic Nursing* (nikol@nourishpsych.com)

VictimsVoice is a groundbreaking approach addressing interpersonal violence (IPV) cases, particularly in the context of women's mental health and legal advocacy. This innovative tech tool, created in partnership with law enforcement and legal professionals, gives victims a safe, legally acceptable way to record abuse. Users can upload images, establish a digital journal of incidents, and store data off-device while maintaining security and adhering to stringent US legal requirements. The app's unique features significantly enhance privacy protection and improve prospects for successful legal outcomes. VictimsVoice tackles critical issues in IPV cases, such as the absence of proof and difficulty demonstrating abuse in court. Through a series of guided questions, it ensures thorough, legally admissible documentation of every incident while maintaining strict confidentiality. Adopted across all 50 US states, evidence collected through VictimsVoice has already been used in numerous court cases as a digital testimony therapeutic. This presentation explores how the app exemplifies the potential of interdisciplinary approaches in addressing IPV, demonstrating the power of integrating technology, law, and mental health to empower victims and strengthen their pursuit of safety and justice.

The Sociopath Who Grew a Conscience: The Groundbreaking Case of Shawn McCraney

Matt Bywater, *World Mental Health Coalition* (matt.b@mailbox.org)

Shawn McCraney is a diagnosed psychopath and self-acknowledged human predator who was raised in the Mormon Church. Following a series of life events which included starting a family and fathering three daughters, seeking out mental health support and taking anti-depressant medication (fluoxetine), followed by a metaphysical epiphany and religious conversion to Christianity, Shawn has managed to develop feelings of empathy and concern for other people. Shawn is living proof that psychopathy or its milder variants is not an immutable condition. Shawn and myself are currently documenting his life transformation, including a book that explores what happened to Shawn along with expert commentary. What role did the anti-depressant medication play? Why did he first experience unconditional love for his children? Is Shawn simply another person at the 'tail end' stage of psychopathy where the predatory traits diminish in intensity? More than a mere a contribution to the clinical study of psychopathy, this work is essential for the survival and thriving of humanity. Our societies are dominated by human predators in all walks of life. It is only by understanding how people like Shawn instinctively think, feel and approach the world that we can work towards restraining and even reforming those forces.

Moral Injury as a Moderator Between Childhood Maltreatment and IPV Perpetration: Preliminary Findings and Forensic Implications

Destiny LaRue McCormick, *NeuroForensics Integrated* (dlarue2@patriots.uttyler.edu)
Bradley Green, *The University of Texas at Tyler* (bgreen@uttyler.edu)

Moral injury refers to the psychological distress that arises from perpetrating, witnessing, or failing to prevent actions that violate deeply held moral beliefs. Associated outcomes may include shame, guilt, self-condemnation, social withdrawal, and increased risk for aggression or interpersonal dysfunction. While originally studied in military populations, moral injury is increasingly recognized as relevant in civilian contexts. One area where it may hold particular relevance is in the established pathway from childhood maltreatment to intimate partner violence (IPV) perpetration. Childhood trauma can contribute to insecure attachment and emotional dysregulation, both of which are risk factors for IPV. Moral injury may further complicate this trajectory, potentially intensifying or altering how early trauma influences later violent behavior. This presentation introduces preliminary findings from a college student sample suggesting that moral injury moderates the relationship between childhood maltreatment and IPV perpetration. Although moral injury did not directly predict IPV, it significantly interacted with early maltreatment, suggesting that it may either buffer or exacerbate the impact of trauma on violent outcomes. Implications for forensic contexts will be explored, particularly the potential utility of moral injury in understanding the psychological functioning of criminal defendants and refining forensic evaluations related to risk, mitigation, and intervention planning.

Socioeconomic Inequalities as Risk Factors for Abuse of Individuals with Mental Illness

Lorna Montgomery, *Queen's University, Belfast,* (l.montgomery@qub.ac.uk)
Lisa Bunting, Queen's University Belfast, (l.bunting@qub.ac.uk)
Nicole Gleghorne, Queen's University Belfast, (n.gleghorne@qub.ac.uk)
Laura Doyle, Queen's University Belfast, (laura.doyle@qub.ac.uk)

Background and Purpose: Adults experiencing mental illness are often subject to abuse, harm or exploitation. Research into adult abuse is limited, considering causes and solutions at an individual micro level. We analysed social work adult safeguarding referrals to explore the relationship between deprivation, including poverty, unemployment and service provision, on adult abuse.
Methods: We investigated the relationship between area level deprivation and adult safeguarding interventions across Northern Ireland. We accessed safeguarding referrals and case details between 2015

and 2022, linking postcodes to Super Output Area (SOA) and Multiple Deprivation Measures (MDM). Area level deprivation data were linked through client/patient postcodes and mapped to referral/intervention data through unique client/patient IDs. Both relative and absolute inequality measures were calculated.
Findings: Rates of adult safeguarding referrals and interventions decreased as area level deprivation decreased. Abuse referrals were higher in areas of greatest deprivation than in areas of least deprivation. The same patterns were apparent across both gender and age.
Conclusion: These findings highlight the need for data-driven policy, practice and legislation reform at national and local levels, focusing attention on poverty and material inequality and its impact on abuse risk.

70. Weaponizing Race and Authoritarianism: The Global Threat to Democracy

Keywords: Voting rights; race; authoritarianism; democracy

The Historical Roots of Racial Weaponization in Authoritarian Regimes

Barbara Arnwine, *Transformative Justice Coalition* (barnwine@tjcoalition.org)

The use of race as a political weapon is not new — it has deep historical roots that continue to shape contemporary authoritarian practices. This workshop component will explore how regimes across history have exploited racial and ethnic divisions to justify repression, maintain control, and dismantle democratic structures. From colonial conquest and apartheid systems to Jim Crow laws and fascist movements, racial hierarchies have been deliberately constructed and enforced to exclude, dehumanize, and silence targeted groups. Participants will trace key historical examples, examining how racialized narratives were used to create "internal enemies," legitimize violence, and erode rights for entire populations. We will discuss how these strategies were integral to the rise of authoritarian states and how echoes of these tactics continue in modern political movements. By understanding the historical patterns — such as scapegoating minorities during times of economic or political crisis — participants will be better equipped to recognize and resist contemporary efforts to weaponize race. This session will also highlight the resilience and resistance of communities who have fought back against these oppressive systems, offering critical lessons for today's struggles to protect and expand democracy.

Modern Tactics: Disinformation, Surveillance, and Racial Scapegoating

Cliff Albright, *Black Voters Matter Fund* (cliff@blackvotersmatterfund.org)

In today's global political landscape, authoritarian movements have adapted new tactics to entrench power, often using technology and media to deepen racial divisions. This workshop component will examine how disinformation campaigns, mass surveillance, and racial scapegoating operate as tools to weaken democratic institutions and target marginalized communities. Governments and extremist groups increasingly deploy false narratives — spread rapidly through social media and news outlets — to blame racial and ethnic groups for economic instability, crime, or public health crises. At the same time,

sophisticated surveillance technologies are disproportionately aimed at minority communities, suppressing activism and dissent under the guise of national security. These modern tactics do not just repress individuals; they create fear, mistrust, and polarization, making it harder to build inclusive democratic societies. Participants will explore real-world examples of how disinformation and surveillance intersect with racial scapegoating, and how these strategies fuel broader authoritarian agendas. Through discussions and case studies, we will also identify effective ways to resist these tactics, such as community-driven media literacy efforts, advocacy for surveillance oversight, and cross-racial solidarity campaigns. Understanding and confronting these modern threats is essential for defending democracy and advancing justice in an increasingly interconnected world.

Case Studies: Global Examples of Race-Driven Authoritarianism

Omekongo Dibinga, *UpStander International* (omekongo@omekongo.com)

Across the world, authoritarian leaders have repeatedly used racial and ethnic divisions to seize and maintain power, undermining democratic institutions in the process. This workshop component will explore real-world case studies where race has been weaponized to justify repression, violence, and the erosion of civil liberties. From the Rohingya genocide in Myanmar to the demonization of migrants in Europe and the U.S., we will examine how regimes have used racism and xenophobia to consolidate authority and silence opposition. Participants will analyze different contexts — including India's citizenship laws targeting Muslim communities, Brazil's state violence against Afro-Brazilians, and Hungary's anti-immigrant policies — to understand both the similarities and the distinct local dynamics at play. Through these examples, we will see how racial scapegoating often accompanies attacks on free press, independent judiciary systems, and civil society organizations. This session will also invite critical reflection on the role of international actors, such as foreign governments and global media, in either challenging or enabling authoritarian practices. By studying these cases, participants will gain a deeper understanding of the patterns of race-driven authoritarianism and the importance of building global solidarity in the fight to protect democracy.

Resistance and Resilience: Building Multiracial Democracies in the Face of Authoritarian Threats

April England-Albright, *Black Voters Matter Fund* (aprilalbright@blackvotersmatterfund.org)

Authoritarian movements often exploit racial divisions to weaken democratic systems and consolidate power. In response, building multiracial democracies — societies where diverse racial and ethnic groups share equal power and protection — is a critical act of resistance. This workshop component explores how solidarity across communities can act as a bulwark against authoritarianism. Participants will examine the strategies authoritarian regimes use to divide populations and will study historic and contemporary examples of successful multiracial organizing. We will explore how grassroots coalitions, civil rights movements, and cross-cultural alliances have historically defended democratic principles by centering marginalized voices and promoting shared struggles for justice. The session will also address challenges to building solidarity, including systemic racism, mistrust, and disinformation, and offer tools for overcoming

them. Through dialogue and participatory activities, participants will learn ways to strengthen intersectional organizing, advocate for inclusive policies, and foster a culture of mutual support and accountability. In times of political repression, resilience comes from collective action rooted in the recognition of shared humanity. This session aims to equip participants with both the historical context and practical skills needed to build and sustain multiracial democratic movements.

State Violence and Forced Displacement: Deportations as a Tool of Racialized Authoritarianism

Daryl Jones, *Transformative Justice Coalition* (djones@tjcoalition.org)

Across the globe, authoritarian regimes have increasingly weaponized deportation and immigration enforcement as strategies to maintain power and sow division. By targeting racial, ethnic, and religious minorities for detention, forced displacement, and expulsion, governments not only inflict direct violence but also foster climates of fear that weaken democratic participation. Deportations are often framed through nationalist rhetoric, portraying marginalized communities as threats to national identity, security, or economic stability — narratives that historically serve to justify repressive policies. This workshop component will examine contemporary and historical case studies where deportations have been used as political tools, including in the United States, Europe, and parts of Asia and Africa. Participants will explore how racialized immigration policies erode democratic values such as equality, due process, and human rights. We will also discuss the broader societal impacts — from the normalization of xenophobia to the fragmentation of multiracial coalitions essential for a healthy democracy. Through dialogue and interactive activities, we will identify strategies to resist these authoritarian tactics, center the voices of affected communities, and build more inclusive and resilient democratic movements.

French Sessions

71. Le Préjudice D'Anxiété

Keywords: Droit; indemnisation; souffrance morale; anxiété; angoisse

La Reconnaissance du Préjudice d'Anxiété par le Droit Pénal Français

Evan Raschel, *Université Clermont Auvergne* (evan.raschel@uca.fr)

"L'article 3 du Code de procédure pénale dispose que l'action civile « sera recevable pour tous chefs de dommages, aussi bien matériels que corporels ou moraux, qui découleront des faits objets de la poursuite ». Sur cette base, les juridictions pénales ont développé une approche extensive du préjudice moral, jusqu'à une intégration progressive du préjudice d'anxiété éprouvé par la victime. La contribution proposée a pour finalité de s'intéresser au concept en lui-même : l'autonomie du droit pénal implique-t-elle une conception différente du préjudice d'anxiété tel que reconnu en droit civil ? Par ailleurs, compte tenu de l'aspect

psychologique, sur quels relais et experts le juge va-t-il pouvoir s'appuyer pour, d'une part, établir l'existence de ce préjudice d'anxiété, d'autre part, à défaut de barème, fixer les modalités de la réparation et notamment le montant de l'indemnisation ? Enfin, la reconnaissance du préjudice d'anxiété doit être confrontée aux nouvelles situations acceptées par le juge pénal : quid du préjudice d'anxiété subi par les « proches » de la victime ? Par la personne morale ? Par les témoins d'une scène de crime ?"

La Spécificité du Préjudice d'Anxiété en Matière Terroriste

Jean-Baptiste Perrier, *Aix-Marseille Université* (jean-baptiste.perrier@univ-amu.fr)

La spécificité du préjudice d'anxiété en matière terroriste réside dans l'intensité particulière du traumatisme psychologique subi par les victimes, directes ou indirectes. Contrairement aux autres contextes où le préjudice d'anxiété peut être lié à une exposition à un risque (comme l'amiante), ici, il est souvent particulièrement brutal, lié à l'imprévisibilité et à la violence extrême de l'acte terroriste. Les victimes développent une angoisse persistante de revivre un attentat, affectant durablement leur quotidien. En matière judiciaire, ce préjudice est reconnu de manière spécifique, notamment dans le cadre du Fonds de garantie des victimes des actes de terrorisme (FGTI), qui prend en charge non seulement les dommages corporels, mais aussi les troubles psychiques durables, même en l'absence de blessure physique. Surtout, l'évolution de la jurisprudence de la Cour de cassation française tend à faire de la terreur subie, et à travers elle de la vive anxiété, un élément permettant d'appréhender la qualité de victime de l'acte terroriste.

Les Préjudices d'Anxiété et d'Angoisse Devant le Juge Civil Français

Vincent Mazeaud, *Aix-Marseille Université* (vincent.mazeaud@univ-amu.fr)

L'admission des préjudices d'anxiété ou d'angoisse en droit français de la responsabilité civile est le fruit d'une évolution récente. Apparu aux débuts des années 2000 pour remédier aux craintes ressenties par les salariés exposés à l'amiante, le préjudice d'anxiété, que l'on peut rapprocher du préjudice d'angoisse, remporte désormais un succès certain auprès des plaideurs qui l'invoquent dans des contextes variés. Ce mouvement d'extension soulève de nombreuses questions que la jurisprudence vient régulièrement illustrer. La nature de ces préjudices peut déjà poser difficulté : faut-il ainsi distinguer anxiété et angoisse ? ces dommages psychiques constituent-ils toujours un préjudice corporel ou bien, dans une autre perspective, une simple déclinaison du préjudice moral ? Dans le prolongement, la détermination des craintes réparables pose question : outre la crainte suscitée par le risque de subir une lésion corporelle, doit-on inclure celle provoquée par l'exposition au risque d'une atteinte aux biens ? qu'en est-il des angoisses contemporaines (« éco-anxiété », « deuil écologique ») ? Enfin, le régime de ces préjudices demeure incertain, qu'il s'agisse des conditions qui président à sa réparation (seuil de l'anxiété ou de l'angoisse réparables, place de l'expertise médicale) comme de sa réparation elle-même (évaluation, mode de réparation, peine privée…).

Le Préjudice d'Anxiété en Droit Administratif Français

Frédéric Lombard, *Aix-Marseille Université* (frederic.lombard@univ-amu.fr)

Si la jurisprudence administrative française admet que le préjudice moral peut être indemnisé, cette reconnaissance fut néanmoins tardive et limitée quant à ses conséquences pratiques. Le préjudice d'anxiété apparaît comme une variété ou une déclinaison de ce préjudice moral. Le juge administratif l'a admis alors qu'il est généralement réticent à identifier de nouveau chefs de préjudices indemnisables. Bien plus, depuis quelques années, ses manifestations se multiplient. Défini comme la conscience anxieuse (ou angoissée) par la victime de l'imminence ou de la probabilité d'un dommage, potentiellement permanent, ce chef de préjudice soulève des difficultés conceptuelles et pratiques, que le juge administratif français s'efforce de résoudre. La contribution proposée se donne pour objet de cerner les diverses manifestations du préjudice d'anxiété dans la jurisprudence administrative, ses caractères, les difficultés d'établissement que le juge doit franchir pour admettre son caractère indemnisable et les modalités de réparation qu'il autorise ou mérite.

*Le Préjudice d'Anxiété dans les Relations Familiales**

Julie Souhami, *Maître de conférences à Aix-Marseille Université* (julie.souhami@univ-amu.fr)

Sous l'appellation de préjudice d'anxiété, la jurisprudence désigne «l'anxiété résultant de l'exposition à un risque élevé de développer une pathologie grave ». Peuvent également se rattacher à cette idée, le préjudice d'angoisse de mort imminente ainsi que le préjudice d'attente et d'inquiétude des proches de la victime. Le domaine des risques sanitaires et du terrorisme constitue pour l'heure le terrain de prédilection de la notion de préjudice d'anxiété. Cette dernière pourrait également trouver à s'appliquer dans les relations familiales et plus particulièrement en cas de violence intra familiale. On conçoit par exemple que l'exposition à ces violences puisse s'analyser comme une exposition à un risque élevé de développer un dommage corporel grave. Le préjudice d'anxiété, dans son acception large, mérite d'être confronté à ces situations de violence familiale. L'indemnisation des victimes directes et indirectes pourrait en être renforcée.

Disability, Law and Society

72. Autism-Related Issues

Keywords: Autism; neurodivergence; policy; policing; victims

Divergent Perspectives: The Perceptions and Experiences of Australian Adults with ADHD and/or Autism of the Police

Lorana Bartels, *Australian National University* (lorana.bartels@anu.edu.au)
Nicole Asquith, *University of Tasmania* (nicole.asquith@utas.edu.au)
Angela Dwyer, *University of Tasmania* (angela.dwyer@utas.edu.au)
Megan Parry, *University of Rhode Island* (mmparry@uri.edu)
Ron Mason, *University of Tasmania* (ron.mason@utas.edu.au)
Benjamin Walters, (waters.benjamin@gmail.com)

Data generally suggest that neurodivergent people have disproportionate levels of contact with the criminal legal system, as both suspects and victims. They also consistently describe negative and unsupportive experiences with the police and, irrespective of previous system contact, negative perceptions of police and policing. In this paper, we report on a pilot mixed-methods study of 114 Australian adults with autism and/or ADHD and their experiences and perceptions of police and the criminal legal system. Only 29% of participants were offered accommodations by police and, of these, only 29% reported that these accommodations were supportive and actioned by police. The differences in experiences and perceptions will also be discussed. As with other vulnerable populations, the capacity of the police to recognise and respond to the unique needs of neurodivergent Australians may moderate their access to justice as victims and/or suspects. Irrespective of diagnosis or previous contact, our participants' perceptions of police/policing point to an underlying fear and mistrust that motivates behaviours that may exacerbate the potential risk of victimisation and negative encounters with police. Our paper highlights the need for changes to policy and practice.

Caregiver Burden and Challenges of Autism Health Policies for Routine and Beneficial Care

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

Despite the increased prevalence of autism spectrum disorder (ASD) and advancements in beneficial treatments that can be integrated in education systems, there remains continued gaps in healthcare coverage from state to state and within the ASD population. For example, children under a certain age may no longer be eligible for health care benefits or there may be capping of benefits, leaving persons diagnosed with ASD and families unable to acquire needed services. Furthermore, as the U.S. Department of Education undergoes significant changes in funding, employment, and general operations, it is unclear whether the existing federal support through the Individuals with Disabilities Education Act (IDEA) would continue to be a resource, albeit inconsistent from state to state, for free or low-cost special education services, including ASD therapies. As persons with ASD and their families are confronting barriers to routine and beneficial care and services, caregiver burden is intensifying, and contributing to decreased quality of life, strained relationships, and mental illness (e.g., anxiety). As caregivers are unable to fully support their loved ones with ASD, and socially, physically, financially, and mentally compromised, the overall quality and access of care can significantly impact persons with ASD.

Neurodiversity and Biomedical Perspectives of Autism: A Philosophical Exploration of the Chapman-Wakefield Debate

Pedro Afonso Gouveia, *Local Health Unit of Baixo Alentejo, Beja, Portugal; Comprehensive Health Research Centre (CHRC, NMS-UNL), Lisbon, Portugal* (pedroafonso.rg@gmail.com)

This paper seeks to review the tensions between the neurodiversity movement and the status quo biomedical model, which has mostly shaped perspectives on autism for the most part since its inception as a diagnostic entity. Each models' core arguments are comprehensively presented and analysed, drawing on prominent

authors who have engaged with this subject in philosophical fashion and literature. While this review gives way to some of neurodiversity's arguments (namely its discontentments with the biomedical model, in which psychiatric care is included), it also takes a critical approach towards the broader movement, which is argued to leave open numerous shortcomings, while also raising critical questions surrounding its dissemination and applicability, particularly in regard to law, jurisprudence, regulations and how society ought to best accommodate this cohort of people with substantially varying and dynamic profiles of abilities and needs. Finally, a critical diagnosis of the ongoing debate is offered.
In conclusion, both biomedical and neurodiversity models ought to learn from each other's criticisms and refocus their scopes of action, which ultimately lies in aiding people with autism achieve their best possible outcome, and not further misplaced causes at their expense. Lastly, several fields for future work are sketched.

Cybercrime and the Autism Spectrum

Mary Cohen, *ASD Forensics* (mrcohenphd@gmail.com)
Elizabeth Kelley, *Elizabeth Kelley Law* (zealousadvocacy@aol.com)
Michele Bush, *Loehrs Forensics* (mb@loehrsforensics.com)

Individuals on the autism spectrum are particularly vulnerable to committing online offenses, and are also victimized by online predators, financial scams, and extremist groups. Current data on the increase in the criminal justice system interactions of autistic persons as either offenders or victims is presented. The presenters examine this phenomenon from a clinical, legal, and technological perspective. The presentation addresses current legal issues in the United States criminal justice system when dealing with persons with autism and provides current research and clinical case studies. It provides approaches for recognizing problematic online behavior and recommendations for creating online safety and obtaining appropriate treatment for autistic individuals. In the case of arrest, the processes involved in obtaining an attorney, an evaluation, and appropriate trauma-informed support are explained. The legal issues of competency and criminal responsibility, mitigation, and sentencing, as it relates to autistic defendants, are explored. It examines current issues in the US prison environment and access to appropriate mental health support. Suggestions are provided for reasonable accommodations, autism- informed approaches, evaluation, and treatment options to improve outcomes for autistic offenders and victims of cybercrime.

73. Criminalization as Care

Keywords: Homelessness; criminalization; coercion; civil rights

Criminalization as Care

Brandon L. Greene, Holland and Gold (brandon.greene@live.com)

California has approximately one-quarter of the unhoused population of America. Like the demographics of the American unhoused population writ large, the population is disproportionately Black and Brown.

Factors that influence who becomes unhoused in California and America are also those that disproportionately impact Black and Brown people. Rather than acknowledging this truth as the racialized and intentional systemic policy failure that it is, California as a state and various municipalities within California have leaned into criminalization as the vehicle by which care can be delivered and coerced. Unlocked by a Supreme Court ruling, California has framed this approach as the empathic one, positing that failing to forcibly remove people is the more inhumane response. In this session, I will discuss the various policy proposals that have been floated or passed as well as those that have been defeated and discuss why this sort of criminalization would likely not exist if the population impacted were different.

74. Criminal Justice Issues

Keywords: Forensic psychiatry; mental health law; diversion

Neoliberalism, Psy, and the Responsible Disordered Subject in Criminal Sentencing

Urania Chiu, *University of Oxford* (urania.chiu@law.ox.ac.uk/chiuurania@gmail.com)

This presentation examines judicial and 'psy' constructions of mental disorder as a basis for finding mitigated culpability in criminal sentencing. Using Hong Kong as a case study, I interrogate the idea that, in order to be considered sympathetically, the disordered offender must be able to present, firstly, a positively and normatively good 'reason' for be(com)ing disordered and, secondly, evidence of having behaved 'responsibly' as a disordered subject. In critically analysing judicial constructions of the 'good' or 'bad' disordered offender in 300 sentencing judgments from Hong Kong, I also examine how 'penal discourse and psychiatric discourse [cross] each other's frontiers' in these discursive formations, as Foucault has suggested. It is found that, rather than simply adopting psy experts' clinical accounts of the offender's disorder, judges assign social and moral meaning to the scientific knowledge offered by framing it in socio-legal terms of causality, intention, and (neoliberal) individual responsibility. In this manner, the 'irresponsible' disordered offender is constructed as unable to utilise their freedom in normatively permissible ways and in need of legal and psy interventions in order to be properly 'free'.

*Diversion of People with Mental Disability from Criminal System**

Christopher Slobogin, *Vanderbilt University Law School* (c.slobogin@law.vanderbilt.edu)

The National Judicial Task Force to Examine State Courts' Response to Mental Illness, lead by Judge Stephen Leifman, developed a model for dealing with people who have mental disability and are charged with crime. It identifies five different categories of individuals, only one of which should be handled through the criminal competency and restoration process. The other four categories should instead be released entirely (although of course eligible for voluntary treatment), subject to civil commitment, subject to outpatient commitment, or diversion, depending on the interaction of 5 variables: nature of crime,

severity of disability, contribution of disability to crime, risk, and criminogenic needs. This talk sets out how this criminal justice redirection framework would work in practice.

Criminalizing Vulnerability: Ethical Failures in Mental Health Law for Disadvantaged Populations

Matilda Olufunke Ajibola, *Saint Louis University* (matilda.ajibola@slu.edu/ olufunkematilda@gmail.com)

This paper interrogates how mental distress arising from economic precarity, such as unemployment, poverty, housing insecurity, low-wage labor, and low quality of life, is often misrecognized in both mental health law and policy, which leaves room for criminalization of exhaustion and vulnerability. Rather than addressing these experiences as structurally and socially produced, it is prescribed as a psychiatric issue more than a social one. Paradoxically, such diagnoses may both disqualify individuals from state support and justify increased surveillance or exclusion. Drawing on interdisciplinary perspectives from bioethics, public health, and sociolegal studies, the paper argues that this criminalization of exhaustion and vulnerability constitutes an ethical failure that strips people of both care and dignity. Using testimonies from individuals navigating disability, housing insecurity, poverty, and other social disadvantages, this paper demonstrates how legal and policy frameworks obscure the sociopolitical roots of psychological distress. The paper ultimately calls for a broader conversation about the role of law and bioethics in responding to mental health policies that confront the ethical failure of punishing vulnerability and to imagine approaches of support that are grounded in human dignity and problem solving.

75. Diagnosis and Categorization

Keywords: Bipolar disorder; schizophrenia spectrum disorder; disability; diagnosis; legal and health professionals

Bipolar Disorder: The Intersection of Culture, Law and Psychology

Linda Fleming McGhee, *George Washington University* (drlinda@drlmcghee.com)

As highlighted in the chapter I authored in the book "Psychological Assessment of Bipolar Spectrum Disorders," culture plays a significant role in the assessment, diagnosis, treatment and prognosis for those with bipolar disorder. Race is a significant cultural factor in the diagnostic efficacy of bipolar. The tendency to misdiagnose Black people who have bipolar disorder has far-reaching implications that often results in treatment and pharmacological misalignment, delayed treatment, and even negatively impacts life trajectory and expectancy. Unfortunately, these treatment disparities carry over to the legal system as the law often highlights the risks Black people with bipolar disorder face in the criminal justice environment including the areas of risk factors for criminality. A person with bipolar in the criminal system are more likely to face incarceration and face negative post-release trajectories. This presentation will capture the discrepant treatment Black people with bipolar face across the psychological treatment structures and the legal system. We will also address systemic solutions to improve treatment, well-being and legal barriers.

Bridges, Not Barriers: Unlocking Recovery Through Social Connectedness in Forensic Psychiatry

Lena Machetanz, *University Hospital of Psychiatry Zurich* (lena.machetanz@pukzh.ch)
Johannes Kirchebner, *University Hospital of Psychiatry Zurich* (johannes.kirchebner@pukzh.ch)

Social integration plays a pivotal role in the rehabilitation of individuals with schizophrenia spectrum disorders (SSD) within forensic psychiatric settings. While forensic patients face challenges stemming from both psychiatric symptoms and judicial stigma, maintaining or re-establishing social ties significantly improves reintegration outcomes. Based on recent machine learning analyses of large forensic datasets, we identified key predictive factors for post-discharge social connectedness, including pre-hospitalization living situation, insight into illness and offense, improvement in antisocial behavior during treatment, and focused psychotherapeutic work on future perspectives. Surprisingly, neither offense type nor illness severity emerged as significant predictors. Moreover, comparative analyses with non-forensic patients revealed that social factors—such as prior isolation, childhood marginalization, and lack of intimate relationships—distinguish offender populations more effectively than psychopathology. These findings emphasize that many determinants of social reintegration are therapeutically modifiable, underlining the potential of recovery-oriented approaches. Interventions aiming to foster social capital may thus reduce recidivism and enhance long-term outcomes. Our results support the inclusion of structured, socially focused therapeutic components in forensic treatment frameworks to improve both individual recovery and public safety.

Diagnosis as a Hurdle to Legal Protections and Remedies

Isabel Karpin, *University of Technology, Sydney* (isabel.karpin@uts.edu.au)
Karen O'Connell, *University of Technology, Sydney* (Karen.O'Connell@uts.edu.au)

We explore the role of medical diagnosis in limiting access to laws that are beneficial or restorative and enhance participation in public life. Our focus is anti-discrimination laws and the diagnosis of mental ill-health. In Australian anti-discrimination legislation, a person does not need a diagnosis to meet the definition of disability under the Disability Discrimination Act 1992 (Cth). Despite this, diagnosis limits the effectiveness of these provisions by functioning as an additional hurdle to accessing protections. Diagnosis, a seemingly objective measure of disability, in fact operates as a closed system of meaning that can then import stigma. Diagnosis can carry disproportionate authority of the existence of a disability, without interrogation of its assumptions. Am implied requirement for a diagnosis limits access to legal redress in at least three ways. First, it pressures the affected person to seek medical diagnosis of a disability that they may otherwise not want. Second, the affected person may not access the benefits of the legislation because they do not meet diagnostic criteria. Finally, litigators and decisionmakers may assume that a diagnosis is necessary to be 'disabled'

*Health Justice Partnership: An Australian Approach to Legal and Health Professionals Working Together to Provide Free Legal Support and Access to Justice for People with Psychosocial Disability**

Kimia Randall, *The Australian Centre for Disability Law* (kimia@disabilitylaw.org.au)

As a Senior Solicitor, I work for the Australian Centre for Disability Law (ACDL), where I both established and manage our Health Justice Partnership program, the 'Free Legal Hub'. This program operates in a socio-economically disadvantaged local government area in Sydney, identified as a high-needs in terms of disability, with a focus on individuals experiencing mental illness. I would like to present our program and showcase the 'power of partnership' and the excellent results we have achieved for those living with mental illness. Our solicitors provide free legal advice and assistance onsite at hospitals and health centres to individuals with psychosocial disability, often presenting with co-occurring diagnoses such as autism spectrum disorder and intellectual disability. Appointments are made accessible by aligning them with clients' healthcare visits or clinic times when medications are administered. Solicitors may also accompany clinicians during home visits. This integrated model of service delivery has achieved exceptional results for individuals who often did not know they had a legal issue in the first place, or who did not know how to seek legal advice. A key principle of this model is the recognition that unresolved legal issues can significantly impact the health and wellbeing of certain cohorts, including those with psychosocial disability. Epidemiological research into the social determinants of health supports this, highlighting the interplay between legal need and health outcomes. This partnership model enables collaborative, multidisciplinary responses to complex needs and achieves positive health and legal outcomes.

76. Disability and the Police

Keywords: Police violence; disability justice; abolitionism

Against Reformism: Disability Justice, Debility and Police Divestment

Simone Rowe, *University of New South Wales, Australia* (s.rowe@unsw.edu.au)

Abolitionists continue to expose the fundamental role of the reformist paradigm in reinforcing police power to enact violence. Yet efforts to diminish police violence against people with disability is routinely thwarted by the massive industry of reformism. Contrary to stark evidence about the ineffectiveness of police disability awareness training, for example, arguments for such reforms proliferate. Critical analyses of the nature and purpose of police power can help rupture the flawed assumption at the root of the reformist paradigm: that we can make policing something other than it is designed to do. Centring the principles of disability justice, this paper contributes to critical analyses of police power through an under-explored focus on the debilitating nature and purpose of state policing. 'Debility' (Puar 2017) is mobilised as a key analytic tool to expose the operation of state policing as a 'regime of debilitation', specifically via the production of debilitating physical and psychological violence. To do so, the chapter centres the voices and experiences of criminalised people with disability. An analysis of police violence as a form of psychological and

physical warfare makes clearer the functions of policing in incapacitating surplus populations in the service of white, abled and colonial supremacy.

Disabling Policing

Chris Cunneen, *Jumbunna Indigenous Research Institute, University of Technology Sydney* (christopher.cunneen@uts.edu.au/c.cunneen53@gmail.com)

There is an absence of systematic evidence internationally on the extent of police violence, including lethal violence, against people with disabilities and mental ill-health. The paper discusses how this absence is part of the state's strategic ignorance which disavows knowledge of the targeted victims of state violence. The paper discusses the important role of disability justice activism in the Black Lives Matter movement and 'Defund the Police' protest movements in 2020 in various countries. While the 'George Floyd moment' crystalized a social uprising, the activism against police violence has much longer histories. The policing of disability is not a new phenomenon; however, it has intensified with the neoliberal contraction of social supports and the growth of the carceral state. It is impossible to conceptualise policing without understanding it's dis/abling effects. However, the paper argues that activists should not fall into the trap of police 'reformism'. While centring disability is fundamental to the 'Defund the Police' project and abolitionism more generally, it is also important to avoid the 'oppression olympics', but rather, to understand the interconnections between various structural formations including class, 'race', Indigeneity, gender and sexuality.

Human Rights-Based Responses to Homelessness and Mental Health

Tamar Exer, *University of Miami School of Law* (tezer@law.miami.edu)

Mental health conditions are both a cause and consequence of homelessness, and 20% of the unsheltered population in the United Sates suffers from a severe mental health condition. The U.S. has come to rely on the criminal legal system to respond to mental health conditions with harmful and sometimes deadly consequences. Moreover, states have reduced due process protections, making it easier to involuntarily commit unhoused persons. In some cases, homelessness itself becomes evidence of a "grave disability," while other states employ broad "need-for-treatment" laws, justifying involuntary commitment, Additionally, many shelters fail to accommodate disabilities or provide mental health support. As a result, people with mental health conditions experience higher rates of police violence, face repeated hospitalizations, and are overrepresented in jails, violating their human rights to health, life, liberty, physical integrity, and non-discrimination. This presentation will examine the historical roots of institutionalization, highlight harmful policies, and provide human rights-based alternatives. Recommendations it will explore include investing in permanent supportive housing, developing community-based mental health and harm reduction services, addressing gaps in shelters, and replacing law enforcement with health professionals as first responders to mental health crises.

Disability Justice Responses to Criminalization of Disability

Linda Steele, *University of Technology Sydney* (linda.steele@uts.edu.au)
Jamelia Morgan, *Northwestern University Pritzker School of Law* (jamelia.morgan@law.northwestern.edu)

This panel will explore Disability Justice responses to the criminalization of disability. People with disabilities—particularly those who are multiply marginalized by race, gender, and class—are disproportionately targeted, harmed, and silenced by the criminal legal system. From policing of mental health crises to the lack of accessible accommodations in jails and prisons, ableism fuels cycles of policing, incarceration, violence, and removal. Lived experiences, research, and advocacy all reveal how ableism intersects with racism, poverty, and other systems of oppression to produce criminalization. We will imagine what transformation of this deeply entrenched problem of could look like by centering Disability Justice principles in approaches to safety, accountability, and care. We will explore how principles such as interdependence, collective access, and leadership of those most impacted can guide systemic reforms or abolitionist visions that move beyond punitive models. By drawing from Disability Justice frameworks, this discussion will offer concrete pathways for reimagining the criminal legal system into one that values dignity, access, and community-based support over punishment and control.

77. Guardianship and Conservatorship

Keywords: Adult safeguarding; adult protection; guardianships/conservatorships; cognitive disability;

Caring for the Elderly and Infirm

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

This presentation will explore and compare various elderly populations. I will discuss how to properly manage for elder care both financially and medically. In addition, I will survey how to access a proper individualized plan by strategic collaboration and integration discussions including specific case studies. Caring for the elderly can present a myriad of significant challenges and navigating the appropriate health care systems and government benefits available is fundamental to success. As modern medicine advances, a significant population of elderly persons will have a life expectancy of over eighty (80) years old. More than half of this population will suffer from some form of dementia and/or other infirmities. This vulnerable population will no longer have a strong voice in their own decision-making process. Therefore, exploring various elderly populations and cultures both in the United States and internationally is a robust topic for discussion that will most likely affect all of us in one form or another.

Front-Line Challenges and Solutions: Enhancing Social Worker Roles Under the British Columbia Adult Guardianship Act

Natasha Marriette, *University of the Fraser Valley* (natasha.marriette@ufv.ca)

The British Columbia (BC) Adult Guardianship Act (AGA) provides legislative responses to reports of adult abuse, neglect, and self-neglect by mandating specific agencies and professionals, primarily social workers, to investigate and intervene in cases of adult abuse, neglect, and self-neglect. However, existing literature reveals significant challenges across macro, mezzo, and micro levels of adult protection work. The AGA itself has been criticized for lacking sufficient authority to effectively support social workers' roles within it. Social workers are mandated to work under this flawed piece of legislation, yet a stalled review of the BC AGA by the BC Attorney General has excluded the input of social workers who implement the Act daily. This paper presents preliminary findings from a study utilizing institutional ethnography to examine the experiences of social workers carrying out adult protection work. The aim is to develop best practice guidelines for adult protection work while advocating for specialized training and resources tailored to support these professionals within the AGA framework.

Older Adults with Dementia at Risk of Harm: A Rights-Focused Discussion of Legislative Options for Response

Joan Braun, *Bora Laskin Faculty of Law, Lakehead University* (jbraun2@lakeheadu.ca)

This presentation examines government response when older adults with dementia are at risk of harm. Part 3 of British Columbia's Adult Guardianship Act is the focal point for discussing relevant issues. This statute enables the health authorities to intervene to prevent abuse of adults who are unable to protect themselves. The legislators intended the response to focus on providing support and assistance with the adult's consent. They anticipated that interventions against an adult's wishes would be rare and where interventions occurred these would be minimally intrusive. However, those objectives are not being met in practice. This is demonstrated by a 2019 case and through the findings from a recent inquiry by BC's Human Rights Commissioner. The inquiry's report concludes that the health authorities are involuntarily detaining adults with dementia for their protection and are doing so in violation of their rights. This presentation explores the reasons for this gap between the legislative objectives and the statute's implementation. The presentation concludes with recommendations about how to address this gap and options for creating a response that is aligned with human rights.

Critical Discourse Analysis of Financial Capacity and Financial Guardianship Law in Canada from a Mental Health Perspective

Sofia Salsi, *University of Manitoba* (salsis@myumanitoba.ca)

This study examined, from a human rights lens, Canadian legislation governing the removal of financial decision-making rights from individuals living with mental health diagnoses. Current provincial laws enable permanent financial guardianship following capacity assessments conducted by multidisciplinary healthcare professionals (HCPs). Though seen as protective, guardianship infringes on liberty and autonomy. Thus, these laws need regular critique. This study aimed to explore HCP assessment processes, how laws describe and position those being assessed, and concepts of safety and protection are constructed. Using a Critical Discourse Analysis (CDA) approach, authors analyzed capacity and guardianship legal documents and cases from three Canadian provinces (Saskatchewan, Manitoba, Ontario), which provided

unique legal comparisons. Findings demonstrated tension between safety and autonomy. Laws conflicted on importance of immediate versus potential harm and 'best interests' of individuals, leading HCPs to determine guardianship based on assumed safety concerns without adequate evidence of impaired decision-making. Texts framed individuals with disabilities as inherently vulnerable, with embedded explicit and implicit discriminatory practices for mental health populations. While based on analysis of three provincial jurisdictions, findings may have national implications, demonstrating how legal and health system intersections shape systemic injustice, and the need for reflection of assessment practices from healthcare professionals.

78. Hoarding and the Law

Keywords: Hoarding; nuisance; risk; diagnosis; sentencing

Hoarding and the Law

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

The introduction of Hoarding Disorder into the 5th edition of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM-5) has generated increasing clinical and legal attention for the condition. An international literature on Hoarding (as well as on Severe Domestic Squalor) is developing, with diverse and challenging differences identifiable between countries' medico-legal responses to the risks posed by Hoarding and the most effective and humane ways to respond to it. This paper reviews contemporary literature on assessment, diagnosis, subcategorisation and treatment for Hoarding. It also explores therapeutic jurisprudence-informed legal responses to Hoarding conduct that is causing disruption or risk to family members, neighbours and others in the community. It utilises relevant decisions by courts and tribunals in diverse countries in relation to persons with Hoarding Disorder and reviews the success or otherwise of interventions attempted in the shadow of litigation. The paper provides an opportunity to reflect on how to maximise therapeutic responses to Hoarding and to minimise counter-therapeutic responses across criminal law, family and child protection law, guardianship law, mental health review, and tenancy and local government law contexts.

79. Law's Role in Sexual Relationships and Intimacy

Keywords: Carceral; criminal; civil; sexuality; coloniality

The Carceral Limits of Sexual Decision-Making Frameworks in English Law

Beverly Clough, Manchester Metropolitan University (b.clough@mmu.ac.uk)
Ruby Reed-Berendt (r.reed-berendt@ed.ac.uk)

Recent case law in England & Wales in relation to capacity to engage in sexual relations has added additional layers of complexity into an already contested area of jurisprudence. The JB case, involving a man with a diagnosis of autism, sought to reorientate the law in this area around the importance of consent- a move that has been lauded by some feminist legal commentators. However, in doing so, the law has become a conduit for a number of problematic tropes around disability and sexuality, positioning disabled men as both dangerous and vulnerable to criminalisation. The legal response offered by the civil law is essentially preventative- preventing individuals from engaging in sexual relations to 'protect' them from

criminalisation. This dynamic between the civil and criminal law is brought further into view through calls to further embrace the tools of criminal law in this context. This paper seeks to highlight the limitations of the carceral imaginary, drawing on critical disability studies literatures to demonstrate the flawed logic of turning to such frameworks when doing emancipatory work.

Mapping the Systemic Silences Around Intimate Lives

Monique Huysamen, *Manchester Metropolitan University* (m.huysamen@mmu.ac.uk)

This paper presents findings from the SAAIL: Supporting Autistic Adults' Intimate Lives Study, which explores how adult social care in England can better support autistic people's intimate lives. Drawing on interview and focus group data, as well as analyses of English national and local health and care policy documents, I discuss how autistic people's intimate lives continue to be systematically erased by social care structures, using structural desexualisation and necropolitics as theoretical frameworks. Beyond the discursive and material implications of overly risk-focused discourse, I explore the implications of absences and silences surrounding the intimate lives of autistic people in law and policy. Mapping and evidencing that these absences are not accidental, but systemic, is a key part of this work. I reflect on the practical challenges of evidencing what is absent within social policy and discuss our approach to critical social policy analysis, which seeks to systematically identify, analyse, and evidence these absences and silences within policy documents.

Sexual Silence and Sexual Assault under Guardianships in the US – A Case for Sexual Cultivation and Legal Capacity

Sarah Boonin, *Suffolk University* (sboonin@suffolk.edu)

This working draft explores the how adult guardianship laws in the United States systemically deny the sexual autonomy of individuals with intellectual disabilities, contributing to rather than "protecting from" the epidemic of sexual assault experienced by people with intellectual disabilities. Not only do adult guardianship laws suppress the most intimate rights of persons with intellectual disabilities, but the regime is premised on removing consent and decision-making rights from people with disabilities and vesting those rights in others – often in the name of protection from abuse. With a focus on individuals with intellectual disabilities, this paper applies a Disability Reproductive Justice lens to reveal not only the glaring failure of our adult guardianship systems to "protect" people from sexual assault, but also the laws' complicity in denying sexual agency or control, heightening the risks of sexual assault. Recognizing the intractability of adult guardianship laws in the U.S., the paper argues that the regime should abandon its "sexual silence" approach in favor of a "sexual cultivation" approach that is more consistent with the effort to disrupt sexual ableism. It further calls for an expansion of Supported Decision Making and other alternatives that preserve the legal capacity of people with disabilities as a means of enhancing sexual autonomy and safety.

Criminalising Sex: Using a Decolonial Lens to Identify and Critique Legal Barriers to Sexual Agency of Disabled People

Anna Arstein-Kerslake, *University of Melbourne* (anna.arstein@unimelb.edu.au)

Disabled people's sexual agency has been restricted by the criminal law for centuries. These laws are often created with the purported intention of protecting disabled people, especially disabled women. However, many of these laws remove legal agency from disabled people. This denial of legal agency may perpetuate stigma and discrimination regarding the sexual lives of disabled people. In particular, there is a long history

of disabled women either being assumed to be hyper-sexual and in need of paternalistic protection or being assumed to lack sexual drive altogether and therefore being treated like a child. English laws from the 1800s included blanket offenses criminalising sex with disabled people, especially cognitively disabled people. While such laws have largely been eliminated from United Kingdom criminal codes, very similar legislation continues to exist throughout commonwealth countries across the globe. This presentation analyses the harms caused by such legislation, as well as the challenge of eradicating colonial remnants such as these laws which are often strongly rooted in post-colonial legal systems.

"Cripping" Consent: Reclaiming the Right to Say "Yes" in Sexual Decision-Making

Alan Martino, *University of Calgary* (alan.martino@ucalgary.ca)

In discourses about disability and sexual decision-making, conversations tend to prioritize the right to say "no"—the protective aspect of consent that guards disabled individuals against harm. However, such a focus can overshadow the equally vital right to say "yes"—the affirmative agency to seek, explore, and enjoy sexuality. Drawing on the sociology of pleasure, this presentation applies a "crip" lens to highlight how disabled people's embodied experiences expand our understanding of sexual consent and pleasure. By centering the affirmative dimensions of desire, we reveal how disability can disrupt normative assumptions about bodily autonomy, communication, and intimacy. This paper argues that recognizing and supporting disabled people's capacity to enthusiastically consent not only reaffirms their sexual rights but also offers innovative ways to conceptualize pleasure for everyone. Ultimately, this discussion invites us to envision new possibilities for sexual well-being and inclusivity, challenging standard narratives and reimagining the boundaries of consent.

80. Mandatory Outpatient Treatment

Keywords: Mandatory outpatient treatment; Canadian mental health law; legal appeals; family perspectives; community treatment order effectiveness

Assisted Community Treatment: A Review of Family Perspectives and Approaches in a Jurisdiction Without Them

Lyndal Christine Petit, *University of Ottawa* (lyndalpetit@gmail.com)
Jhilam Biswas, *Mass General Brigham Academic Medical Center* (jbiswas@bwh.harvard.edu)

Assisted Community Treatment legislation in Canada permits the compulsory community treatment of individuals with severe mental illness when specific criteria are met. These laws aim to reduce the "revolving door" of recurrent admissions due to treatment non-adherence, to preserve wellness and to improve overall prognosis. Family members are the first responders to untreated mental illness and often support individuals with severe mental illness through episode recurrences and during care afterwards. This presentation will present some of the benefits and struggles experienced with Community Treatment Orders in Ontario through the lens of family. It will review literature findings on family member perspectives of assisted community treatment. It will then address what happens in a jurisdiction that does not have Community Treatment Order legislation, present the Rogers Guardianship in Massachusetts and describe data on adverse inpatient outcomes when patients are left untreated. Family views on assisted community treatment and data on what happens when individuals can't access treatment are central in assessing the value of compulsory community treatment.

*On Paper, In Practice: A Cross-Canada Look at Care Components in Mandatory Outpatient Treatment**

Kinneret Fleiman, *University of Toronto* (kfleiman@hrh.ca)
Karen Shin, *University of Toronto* (karen.shin@unityhealth.to)

Mandatory Outpatient Treatment (MOT), though implemented under varying provincial and territorial legislation across Canada, share a common goal: to ensure individuals with severe and persistent mental illness receive necessary treatment while residing in the community to prevent specific harms or risks. A key yet under-examined component of MOT is the scope of the proposed treatment. This session will explore how requirements for compulsory community treatment are structured and operationalized across several Canadian jurisdictions, highlighting both commonalities and regional differences in legal requirements, clinical expectations, and implementation practices. More specifically, some MOT measures are restricted to stipulations around attending appointments and medication adherence. Others can be more expansive including case management and drug testing. Examining these variations will shed light on the ethical and practical implications of enforcing treatment in the community, particularly in light of patients' rights, resource availability, and inter-professional collaboration. As more knowledge emerges about the importance of long-term treatment for managing severe mental health conditions, it is critical that we better understand how MOT is applied, as they can have lasting individual, and familial impact and larger public health effects. This research is especially timely as Canadian jurisdictions continue to re-evaluate the balance between autonomy and public safety in mental health legislation. Standardizing—or at least harmonizing— mandatory outpatient treatment practices could improve transparency, compliance, and outcomes for individuals subject to these orders.

From Coast to Coast: The Landscape of Mandatory Outpatient Treatment Across Canada

Karen Shin, *University of Toronto* (karen.shin@unityhealth.to)
Kinneret Fleiman, *University of Toronto* (kfleiman@hrh.ca)
Samuel Law, *University of Toronto* (samuel.law@unityhealth.to)

In Canada, the history of Mandatory Outpatient Treatment (MOT) dates back to 1995 when the province of Saskatchewan was the first to introduce legislation allowing mandated treatment and supervision for individuals with mental illnesses based on specific criteria. Since then, MOT was introduced across Canada, with Nova Scotia being the most recent jurisdiction to add provisions for MOT into their mental health act in 2023. MOT is envisioned to continue effective treatment for individuals typically diagnosed with severe and persistent mental illness (SPMI), who have a history of incurring significant risk and hospitalizations when unwell. The majority of the individuals under MOT are incapable to consent to their own treatment, as the illness can affect insight into the existence of symptoms and judgment of risk. Mental health legislation is under provincial or territorial authority, thus MOT arrangements differ across the thirteen jurisdictions in Canada. Some provinces and territories conceptualize MOT as Community Treatment Orders, whereas other provinces consider MOT under a conditional hospital leave. Criteria for MOT and review differ across the country, which can affect access of MOT for individuals. This presentation will review the history of MOT in Canada, the similarities and differences across the country, and the impact for patients, their families and the healthcare system.

Fit for Purpose? Discussing Legal Appeals and Community Treatment Orders in Ontario, Canada

Nicole Fielding, *Clinical Legal Counsel, the Centre for Addiction and Mental Health (CAMH), Toronto* (nicole.fielding@camh.ca)
Karen Shin, *University of Toronto* (karen.shin@unityhealth.to)

In the province of Ontario, Canada, the Mental Health Act authorizes that patients, primarily diagnosed with severe persistent mental illnesses, receive compulsory treatment in the community through the issuance of Community Treatment Orders (CTOs). These legal mechanisms enforce a Community Treatment Plan which is established in order to support otherwise certifiable individuals with living safely in the community and continuing to access treatment upon hospital discharge. CTOs aim to reduce, and ideally eliminate, the detrimental cycle of medication non-adherence, illness decompensation and re-hospitalization. However, current health care legislation contains provisions which result in treatment being paused when an individual opts to appeal a decision made by the authorized tribunal reviewing treatment incapacity decisions, the Consent and Capacity Board. The implications of this in the context of Ontario's CTO regime are unique and consequential, and merit further discussion. This presentation will examine treatment pending appeal in the context of CTOs through the review of Ontario's legislation and case law, as well as case study examples, demonstrating the impact of current legislated protections on patients, clinicians, families and the public.

Effectiveness of CTO in Ontario, Canada- A Population Level Study Using Quasi-Experimental Design

Samuel Law, *University of Toronto* (samuel.law@unityhealth.to)

Community Treatment Order (CTO) is a legal order that mandates individuals with serious mental illness and an established history of poor adherence to treatment and frequent psychiatric hospitalizations to take treatments in the community, or be subjected to involuntary assessment and potential hospitalization. CTOs are inherently controversial, yet highly prevalent in practice, and difficult to evaluate. Results from existing international qualitative and quantitative studies on CTO are mixed, including uncertainty over whether CTOs accomplish the purported goals of reducing illness relapse and psychiatric hospitalizations. With rising rates of CTO usage in Ontario, Canada, having jurisdiction-specific, population-level research on their effectiveness is much needed. The current population-level study aims to study patient characteristics, effectiveness, and treatment retention related to CTO in Ontario, utilizing a quasi-experimental cohort study design comparing those with or without CTO, with participants drawn from the community mental health services sector through the Ontario Common Assessment of Needs (OCAN) surveys. Clinical and resource utilization information will be obtained through linkage with the Institute of Clinical Evaluative Science (ICES) databases. Results of this study could better inform patient characteristic and outcomes related to CTO, potentially shaping policy, practice and service delivery related to this important yet controversial legislated treatment modality.

81. Outpatient and Community Settings

Keywords: Assisted outpatient treatment; outpatient commitment; disability rights; mental health law

Coercive Compassion: Theorizing Assisted Outpatient Treatment

Lea Johnston, *University of Florida Levin College of Law* (johnstonl@law.ufl.edu)

States are increasingly turning to assisted outpatient treatment, or preventive outpatient commitment (POC), to curb the mental health and homelessness crises. POC authorizes courts, in an absence of dangerousness, to order individuals with mental illnesses to comply with outpatient treatment to prevent future deterioration. Most statutes do not require treatment decision-making incapacity. This article interrogates possible justifications for POC. In particular, it examines the thank-you theory, the best interests test, and social welfare maximization theory and their underlying assumptions. These include: (1) individuals lack meaningful autonomy when subjected to POC; (2) POC yields significant personal benefits and decreases hospitalizations, violence, or state expenditures, and (3) post-treatment, patients perceive POC as beneficial and are grateful they were subjected to it. A combination of these conditions must be sufficiently likely for any of the three most plausible justifications to warrant the negative effects experienced by patients subjected to involuntary treatment. A review of quantitative and qualitative studies shows that none of these assumptions enjoys strong evidentiary support. These findings challenge the legitimacy of POC and suggest that the energy and resources devoted to POC could be better utilized elsewhere.

Mental Health Justice Partnerships: Advancing Community-Embedded Legal Services for Equitable Access to Justice

Tess Sheldon, *University of Windsor* (tess.sheldon@uwindsor.ca)

Injustice interferes with our communities' health, particularly our communities' mental health. We introduce a critical patient-centered model where individuals with lived experience lead Mental Health Justice Partnerships (MHJPs). MHJPs prioritize meaningful engagement over tokenism, embedding legal services within health and social settings to address intersecting legal and medical needs.

Access to justice is most meaningful when legal services are offered on-site within community settings. MHJPs exemplify the cross-sector collaboration necessary to address social problems that no single sector can solve alone. They also depend on the understanding of access to justice as a social determinant of mental health. Some health problems may be more effectively treated with legal remedies than with medical ones. This presentation showcases a Toronto-based MHJP, demonstrating its effectiveness within current funding constraints and the broader neoliberal landscape. By resisting the systemic erasure of disabled individuals, MHJPs advocate for equal justice through innovative, community-driven solutions. Meaningful participation and program ownership empower communities, offering a model for sustainable, transformative change.

Mental Health Law and the Carceral State: Community Treatment Orders and Control in the Community

Panos Karanikolas, *La Trobe University, Australia* (panos.karanikolas@latrobe.edu.au)

This presentation explores the role of contemporary mental health legislation in maintaining the carceral state and systems of racial governance in the Australian settler colonial context. Reforms to mental health legislation since the introduction of deinstitutionalisation policies in the West have shifted the focus of mental health law, policy and practice towards ‘outpatient management’ in the community setting. As part

of this shift, Community Treatment Orders (CTOs) have become a major aspect of psychiatric practice and law across the world. This paper presents a conceptual critique of CTOs (and mental health legislation more broadly), based on original empirical data collected in the Australian state of Victoria. I draw on carceral abolitionist theorising and apply Ruth Wilson Gilmore's framework of state-organised violence and extractive abandonment to mental health legislation, showing how mental health legislation structures experiences of both violence and the state's absence and neglect of 'problem' populations. The presentation builds on insights from critical disability, mad studies and critical race theory, analysing mental health law as part of Australia's white-settler legal matrix, and its role in the everyday reinforcement and enactment of denials of Indigenous sovereignty, laws and epistemologies, and systems of settler colonial racial governance.

Lawyering and Mental Health: Key Challenges and Professional Considerations in Community Legal Practice

Kimia Randall, *The Australian Centre for Disability Law* (kimia@disabilitylaw.org.au)

Lawyers working within community legal centres are increasingly engaging with clients whose legal issues are closely intertwined with mental health concerns. Many individuals seeking free legal advice are experiencing mental health decline, uncertainty, or distress, often in the context of systemic disadvantage. From a legal standpoint, providing advice in these circumstances requires a nuanced understanding of both legal rights and clinical realities. This intersection between law and mental health presents unique challenges. Community lawyers frequently encounter clients whose experiences of the legal system are shaped by underlying mental illness, trauma, and broader structural inequalities. As such, effective legal support must go beyond doctrinal knowledge—it must also incorporate trauma-informed practice and an appreciation of the complexities associated with mental illness, including fluctuating capacity, stigma, and barriers to accessing care. In this context, the role of the community lawyer is evolving. Legal professionals in this space must be equipped not only with legal expertise but also with the skills to engage sensitively and effectively with vulnerable populations. It is therefore imperative that community legal organisations invest in appropriate training and resources to support lawyers working at this intersection of mental health and the law.

82. Placement Options for Severe Parent-Child Contract Problems in Family Law

Keywords: Parent-child contact; resist-refusal dynamics; parental alienating behaviours; placement options

Forced Removals and Forced Transportations: Lessons from Child Protection Research

Michael Saini, *Factor-Inwentash Faculty of Social Work, University of Toronto* (michael.saini@utoronto.ca)

The body of research on forced removals within child protection provides critical insights into the effects of sudden changes in a child's living situation. This presentation consolidates findings related to children taken from parental care due to abuse or neglect, establishing connections to forced custody changes in alienation cases. We will investigate the factors that lead to successful transitions, the impact of disruptions in attachment, and methods to lessen trauma during removals. Additionally, practical recommendations for professionals involved in court-mandated custody adjustments will be shared. The presentation will thoroughly examine how children cope with abrupt placement changes, addressing factors like preparation, the quality of care in the new environment, and the provision of therapeutic support. Research covering the psychological impacts of forced removals and transport will be reviewed, including the risk of attachment issues, symptoms of post-traumatic stress, and challenges in forming identity. The session will recommend strategies to enhance outcomes in custody reversals, drawing lessons from child protection experiences. These strategies involve including children in the transition process when suitable, ensuring ongoing access to therapeutic resources, and opting for gradual, supported transitions whenever feasible.

Judicial Decisions on Custody Reversal: Trends and Considerations

Julia Ruth, *University of Toronto* (julia.ruth@mail.utoronto.ca)

Custody reversal is a highly contentious judicial response to serious parent-child contact issues. This presentation focuses on significant case law, highlighting trends in judicial reasoning and the factors that lead to transferring custody from the favored parent to the one who has been rejected. We will evaluate decisions from various jurisdictions to understand how courts interpret allegations of alienation, family violence, and child welfare concerns. The session will address the conditions under which judges are more likely to contemplate custody reversal and the legal protections established to ensure children's best interests. The review will draw attention to trends in judicial rulings, with an emphasis on the influence of expert testimony on outcomes and how courts consider the long-term effects of alienation on children. We will explore the delicate balance between maintaining the parent-child connection and mitigating the potential trauma from sudden custody changes. Additionally, the presentation will delve into how family violence concerns intersect with custody reversal decisions, especially when allegations of alienation are presented as counterclaims in cases of intimate partner violence. In conclusion, we will discuss best practices for courts when contemplating custody reversals, including the need for comprehensive, evidence-based assessments, judicial education on the dynamics of alienation, and the creation of clear, consistent guidelines for navigating the competing risks in these intricate cases.

Alternatives to Custody Reversal: Exploring Non-Disruptive Interventions for Mild to-Moderate Cases

Robin Deutsch, *Forensic Expert and Consultant* (drrobindeutsch@gmail.com)

While custody reversal may be necessary in severe cases, there are instances where non-disruptive interventions can help repair and strengthen parent-child relationships without requiring a change in custody. This presentation focuses on interventions that are best suited for mild-to-moderate parent-child

contact issues, where there is potential for meaningful repair. We will explore structured therapeutic interventions, supervised contact, family-centered approaches, and protective orders that support parent-child reconnection while maintaining stability. The discussion will emphasize the importance of early identification and tailored interventions to prevent cases from escalating to the point where custody reversal becomes the only viable option. Evidence-informed programs that assist children and parents in re-establishing connections after estrangement will be reviewed, alongside the effectiveness of parenting coordination, therapeutic mediation, and psychoeducational programs in reducing harmful dynamics. Case studies will illustrate when these interventions are most effective and where they may be insufficient. The session will conclude with a discussion on best practices for implementing alternative interventions, including continuous monitoring, professional training, and judicial support in endorsing appropriate non-disruptive solutions.

Evidence-Informed Approach to Custody Reversal

Amylie Paquin-Boudreau, *Department of Psychology, University of Quebec in Montreal* (amylie.paquin@gmail.com)

This presentation examines the empirical literature on interventions related to parent-child contact problems, focusing on cases where a child is removed from one parent and placed with the other. We will investigate the psychological, developmental, and relational impacts of these interventions, especially in contexts involving alienating behaviors, trauma histories, or protective concerns. The discussion highlights the importance of early assessment and collaborative, multidisciplinary approaches to minimize the need for custody changes. We will address the role of family law practitioners in situations involving emotional abuse, such as parental alienation. Additionally, the criteria that family law practitioners use to decide when a child's removal from a parent's custody is warranted and the factors affecting placement choices will be examined. Research outcomes for children who are placed with the previously rejected parent will be analyzed, highlighting both positive adjustments and challenges related to loyalty conflicts and trauma. The session will conclude with suggestions for cross-sector collaboration among child welfare services, the courts, and mental health professionals, aiming to prioritize the child's well-being while safeguarding them from continued emotional harm.

83. Rights of Persons with Disabilities

Keywords: Convention on the Rights of Persons with Disabilities (CRPD); disability justice; accommodations

A CRPD Indicator for the Mental Health Context: Measuring Change and Changing Measurement

Piers Gooding, *La Trobe Law School | La Trobe University* (p.gooding@latrobe.edu.au)
Chris Maylea, (c.maylea@latrobe.edu.au)
Neeraj Gill, (neeraj.gill@griffith.edu.au)

Catherine Brasier, (cbrasier@wellways.org)
Jill Stavert, (j.stavert@napier.ac.uk)

This presentation will report on the preliminary findings of a three-year project entitled A Human Rights Implementation Assessment for Mental Health Law and Policy. The project aims to develop a set of human rights indicators, drawing on the UN Convention on the Rights of Persons with Disabilities (CRPD), to evaluate and drive change in Australia. The indicator encompasses policy and law concerning mental healthcare, but looks beyond it to housing, employment, social security, and so on. Over the first year, the research team surveyed existing human rights indicator frameworks, including concerns about the perils of quantification, and considered them against mental health-related scholarship and advocacy. A co-design group — comprising mental health service users, families and other supporters — led the development of the draft indicator. Through both quantitative assessments of existing data and qualitative research to identify signs of meaningful progress for those whose rights are at stake, the project seeks to identify key domains of rights compliance and highlight issues most in need of change. The presentation will outline how the draft indicator will be refined and tested in two jurisdictions, Queensland and Victoria, and how we plan to share our results with advocacy organisations, government, and service providers.

Violence, Disability and Crime: A CRPD Perspective

Jane Richards, *York Law School, University of York* (jane.a.richards@york.ac.uk)

Mental illness as the cause of violent offending hits news headlines frequently. The image of the 'crazed', unpredictable perpetrator grabs the public imagination, evoking both warranted sympathy for victims, and populist rhetoric promising to address gaps in mental health services. However, this perspective leaves out the difficult balance to be struck between the rights of mentally disabled individuals who have a propensity towards violence, and their rights to live as equal members of the community. Adopting the CRPD as a lens of analysis, I consider the rights of those who have not committed any crimes, but in the throes of a mental health crisis, go on to do so. It is argued that the law as it is, is inadequate in navigating the tension between the public's right to be free from violence, against those of mentally disabled individuals who commit egregious crimes. The paper concludes that while foregrounding the rights of disabled offenders, the CRPD does not adequately address this concern in criminal law. Instead, more needs to be done to address the clash between competing rights in a way that reduces unprovoked criminal offending by defendants with severe mental disabilities.

Lived Realities, Legal Fictions: Pathways to Autonomy in Spain's Mental Health Law

Maria Laura Serra, *Universidad de Valladolid* (marialaura.serra@uva.es)

Despite Spain's ongoing efforts and national strategies aimed at reforming mental health legislation, there remains a significant risk of merely rebranding outdated concepts with new terminology, rather than instituting meaningful change. Such superficial modifications can lead to restrictive interpretations and applications that do not adequately uphold the rights and needs of individuals with psychosocial disabilities.

This paper addresses these discrepancies, particularly how Article 763 of the Civil Procedure Law (LEC) continues to legitimize involuntary psychiatric admissions, which conflicts with the UN Convention on the Rights of Persons with Disabilities (CRPD) that emphasizes autonomy and supported decision-making. By employing critical documentary and legislative analysis, along with qualitative data collected through interviews with psychiatric service users, survivors, and key informants within the mental health system, this research reveals that judicial oversight often functions as a mere formality. It frequently conflates legal and mental capacity while implicitly relying on criteria pertaining to 'dangerousness.' We highlight the systematic erosion of free and informed consent and the prevalence of coercive interventions. The study aspires to delineate a clear pathway for reforming Spain's mental health legal framework, informed by lived experiences, to ensure full alignment with international human rights standards, including the recommendations from the CRPD Committee and WHO-OHCHR guidelines, while genuinely respecting individual autonomy.

My Home, My Rights: Imagining Disability Justice Through Arts-Based Action Research

Sheila Wildeman, *Dalhousie University Schulich School of Law* (sheila.wildeman@dal.ca)
Conar Clory
Sarah Cooper
Isai Estey
Paula Hutchinson
Justin McGarragh
Chantel Meister
Patricia Neves
David Simmonds
Simon Snyder
Melissa Thompson
Jenn Walters-Whynacht

My Home, My Rights is an arts-based participatory action research team from Nova Scotia, Canada. Our core members learn and communicate in ways described as intellectual disabilities (some also identify as having autism, mobility and/or mental health disabilities) and have experienced a range of living situations, from large-scale institutionalization, to group homes, to individualized paid support, to homelessness, to residing with parents or spouses. We will talk about how, starting with a grant-funded project launched in 2020, our core members and facilitators used art (video-making, photo-portraits, collage, music) to explore human rights and disability justice. We will reflect on our participation in local and international movements for deinstitutionalization and in resistance to intersecting disability, poverty, and other kinds of oppression. We will describe our multi-media art show which has two key messages rooted in the CRPD: 1) We have the right to live in community (with support if we want it), 2) We have the right to make decisions (with support if we want it). We will reflect on our journey and where it has taken us (the UN, international conferences like this one) and the challenges and possibilities for making action research "emancipatory".

Accommodating Law Students with Mental Health Disabilities in Clinical Legal Education Programs: Listening to Students

Roxanne Mykitiuk, *Osgoode Hall Law School, York University* (rmykitiuk@osgoode.yorku.ca)
Tess Sheldon, *University of Windsor* (tess.sheldon@uwindsor.ca)

Clinical legal education (CLE) provides law students crucial learning opportunities to acquire knowledge and develop practical skills in various legal environments under supervision while gaining real-world experience. However, for law students with disabilities, significant barriers persist in accessing accommodations at all stages of the clinical educational experience. This presentation will share the results of semi-structured interviews with 23 students from two Ontario law schools conducted about the accessibility of the applications process and experiences navigating accommodation requests and barriers in their clinical placement. The focus of this presentation will be on the responses from students who identified with mental health disabilities or who commented about their peers with mental health disabilities. A preliminary analysis of the data reveals that law students with mental health disabilities have different experiences of ableism and internalized ableism in the accommodation process than do their peers with other disabilities. The presentation aims to further explore the findings of the data and draw out implications and responses for accommodating students with mental health disabilities in CLE.

84. Specialized Policy-Related Topics I

Keywords: Disability; caregivers; disability institutions; mental capacity

Prenatal Selection against Disability and the Question of State Neutrality

Heloise Robinson, *University of Oxford* (heloise.robinson@law.ox.ac.uk)

Throughout many countries in the world there is widespread use of prenatal selection techniques to prevent the birth of disabled children. It is commonly assumed that the use of these techniques results from individual choice, and that the state is neutral: the state allows for choice, but does not encourage any particular choice. If that were not the case, it would seem that the state would not be fully committed to equality. It is also often thought that the state shows a concern for the mental health and wellbeing of the parents through protecting reproductive autonomy, although a common concern is that this is in conflict with disability inclusion. Based on an interdisciplinary approach, incorporating analysis of philosophy and law, this presentation will suggest that we need to examine more carefully the common assumption about the state's position, and will question the possibility of state neutrality, as well as the state's role in defining a concept of 'disability'. This will allow for a way to move beyond the above-mentioned conflict model, and for a stronger commitment to the mental health and wellbeing of both the parents and disabled people.

Caregiver Burden and Challenges of Autism Health Policies for Routine and Beneficial Care

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

Despite the increased prevalence of autism spectrum disorder (ASD) and advancements in beneficial treatments that can be integrated in education systems, there remains continued gaps in healthcare coverage from state to state and within the ASD population. For example, children under a certain age may no longer be eligible for health care benefits or there may be capping of benefits, leaving persons diagnosed with ASD and families unable to acquire needed services. Furthermore, as the U.S. Department of Education undergoes significant changes in funding, employment, and general operations, it is unclear whether the existing federal support through the Individuals with Disabilities Education Act (IDEA) would continue to be a resource, albeit inconsistent from state to state, for free or low-cost special education services, including ASD therapies. As persons with ASD and their families are confronting barriers to routine and beneficial care and services, caregiver burden is intensifying, and contributing to decreased quality of life, strained relationships, and mental illness (e.g., anxiety). As caregivers are unable to fully support their loved ones with ASD, and socially, physically, financially, and mentally compromised, the overall quality and access of care can significantly impact persons with ASD.

Three-Stage Model to Support Decision-Making

Danielle McIlroy, *School of Social Sciences, Education and Social Work, Queen's University, Belfast* (danielle.mcilroy@qub.ac.uk)
Lorna Montgomery, *School of Social Sciences, Education and Social Work, Queen's University, Belfast* (l.montgomery@qub.ac.uk)
Gavin Davidson, *School of Social Sciences, Education and Social Work, Queen's University, Belfast* (g.davidson@qub.ac.uk)

The research study examined Best Interests decision-making processes in Learning Disability Services for individuals who lack capacity in Northern Ireland (NI) and explored the Best Interests Principle as defined within the recently implemented Mental Capacity Act (NI) 2016 (MCA (NI) 2016). This was a mixed methods study using qualitative and quantitative research methods using interviews and electronic surveys. Those participants who were interviewed were in receipt of statutory services in NI. Due to the MCA (NI) 2016 Research Code of Practice (2019), individuals who, in the past would not have been able to participate in the study, were given the opportunity to participate and were included in the study. Professionals who completed the electronic surveys were employed by statutory services and had been involved in Best Interests decision-making processes in NI. The research identified issues in current Best Interests practice and considered recommendations for future practice including a 'Three-stage model to support decision-making' for practitioners making Bests Interests decisions. The recommendations have been shared with the Department of Health (DoH) in NI and funding has been received from the DoH to pilot the three-stage model to support decision-making within all service-user groups within each Health and Social Care Trust.

Redressing Disability Institutionalization: Towards a Disability Truth and Repair Framework

Linda Steele, *University of Technology Sydney* (linda.steele@uts.edu.au)

How do we reckon with and repair the past harm of institutionalizing disabled people? Article 19 of the Convention on the Rights of Persons with Disability provides the right to live independently and be included in the community. The UN Committee on the Rights of Persons with Disabilities clarifies that this right requires States parties to undertake deinstitutionalisation which extends to providing 'remedies, reparations, and redress' for institutionalisation. In this presentation I argue for the development of a Disability Truth and Repair Framework to support future design and critical evaluation of reparative initiatives on disability institutions. I map out a series of conceptual and practical considerations that can inform the framework, by reference to philosophical scholarship on moral repair and critical disability studies scholarship on institutions. Considerations include temporal, familial, and cultural dynamics of institutionalisation, connections between institutionalisation and other dynamics of oppression and settler colonialism, professional, government, and charity power, and diversity of lived experience and accessibility needs.

85. Specialized Policy-Related Topics II

Keywords: Consent; biometric surveillance; accommodations; disability justice

"Yes or no?" – Capacity to Consent in Progressing Neurodegenerative Diseases

Björn Schmitz-Luhn, *Center for Life Ethics, Bonn University* (schmitz-luhn@uni-bonn.de)

Neurodegenerative diseases such as Alzheimer's dementia and Parkinson's disease are on the rise. Ensuring dignified ageing even in the face of increasing, disease-related decline in mental capacity is one of the central questions facing society. The answer to this question is also reflected in the structure of the respective legal system, in particular in the regulations governing a patient's capacity to give consent. Most legal systems apply a dichotomy of whether a patient has the capacity to consent or not – however, neurodegenerative diseases are often characterized by a progressive and not uniform loss of ability. In addition, surrogate decision-making can also lead to conflicts among medical professionals, caregivers, and legal authorities regarding the patient's best interests. While the latter should always be at the center of decision-making, it is not always clear how it can be determined and safeguarded when a natural will of the patient is visible but legal capacity is formally not given. In this study, we analyze legal frameworks from Germany, Switzerland, the US, and Canada as well as international conventions to provide impulses for a graduated consent concept that comes closer to the slowly degrading medical course of the disease rather than the current "all-or-nothing" approach.

From Beside Observation to Digital Supervision: Legal and Regulatory Responses to Video-Algorithmic Monitoring and Surveillance in Care

Piers Michael Gooding, *La Trobe Law School, La Trobe University* (p.gooding@latrobe.edu.au)

This paper examines new forms of biometric monitoring and surveillance in mental health settings, such as remote, digitally-enabled 'nursing observation', including patient bedrooms being fitted with a camera and sensors that use 'computer vision', signal processing and artificial intelligence techniques. Through such

arrangements, individuals are subject to remote and continuous 'tracking' of biometric data, such as breathing rate, from several metres away. Experimentation is also occurring with the use of sensors to detect and interpret risky behaviour. This paper will explore the legal and regulatory significance of these novel biometric monitoring and surveillance measures. The paper argues that we need new critical methods that can address the technical specificity of automated decision-making systems and their role in restructuring care encounters in the mental health context. Concepts from ethics of care, disability studies, and science-and-technology studies will be used to explore ways that legal and regulatory responses tend to privilege efficiency (e.g. cost–benefit analysis), arguing instead for ways to reorient the focus to deploying systems that are supportive of human concern and care.

Perspectives of Individuals and Families impacted by FASD on Supports for Educational Attainment

Lindsay Morcom, *Queen's University* (morcoml@queensu.ca)
Jennifer Davis, *Queen's University* (jennifer.davis@queensu.ca)

As with any other disability, individuals with Fetal Alcohol Spectrum Disorder (FASD) have the right to appropriate accommodations to achieve success in education. However, in practice these accommodations are frequently lacking, and symptoms of FASD, particularly those connected to behaviours, are frequently misunderstood as choices rather than manifestations of a neurodevelopmental disability. This leads to poor educational and social outcomes including increased drop out, legal issues, and incarceration (Flannigan et al., 2017; Popova et al., N.D.). This is exacerbated by the fact that the majority of pre-service and in-service teachers have very little if any knowledge of FASD (Joseph, 2024). To produce better educational experiences and outcomes, more understanding is necessary for teachers and society at large, and nobody is better positioned to inform us about what changes are needed than people with FASD and their families. Our research involves working with individuals and families impacted by FASD to create digital stories about their experiences in education. Through qualitative analysis of the stories, we identify key supports and understandings that educators and other professionals need to ensure learners with FASD are appropriately accommodated and are able to grow their talents and achieve all they can through education and beyond.

La Prise en Charge du Jeune Majeur Mulnérable par sa Famille

Vincent Egea, *Aix-Marseille University* (vincent.egea@univ-amu.fr)

La prise en charge du jeune majeur vulnérable par sa famille suscite des difficultés particulières. Durant la minorité de l'enfant, en cas de handicap ou de besoin de protection particulier des droits de l'enfant, le droit de l'autorité parentale offre généralement une réponse satisfaisante, y compris en cas de divorce ou de séparation de ses parents. En effet, chaque branche de la parenté étant représentée dans système de co-titularité de l'autorité parentale, la protection des droits et intérêts de l'enfant s'effectue malgré la fin du couple parental. Une fois devenu majeur en revanche, la situation se complique et met le droit à l'épreuve. En cas de divorce ou de séparation des parents, les difficultés peuvent survenir notamment lorsqu'un seul parent est désigné comme tuteur. Dans un ordre d'idées différent, si la protection est assurée par un

mandataire extérieur à la famille, chargé de la protection d'un jeune majeur handicapé par exemple, cette survenance d'un tiers est parfois mal perçue par les membres de la famille. Le droit et les juristes tentent alors de trouver les solutions efficaces et effectives.

Abolition Pragmatism: Comparative Lessons from Nova Scotia's Rapid Covid-19 Decarceration and Disability Rights Coalition Settlement

Sheila Wildeman, *Dalhousie University Schulich School of Law* (sheila.wildeman@dal.ca)

Since 2020, Nova Scotia has been host to two extraordinary abolitionist events: 1) Canada's most striking rapid Covid-19 decarceration, whereby the province's jail population was reduced by almost 50% in the first six weeks of the pandemic; and 2) the Disability Rights Coalition Remedy, a human rights settlement featuring timelines, benchmarks, and continuing public oversight, which mandates closure of the province's remaining large disability institutions (plus residential care facilities and group homes with more than 4 residents) and creation of a rights-respecting system of individualized disability supports within 5 years (2023-2028). These developments, viewed in isolation and together, yield pragmatic lessons for disability deinstitutionalization and radical prison decarceration. Neither is a straightforward or unfinished story. The author, a legal academic embedded in Nova Scotia's disability deinstitutionalization and prison abolition movements, will reflect on what lessons these made-in-Nova-Scotia events might yield for disability and prison justice: for instance, on maintaining legal and political mobilization of constituencies that have historically worked in opposition, and averting well-worn tendencies for emancipatory efforts to produce retrenched fiscal and social conservatism and new technologies and strategies of control.

86. Thinking Critically About Mental Capacity in the Law: Reject, Revise, or Replace

Keywords: Mental capacity; law; risk; safeguarding

Folk Psychology in the Law: Mental Capacity and Related Fictions

Margaret Hall, *Simon Fraser University* (margaret_hall@sfu.ca)

Folk psychology is a "common-sense" theory of mind explaining intentional actions as caused by the mentalistic events preceding them. Certain event-sequences are identified in folk psychology as recurring patterns common to the human mind: "decision-making" is one such sequence, with "mental capacity" describing the ability to perform the mental steps decision-making entails. A concept of each person's mind as a realm of private internal episodes, a "private peep show" in which the thinker observes the events in their mind unfold, underlies the folk psychology paradigm. Thus, we "assess" the mental capacity of another primarily through their ability to convincingly describe their private inner episodes in a way that conforms to the sequence required for "decision-making". The belief that we observe our own thinking processes, which can then be faithfully described to others is fictious, a metaphor based on our observations of the external world. Indeed, Peter Hacker has suggested that others (who do observe our behaviour) often know us better than we know ourselves. This paper considers the nature of problems arising from mental

capacity and related folk psychology concepts in law, together with potential alternatives to those concepts, through their application in three case studies.

Beyond Words: Reconceptualizing Decision-Making Capacity Assessment

Natasha Marriette, *University of the Fraser Valley* (natasha.marriette@ufv.ca)

Decision-making capacity is commonly conceptualized as an internal process, representing the private beliefs and intentions of the individual. This assumption underpins much of legal framework and policy, treating decision-making as a personal and isolated task. However, growing philosophical, psychological, and legal discourses increasingly question this perspective, highlighting its limitations in capturing the complexity of decision-making processes. The conventional approach to assessing decision-making capacity often relies on interviews where capacity is viewed as synonymous with an individual's ability to communicate their thoughts, believes, and values effectively. This method assumes that thoughts exist independently of context or external influences, potentially overlooking critical factors such as medical status, social interactions, or situational constraints that significantly shape decision-making. This paper explores the limitations of traditional approaches to assessing decision-making capacity and how external factors heavily influence decision-making, creating discrepancies between stated beliefs and actual actions. This critique also reveals systemic disparities in formal assessments of decision-making capacity where certain populations may face unduly harsh assessments due to unacknowledged external influences. The conventional understanding overlooks the interplay between internal cognition and external environmental factors, necessitating a more nuanced approach that integrates diverse contextual elements to ensure accurate and fair assessments of decision-making capacity.

Temporal Disruptions in the UNCRPD: An Untimely Future for Legal Capacity?

Beverly Clough, *Manchester Metropolitan University* (b.clough@mmu.ac.uk)

This paper utilises the conceptual tools offered by scholarship on temporality and extends their use through engaging with the disability, legal capacity and the CRPD. Surfacing these temporal issues in light of the work of human rights scholars such as McNeilly, and the call to think through human rights in a way that it 'untimely' offers two key insights for human rights scholarship and for disability law, particularly in the context of mental capacity. Firstly, it opens up novel sites for critical attention directed at routes for progressive change, moving beyond the stagnant and fixed temporalities of current debates. Secondly, at a conceptual level it begins a dynamic conversation between critical disability scholarship and human rights scholarship, demonstrating the importance of being attentive to the temporalities underpinning legal frameworks and the ableist ideas that may inhabit these. Disability studies has the potential to disrupt temporalities and underpinning ideas of time in capacity law, disability law, and human rights frameworks beyond disability.

Plurality, Personae, Person-hood: A Consideration of the Legal Implications of Dissociative Identity Disorder

Danielle Watson, *University of Leicester* (danielle.watson@leicester.ac.uk)

Dissociative Identity Disorder (DID) affects an individual's perception of the physical and social world. Legal discourse on DID is limited, primarily focusing on criminal law and evidence, particularly regarding culpability when a non-host persona controls the body during a criminal act. The main issues are whether DID diagnosis evidence meets admissibility standards and whether the state of consciousness or personality affects the mens rea of the crime. The courts rarely consider if the law should recognise different personae

within a DID system as separate legal persons. This paper will, therefore, address this knowledge gap by exploring the legal personhood status of DID personae in England and Wales. It will define DID and discuss its development in psychiatry, whilst also including perspectives from individuals diagnosed with DID to understand their views on identity and personhood. It will then examine the concept of legal personhood and prevailing theories on DID and personhood. Finally, the paper will assess the UN Convention on the Rights of Persons with Disabilities (CRPD) to show how a human rights perspective interacts with existing literature and which perspective on personhood the CRPD endorses.

Empowerment Through Mental Capacity Law? The Paradoxes of Empowering Jurisdictions

Lucy Series, *University of Bristol* (lucy.series@bristol.ac.uk)

Mental capacity laws, in England and elsewhere, are often vaunted as 'empowering'. Yet empowerment is a slippery thing - does it start, as its early proponents maintained, from a bottom up, or is it something that can be bestowed 'from the top down'? Empowering jurisdictions embody the spirit of Eleanor Roosevelt's famous dictum; they aim to use the law to secure rights in the 'in the small places, close to home'. Using the example of the Mental Capacity Act 2005 of England and Wales, I will explore how empowering jurisdictions are inherently paradoxical. First, they are juridifying, expanding law into new parts of the lifeworld, and deliberately disrupting existing social practices, norms and relationships. We should therefore consider whether there are limits of what law can do, and whether it can become counter-productive. Secondly, they establish new forms of authority, including the epistemic authority to diagnose a person's disempowerment and the authority to administer the remedy. Thirdly, by their nature, mental capacity laws can never secure what radical disability rights scholars and activists argue is needed - personal sovereignty - because a person's decision-making is always potentially open to higher review. Without mental capacity law - what can we do?

87. Vulnerability and Autonomy

Keywords: Restraint; trauma informed lawyering; mental disability

Restraint in Health and Social Care Settings

Steph Kerr, *Queen's University Belfast* (steph.kerr@belfasttrust.hscni.net/skerr21@qub.ac.uk)

The use of restraint in healthcare and social care settings, particularly for individuals who lack capacity, remains a complex and contentious legal and ethical issue. Restraint encompasses a range of interventions, including physical, chemical, mechanical, and psychological methods, each requiring stringent safeguards to prevent misuse and ensure compliance with human rights standards. The phased implementation of the Mental Capacity Act (Northern Ireland) 2016, particularly Section 12, marks a significant shift towards a more rights-based approach to restraint, aligning legal and policy frameworks with ethical principles of autonomy and dignity. This article critically analyses the evolving regulatory landscape governing restraint, drawing on key legislation, the 2023 Regional Restrictive Practices Policy, and relevant case law. It further explores ethical dilemmas and operational challenges, including staff training, documentation, and

oversight mechanisms necessary for lawful and proportionate restraint use. Finally, the article examines preventative strategies through person-centred care approaches, advocating for a cultural shift towards minimising restrictive interventions and promoting human rights-driven practice.

The Role of Trauma-Informed Lawyering in Protecting Community Legal Service Clients' Human Rights: Preliminary Enquiries

Puneet Sansanwal, *La Trobe University* (P.Sansanwal@latrobe.edu.au)
Lisa Brophy, *La Trobe University* (L.Brophy@latrobe.edu.au)
Tessa Zirnsak, *La Trobe University* (T.Zirnsak@latrobe.edu.au)

Major Community Legal Centres (CLCs) in Australia are starting to introduce 'trauma-informed' approaches to legal practice. Trauma-informed approaches include CLC lawyers and staff having greater awareness of the intersectional issues faced by their clients and thus preventing additional trauma. Trauma-informed services aim to empower clients and improve their safety, and promote trust between clients and service providers. Ideally, this approach will help deliver services that better uphold the rights of legal service clients, though there is little research on whether this is indeed the case. This paper presents preliminary findings from PhD research examining the role of trauma-informed practices by CLCs in upholding the human rights of their clients. This research builds on previous research showing that Australian CLC clients are among the most disadvantaged populations in the country, with a very high proportion of this group have survived traumatic life experiences. The presentation will share a synthesis of literature on (including grey literature) trauma-informed services and human rights. This research forms part of an ARC funded research project titled 'Supporting Trauma-Informed Legal Services (STILS): A Stepped-Wedge Multi-Site Study' led by Professor Chris Maylea and Associate Professor Piers Gooding at La Trobe University.

Navigating Vulnerability: A Literature Review on MAiD and Persons with Intellectual and Other Mental Disabilities

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

This presentation outlines findings from a literature review examining the evolving intersection of medical assistance in dying (MAiD) and individuals with intellectual and other mental disabilities. As eligibility criteria expand to include mental illness as a sole underlying condition, critical ethical, legal, and clinical questions arise. The review synthesizes Canadian and international literature, highlighting core concerns: elevated risks of coercion and systemic discrimination; complexities in assessing capacity, consent, and voluntariness; and the impact of structural determinants such as poverty, isolation, and service gaps on decision making. The tension between autonomy-based and protectionist frameworks is especially pronounced for people with disabilities, whose experiences are shaped by histories of marginalization. Emerging debates on the extension of MAiD to mature minors and the potential use of advance directives further complicate the landscape. These issues raise profound questions about future consent, substituted decision-making, and the adequacy of existing safeguards. The literature reveals a growing consensus on

the need for disability- and trauma-informed approaches that balance liberty with risks. This presentation will explore how law and policy can evolve to protect vulnerable individuals while affirming agency, ensuring equal treatment, and addressing underlying social (i.e. non-medical) conditions that produce suffering.

*Navigating Autonomy and Protection: Legal, Ethical, and Clinical Challenges in Australian Mental Health Law**

Kimia Randall, *The Australian Centre for Disability Law* (kimia@disabilitylaw.org.au)

One of the key challenges in NSW mental health law is balancing the delivery of safe, effective, and least restrictive care with the rights of individuals who are involuntarily detained and often wish to leave hospital care. This issue is growing as the cost of living rises, mental health conditions and addictions increase, and the hospital system faces a higher number of presentations with critical staffing shortages—particularly in psychiatry. This tension is deeply felt by both mental health staff and the legal system. The legal framework aims to promote recovery-focused, trauma-informed care, yet must also allow for involuntary detention when individuals are acutely unwell and lack insight into their condition. As a practising lawyer with a background in mental health care, I witness this complexity daily. Drawing from my professional background, spanning legal practice and mental health service delivery, I encounter this issue regularly, especially in my role on the NSW Mental Health Review Tribunal, where I consider the involuntary detention of individuals in a mental health facility versus involuntary or voluntary mental health treatment in the community on a regular basis. My previous roles include managing suicide prevention programs, casework with homeless youth experiencing severe mental illness, and management in community-based mental health organisations. I have also served as an Official Visitor under the NSW Mental Health Act. This interdisciplinary perspective underscores the complexity of aligning legal, clinical, and ethical considerations in the context of involuntary mental health care.

88. Weaponizing Race and Authoritarianism: The Global Threat to Democracy

Keywords: Voting rights; race; authoritarianism; democracy

Weaponizing Race and Authoritarianism: The Global Threat to Democracy

Barbara Arnwine, *Transformative Justice Coalition (TJC)* (barnwine@tjcoalition.org)
Daryl Jones, *Transformative Justice Coalition (TJC)* (djones@tjcoalition.org)

Ms. Arnwine will introduce the overall panel concept and background. She will describe how the session will discuss the global threat to democracy posed by the internationally coordinated assault by anti-democracy forces using a combination of white supremacist theories, dysgenic theories, voter suppression measures, deceptive practices and authoritarianism to destroy participation of all entitled voters in the

electoral and political process. She will present background regarding how In the last decades, especially in the 2024 elections, in several nations there has been a noticeable increase in racially divisive campaigning including targeted racist anti-immigrant appeals: voter suppression measures and authoritarian messaging. The internet has been used by foreign governments, white supremacist and neo-Nazi groups to promote outright messaging designed to sow racial hate during elections. In the USA, racially targeted voter discouragement campaigns using fake internet accounts reached an all-time high. And there was a record filing of lawsuits to denigrate voting rights. In the US on Election Day there were over 67 bomb threats targeting African American, Native American and Latino voting precincts. She will lay the framework for how this session will explore transnational strategies to combat these coordinated attacks and to advance inclusive and just multiracial democracies globally.

The Challenge to Democracy in the Courts

Daryl Jones, *Transformative Justice Coalition (TJC)* (djones@tjcoalition.org)

Attorney Jones will describe the challenges of direct efforts in the United States of America to dismantle federal enforcement of the existing voting rights laws, including the destruction of voting rights and civil rights jurisprudence. This presentation will provide an overview of recent cases which have focused on denying those facing discrimination in voting the "private right of action" under the Voting Rights Act of 1965. This presentation will also describe the intersectional attacks on anti-racial discrimination, disability accommodations and language rights. He will also cover the intense legislative and grassroots efforts to restore voting rights for those formerly incarcerated. Strategies to combat these threats will be explored along with proposed new federal and state voting rights laws.

Therapeutic Jurisprudence

89. Abuse, Coercion, and Undue Influence

Keywords: Custodial interference; human trafficking; sexual exploitation; undue influence; therapeutic jurisprudence

Ignoring the Psychological Damages of Custodial Interference

Joan Kloth-Zanard, *PAS Intervention* (info@paconsortium.org)

Parental alienation—the systematic blocking of a child's access to one parent without valid justification—represents a severe form of psychological abuse with far-reaching consequences. This phenomenon occurs regardless of gender, affecting both mothers and fathers, along with their extended families, particularly in cases where neither parent has been legally deemed unfit. The psychological impact on children is especially concerning, as they lack the emotional and mental maturity to process being forced into choosing between parents. This often results in psychological splitting, a defensive mechanism where children struggle to maintain healthy relationships with both parents simultaneously. The trauma inflicted through this form of family disruption has been documented to cause significant long-term developmental and emotional challenges for the affected children. Understanding this issue as a form of psychological abuse

rather than merely a custody dispute is crucial for developing appropriate interventions and legal frameworks. This perspective emphasizes the need for preventive measures and therapeutic support systems that protect children's rights to maintain meaningful relationships with both parents, except in cases of proven unfitness. Addressing this form of family violence requires a comprehensive approach that considers the complex psychological dynamics at play and prioritizes children's emotional well-being.

Life at the Intersection of Economic Abuse and Sexual Exploitation

Kristen Bracy, *I Rise FL, inc.* (kristen@irisefl.org)
Sanda Kasparovics, *I Rise FL, inc.* (sanda@irisefl.org)

The injustice of economic abuse has been widely discussed and studied in the intimate partner violence space. Yet, scholarship on the experience and ramifications of economic abuse on victims and survivors of sexual exploitation is minimal. Anecdotally, economic abuse is known to be the hallmark of sexual exploitation. However, deeper examination of how victims and survivors of sexual exploitation experience economic abuse and the long-term effects of this form of violence must be investigated to develop informed solutions and resources for ongoing healing and recovery. This presentation will build upon the findings of the seminal Economic Abuse Study presented at the 2024 IALMH with a larger sample of quantitative data and the addition of a qualitative exploration of the long-term effects of economic abuse and sexual exploitation in survivors' ability to gain financial stability, independence, and move out of surviving and into thriving. This presentation will expound upon the methodology and findings of this study, focusing on the relationship of economic abuse that victims of sexual exploitation face and the long-term hardships this form of abuse presents for survivors. Recommendations for practice will be offered, including how legislators, lawmakers, and legal professionals can help to remove barriers for survivors of sexual exploitation.

Social Media, AI, the Metaverse, and a Set of Models to Help Forensically Evaluate Undue Influence

Steven Alan Hassan, *Freedom of Mind Resource Center Inc.* (center@freedomofmind.com)

Using Artificial Intelligence (AI), supercomputers, and citizens' data, bad actors unduly influence millions of minds through digital content (e.g., social media) on digital portals (e.g., phones, virtual reality headsets (VR)). A framework for evaluating undue influence will be crucial in the years ahead. The DSM–5 TR identifies this group of patients under a special category: Other Specified Dissociative Disorder 300.15 (F44.9). "Identity disturbance due to prolonged and intense coercive persuasion: Individuals who have been subjected to intense coercive persuasion (e.g., brainwashing, thought reform, indoctrination while captive, torture, long-term political imprisonment, recruitment by sects/cults or by terror organizations) may present with prolonged changes in, or conscious questioning of, their identity." I am a clinician, having worked 49 years to reprogram minds from authoritarianism. Online hypnosis and NLP remain unregulated, causing lost time, off-lined critical thinking, and radicalization from values and beliefs toward extremist positions, violence, and treason. Law professor emeritus Alan Scheflin's Social Influence Model (SIM) explains influencee unique traits and situational vulnerabilities, and influencer characteristics, including malignant narcissism. My doctoral dissertation, The BITE Model of Authoritarian Control: Undue Influence, Thought Reform, Brainwashing, Mind Control, Trafficking and the Law, offers to update the legal system with a framework to evaluate Undue Influence.

Embracing Therapeutic Jurisprudence within Coercion: The AMHP's Role in Safeguarding Dignity and Autonomy in Mental Health Law

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

This article investigates the intricate relationship between the Approved Mental Health Professional (AMHP) role under the Mental Health Act 1983 (MHA) and the principles of therapeutic jurisprudence (TJ). While AMHPs fulfil a critical legal gatekeeping function, their professional commitment to patient welfare presents a unique opportunity to mitigate the potentially adverse psychological and emotional impacts of legal interventions. This paper explores how AMHPs currently embody, or could better embody, TJ principles, particularly within the coercive framework of mental health detention and the tribunal process. It examines person-centred practices that foster dignity, autonomy, and procedural fairness, even within the constraints of their statutory duties. By analysing the AMHP's influence on an individual's journey through detention and their experience of challenging that detention via a tribunal, the article highlights the practical application of TJ. Furthermore, it critically reflects on systemic and practical challenges impacting the AMHP role, assessing their capacity to fully implement TJ principles. Ultimately, it is argued that the therapeutic benefit of the AMHP role is found less in the power of their discretionary decisions and more in the way AMHPs apply their responsibilities, shifting a coercive structure towards one that champions individual well-being and justice.

90. Advocacy and Members of Underserved Populations

Keywords: Asylum evaluations; ethics; human rights; regulatory processes; compassion

Assessment as a Form of Resistance: Forensic Evaluations for Asylum Seekers

Patricia Hawley, *Tulane University School of Medicine* (phawley@tulane.edu)
Serena Chaudhry, *Tulane University School of Medicine, Department of Psychiatry and Behavioral Sciences*

Louisiana detention centers house nearly 7,000 of the nearly 39,0000 migrants detained in the United States (Transitional Records Access Clearinghouse, 2024). Of those detainees, nearly 70% were denied asylum relief (Transitional Records Access Clearinghouse, 2024). The South Eastern United States is challenged at large; Adams County Detention Center in Natchez, Mississippi holds the largest number of ICE detainees so far in FY 2025, averaging 2,067 per day (Transitional Records Access Clearinghouse, 2024). A physical or psychological evaluation can substantially increase a person's chance of getting asylum by 80% (Physicians for Human Rights, 2021). Intentional cross sector collaboration has served as a tactic for strategically confronting governing institutions that detain and oppress asylum seekers. Faculty and staff and students from Tulane University School of Medicine have partnered with colleagues in social work, public health and law to establish an asylum clinic within a pre-existing community medical clinic. Luke's House Asylum Clinic provides pro bono physical and psychological evaluations for asylum seekers in the region. Presenters will review data on referrals, evaluations, continuity of care for asylum seekers and outcome data for asylum cases. Presenters will engage attendees in a discussion about how this model can be strategically replicated and scaled up to serve detainees and ultimately, perpetuate organized institutional resistance to increasingly oppressive immigration laws.

Ethics and Law of Immigrations and Customs Enforcement Entering Healthcare Facilities in the United States

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

The ethical and legal landscape of Immigrations and Customs Enforcement (ICE) entering healthcare facilities in the United States has emerged as a critical issue among providers, clinical ethicists, and legal teams. Historic policies and guidance from the mid-2000s designated hospitals, specifically, as "sensitive locations," which discouraged ICE from searches, surveillance, arrests, and other actions without judicial warrants. While warrantless entry is critically viewed as violating established constitutional laws, legal guidance is vague in terms of exceptions, and basic freedoms may not be upheld to protect patients. The current state of US hospitals and clinics in terms of patient protections through sound immigration law and policy is in jeopardy and leading to unethical and potentially illegal acts, patient fear, conflicts between providers and administrators, and emergency training in the effort to protect patients. This presentation presents past and current laws and policies centering on ICE and clinical settings, associated legal conflicts, and several ethical issues ranging from violations of liberties of patients and providers and their overall social, physical, and mental wellbeing. Finally, anecdotal experiences as a clinical ethicist in community clinic and hospital settings present the realities of what our providers, patients, and others are experiencing in this volatile time.

The Power of Art in Legal Advocacy for Rights: Therapeutic Jurisprudence Perspectives

Tamar Ezer, *University of Miami School of Law* (tezer@law.miami.edu)
Bernard Perlmutter, *University of Miami School of Law* (bperlmutter@law.miami.edu)

This presentation will explore the transformative power of art in legal advocacy to advance the human rights of marginalized populations. Therapeutic jurisprudence has a natural affinity with artistic activity which seeks to reform unjust laws. Moreover, art enables the therapeutic and constructive communication of experiences, supporting legal advocacy. Art provides a forum for marginalized voices and can serve to reframe, heal, and imagine a different reality, while engaging with and potentially mobilizing others, creating a foundation for reform. While law has traditionally focused on verbal persuasion, images can connect with viewers on an emotional level. Art further provides a disarming platform that can expand an audience and bring together diverse perspectives. This presentation will explore the opportunities, challenges, and considerations in integrating art in legal advocacy from the lens of therapeutic jurisprudence. It will delve into two case studies: Miami Law's Human Rights Clinic has partnered with artists with lived experience of being unhoused to develop prints supporting advocacy for the right to housing. Miami Law's Children and Youth Clinic has collaborated with an artist and children in restrictive psychiatric hospitals on artwork and advocacy to reform standards governing placement in these facilities.

Exploring the Role of Organisational Processes in Promoting Compassion

Caroline Redhead, *Manchester Law School, Manchester Metropolitan University* (c.redhead@mmu.ac.uk)

In this paper I consider how legal processes have power to facilitate or impede emotional safety and wellbeing for women and birthing people. I suggest that the use of therapeutic jurisprudence (TJ) to re-view UK NHS Foundation Trusts' organisational governance and regulatory processes (organisational processes) can offer new insights. The Report of the Inquiry into the failure of maternity services at East Kent Hospitals University NHS Foundation Trust in the UK was the catalyst for this paper. In its response to the East Kent Report, the UK Government acknowledged the importance of a culture of honesty, compassion and safety but none of its subsequent recommendations or reforms considers the impact of organisational processes

on the provision of compassionate care. My argument is that such processes are neither inert nor benign. The anti-therapeutic potential of hierarchical organisational structures is clear, and this is confirmed by the findings of the East Kent Report. Presenting a brief, TJ-informed review of those findings, I suggest that a re-view of NHS Trusts' organisational processes might offer a new approach to tackling maternity service failures in the UK, with the ultimate aim of ensuring emotional safety and wellbeing for pregnant and birthing people in childbirth.

91. Building Bridges Between Law and Social Work: Interdisciplinary Research, Education, and Practice to Promote Trauma-Informed Legal Systems

Keywords: Trauma-informed practice; interprofessional collaboration; incarcerated populations; human trafficking; youth advocacy

Understanding Trauma Histories Before, During, and After Incarceration

Maria Morrison, *Saint Louis University School of Social Work* (maria.morrison@slu.edu)
Chris Weatherly, *University of Georgia School of Social Work* (cweatherly@uga.edu)

The U.S. is the world leader in incarceration, with 2 million people currently behind bars. The high rate of mental illness in this population is a major challenge of decarceration. This is a highly traumatized population and effective mental health intervention requires trauma-responsive service systems. Among the challenges faced by researchers and practitioners in this area is the absence of survey instruments that can accurately capture trauma exposures unique to this population. The current systematic scoping review sought to identify the existing measurement instruments used in research on lifetime trauma exposures for individuals in the U.S. who have experienced incarceration. Seventy-five unique studies met inclusion criteria. The instruments used in these studies were the Trauma History Questionnaire (n=17), the Childhood Trauma Questionnaire (n=6), the ACE's survey (n=6), and the Life Events Checklist (n=5) - none of which capture trauma exposures specific to the prison environment (e.g., solitary confinement). Over 50% (n=41) of the studies used instruments constructed by the researchers, none of which had validity or reliability measures reported. This review highlights limitations in this area of research and points to the need for the development of screening instruments for this population with strong psychometric properties.

Implementation of an Assessment for Human Trafficking Among a State Prison Population

Brian Atkinson, *University of Georgia School of Law* (bjatkins@uga.edu)
Jocelyn Crumpton, *University of Georgia School of Law* (jcrump24@uga.edu)
Emma Hetherington, *University of Georgia School of Law* (ehether@uga.edu)
Allison Dunnigan, *University of Georgia School of Social Work* (allison.dunnigan@uga.edu)
Rachel Fusco, *University of Georgia School of Social Work* (rachel.fusco@uga.edu)

In 2020 the state of Georgia enacted the Survivor's First Act, which allows for survivors of sex trafficking to seek the vacatur of convictions where the underlying acts are the direct result of their victimization. The University of Georgia School of Law's Wilbanks Child Endangerment and Sexual Exploitation (CEASE) Clinic was contracted to design and implement a screening tool and intake process to identify survivors of trafficking for female inmates serving prison sentences in Georgia Department of Corrections' facilities who may qualify for post-conviction relief under the act. As part of the project, CEASE was also charged with recruiting, training, and supporting pro bono volunteer attorneys with little to no experience with trauma-informed practice to represent survivors with viable post-conviction claims. This presentation will highlight the development of the screening and intake tools; the findings from the first wave of assessments; the challenges with training attorneys to practice under a trauma-responsive model; initial findings regarding the therapeutic and/or non-therapeutic outcomes for survivors; and the barriers to conducting a large-scale evaluation project.

University-Based Law Clinics: A Mechanism to Promote Therapeutic Jurisprudence from the Classroom to the Courtroom

Emma Hetherington, *University of Georgia School of Law* (ehether@uga.edu)
Allison Dunnigan, *University of Georgia School of Social Work* (allison.dunnigan@uga.edu)
Rachel Fusco, *University of Georgia School of Social Work* (rachel.fusco@uga.edu)

Law school clinics are a cornerstone of legal education, bridging doctrinal law to legal practice. The University of Georgia School of Law's Wilbanks Child Endangerment and Sexual Exploitation (CEASE) Clinic provides direct legal and social work services to survivors of child sexual abuse, exploitation, and trafficking in civil lawsuits, juvenile court dependency proceedings, and post-conviction relief matters. Law and master's-level social work students learn how to provide quality and trauma-responsive representation to survivor-clients through an interdisciplinary model under the supervision of three attorneys and a licensed social worker. This presentation will use a case study of the CEASE clinic to demonstrate how law school clinics can educate and train students in a manner that aligns with the tenets of therapeutic jurisprudence. Specifically, this presentation will highlight the interdisciplinary approach to training and supervision that focuses on a trauma-responsive approach to working with clients and students who experience secondary trauma. Findings from an evaluation of social work and law interns that demonstrates positive outcomes for both students and clients will be shared.

Leveraging Interdisciplinary Perspectives to Develop a Model of Trauma-Informed Lawyering for Youth with Complex Needs

Daniel Gibbs, *University of Georgia School of Social Work* (dangibbs@uga.edu)
Emma Hetherington, *University of Georgia School of Law* (ehether@uga.edu)

The incidence and awareness of youths' complex mental health needs and trauma histories have risen in recent years, yet families often struggle to navigate the multiple systems responsible for addressing these challenges. In particular, lawyers and judges increasingly find themselves at the forefront of responding to these needs when youth become formally involved in child welfare and juvenile justice systems. However, many legal professionals feel ill-equipped to address the difficulties their young clients face in a holistic manner. This presentation will review the literature on practice models for legal professionals working in such systems, highlighting key limitations and unmet opportunities. Presenters will then propose a trauma-informed lawyering model that integrates socio-ecological perspectives, knowledge of trauma and mental health systems, and interprofessional collaboration. Drawing on legal and social work frameworks, presenters will emphasize the importance of "boundary-spanning" skills that foster evidence-based needs assessment, cross-system communication, and client-centered advocacy. Implications for future research,

education, and practice will be explored using both research literature and real-world examples from practice. Further, presenters will discuss the need for meaningful interdisciplinary training opportunities that not only enhance mutual skill development but also promote a shared vision for practice and system innovation.

92. Critiques of Health and Wellness Product Regulation: The Increasing Gap Between Access and Evidence of Benefit and Harm

Keywords: Mental health; wellness; drugs; dietary supplements; cosmetics

Wellness Influencer Scienceploitation: An American Medicine Show Revival

Jennifer Oliva, *Indiana University Maurer School of Law* (jenoliva@iu.edu)

This presentation explains that the promise of health perfection and wellness optimization has captivated Americans for centuries. From the patent medicine peddlers of the 19th century to today's social media influencers, the fundamental appeal remains unchanged: the hope that wellness can be purchased and optimized through unproven, hyper-individualistic schemes. Such paths to improved and sustained health are particularly seductive to many Americans distrustful of the conventional health care system and its professional elites. Beneath the enduring promise of wellness optimization lies a troubling pattern of exploitation, misinformation, and regulatory cat-and-mouse games that have evolved with technology while maintaining their essential character. This presentation traces the evolution of wellness marketing over the last century and a half, exploring how each era's technological and cultural shifts created new opportunities for wellness exploitation while revealing the persistent inadequacies of our regulatory responses. More importantly, it examines why traditional regulatory approaches, designed for a world of centralized manufacturing and clear product categories, struggle to address the vast, decentralized, content-driven nature of modern wellness fraud. As this article explains, the story of American wellness regulation is not one of scientific progress triumphing over quackery, but of a complex dance between innovation, exploitation, and institutional adaptation.

Excluded at the Root: Health Insurance Discrimination Against Hair Loss Conditions

Pearl Tracy, *The University of Oklahoma College of Law* (tracy.pearl@ou.edu)
Stacey Tovino, *The University of Oklahoma College of Law* (stacey.tovino@ou.edu)

Hair loss is a common medical condition affecting millions of men and women and is associated with anxiety, depression, social withdrawal, and reduced quality of life. Yet in the United States, health insurance plans routinely exclude coverage for treatments and prosthetics. This article examines the scope and implications of these exclusions, drawing on original research, including a fifty-state survey of Affordable Care Act benchmark plans and state mandated benefit laws. Most states expressly exclude or sharply limit coverage for hair loss medications, wigs, hair prosthetics, and transplant surgery. Where coverage exists, it is often restricted to narrow contexts, such as chemotherapy-induced alopecia, and excludes patients with other common causes. These limitations contradict policy rationales supporting coverage for analogous conditions, such as post-mastectomy breast reconstruction. The article argues that such exclusions are

discriminatory under federal benefit design regulations and disproportionately affect women, racial minorities, and religious communities. It proposes statutory and regulatory reforms to ensure fair, inclusive access to hair loss treatments by reframing hair loss as a legitimate medical condition, not a cosmetic issue.

Telehealth, Testosterone, and the Trans Erasure Project

Kelly Gillespie, *Saint Louis University* (kelly.gillespie@slu.edu)
Heather Walter-McCabe, *St. Louis University* (heather.waltermccabe@slu.edu)

Transgender people are folk-devils in the escalating, politically weaponized anti-trans moral panic in the United States. This paper describes the scope of structural efforts in law and policy to discredit, delegitimize, exclude, and ultimately cast aside trans people—what we coin the trans erasure project, with a focus on the tangible, intersectional health harms to trans people. Integrating the interdisciplinary literature, this paper examines both the documented and anticipated effects of the trans erasure project on trans health. This paper further examines how otherwise trans neutral U.S. federal telehealth and drug control regimes hold both promise and peril for trans health, especially for trans people who benefit from prescribed controlled substances, including testosterone. In particular, the COVID-19 initiated telehealth expansions provided access to appropriate, trans inclusive care to many trans people for the first time. At the same time, the unique regulatory classification of testosterone as a controlled substance and impending tightening of controlled substances prescribing regulation promise to negate most of the gains realized through expanded telehealth. The collective impact of those proposals is analyzed and suggestions to minimize their harms are offered, in light of both statutory constraints and the pervasiveness of the trans erasure project.

93. Culture, Mental Health, and the Judicial Process

Keywords: Public policies; therapeutic jurisprudence; judicial communication;

Evaluation of Public Policies from the Perspective of Therapeutic Jurisprudence

Daniel Fensterseifer, *Universidade Regional Integrada do Alto Uruguai e das Missões - URI* (danielpulcherio@uri.edu.com/danielpulcherio@gmail.com)

This study explores the possibility of applying the principles of Therapeutic Jurisprudence to Public Policies. Given that public policies are developed through laws and other legal norms, there is ample opportunity to assess whether the impacts of these policies are "therapeutic" or "anti-therapeutic." This work focuses on the procedures for evaluating public policies and the recognition of what has been termed the Principle of Systemic Self-Evaluation. This principle suggests periodic verification at different levels of the procedures adopted, aiming to maintain alignment between the proposed objectives and the results being achieved throughout the development of the procedure or program. It is understood that through this evaluative process, it is possible to promptly correct any deviations that may arise due to poorly developed practices or conceptual distortions. This approach saves time, as there is no need to wait until the end of the program's execution to evaluate it, and it enhances quality, since distortions can be overcome, yielding results more consistent with the initially proposed objectives. The use of qualitative criteria is considered essential in this evaluative process, as the results must be assessed from the perspective of those affected by the public policies, particularly in their psycho-emotional dimension. Although the challenges associated with large-scale qualitative research are acknowledged, it is believed that artificial intelligence tools will soon significantly minimize this obstacle, making the evaluation process proposed here entirely feasible.

Straight-Talking, but from the Heart: Exploring Judicial Court-Craft in Sentencing Offenders for Intimate Partner Violence – A Framework for Applying A TJ Lens

Christina (Nina) Hudson, *University of Tasmania* (nina.hudson@utas.edu.au)

Conventional paradigms for understanding family violence (FV) sentencing, underpinned by the 'justice model', have tended to prioritise the sentence itself as the most important mechanism for offender behaviour change. However, research has identified problematic practices under this model and highlighted a disjuncture between traditional and contemporary conceptualisations of FV. This has cast doubt on the wisdom and effectiveness of strictly traditional approaches to sentencing, given its significance as a tool for communicating with the offender. Therapeutic jurisprudence (TJ) offers an innovative lens for understanding FV sentencing. This presentation is based on Dr Hudson's PhD thesis, an empirical study addressing a research gap on TJ's potential to be harnessed in the moment of judicial communication of sentence to intimate partner violence (IPV) offenders, amid efforts to increase perpetrator accountability and improve community safety. The study employed quantitative and qualitative analysis of sentencing comments by Tasmanian and Victorian magistrates and judges. The presentation explains the original 'TJ lens framework' to conceptualise sentence delivery as 'communicative court-craft', articulating three 'dimensions' aligned with potential effects of judicial practice on offender psychology and emotional wellbeing, and highlights key findings from the study.

Beyond the Moment: Applying Relational Cultural Theory and the Supreme Court's Totality Standard to Transform Police Culture from Within

Tonya Renee Hammer, *Oklahoma State University* (tonya.hammer@okstate.edu)
Jessica Eiseman, *Ajana Therapy* (jessica@ajanatherapy.com)

The recent Supreme Court ruling in Barnes v. Texas, which emphasizes evaluating police use of force through the totality of circumstances offers a powerful framework not just for legal reform, but also for reshaping police culture from within. This presentation will examine this court decision through the lens of Relational Cultural Theory, a theory of counseling, leadership and human development, the framework of Therapeutic Jurisprudence, and the lived experience of one of the presenters who has a background as a mental health professional, supervisor, and spouse of a Filipino-American police officer who has experienced discrimination and toxic police leadership within his previous department. During the presentation, we aim to explore how applying relational principles to internal leadership, officer discipline, and departmental wellness can begin to shift toxic cultures within policing, and promote accountability. In theory, this internal change will not only reduce harm to officers, but also reduce harm to the community, including incidents of police brutality, by promoting a healthier, more connected approach to power and responsibility. We will also discuss how this shift can transform how mental health concerns are addressed both within departments and in how officers respond to the public.

Gendered – Examining the Differential Perceptions of Female Expert Witnesses, Lawyers and Judges in Legal Settings

Bushra Khan, *University of Toronto* (bushramalia.khan@mail.utoronto.ca)

There are fewer female experts in legal settings despite comparable numbers of men and women completing professional schools. Notably, the presence and impact of the gendered expectations of women in professional schooling and the legal workplace (of expert witnesses, lawyers and judges) remains largely unexamined. A scoping review was conducted to examine the intersectional experience of professional

women. Sample keywords included expert witness, gender, and law. At the outset, definitions and forms of gender bias in professional environments are reviewed and limitations are highlighted. Literature on the effect of gender bias in medical and law school is synthesized. Systemic impacts of gender related to career advancement are reviewed. The impact of gender on credibility in the courtroom is examined. An analysis of the perceptions of female and male expert witnesses as held by the jury, counsel and the judiciary is undertaken. The credibility of male and female professionals from the perspective of juries and the public is reviewed. Recommendations for professional schools to address the needs of female learners are reviewed as well as bolstering perceived expertise and navigating challenging professional settings. Strategies to address the structural inequities faced by female professionals are also reviewed.

94. Family Trauma and Therapeutic Jurisprudence in Italy: From Legal Reforms to Empirical Research

Keywords: Family trauma; therapeutic jurisprudence; Italian legal reform; forensic assessment; empirical research

Clinical Judgment and Therapeutic Choices in Family Trauma: Challenges and Roles in the Italian Justice System

Felice Carabellese, *Università degli Studi di Bari Aldo Moro* (felicefrancesco.carabellese@uniba.it)
Alan Felthous, *Saint Louis University* (ala.felthous@health.slu.edu)

This presentation addresses the recent evolution of clinical assessment and therapeutic management of family trauma cases within the Italian justice system. Recent national data indicate a significant rise in reports of domestic violence and parental conflict. In this context, key legislative reforms such as the "Codice Rosso" and the "Cartabia Reform" have fundamentally expanded the responsibilities and methods used by forensic experts in family law cases. These professionals are now required to integrate sophisticated clinical and legal expertise to better inform judicial decisions, conducting comprehensive assessments that evaluate not only traditional measures of parental capacity but also the complex emotional, psychological, and relational needs of minors affected by trauma. Central to these progressive developments is the implementation of direct child consultation protocols, representing a fundamental component of recent Italian legal reforms focused on strengthening child rights and participation in proceedings. The presentation illustrates how contemporary forensic practice in Italy has evolved beyond static diagnostic approaches, embracing dynamic, protective, and restorative intervention strategies that effectively bridge courts, families, and therapeutic services, thereby enhancing both immediate child protection measures and long-term relational healing processes.

Therapeutic Jurisprudence: A Healing-Oriented Family Justice

Jhilam Biswas, *Harvard University* (JBISWAS@bwh.harvard.edu)

This session explores how therapeutic jurisprudence is driving profound cultural and procedural transformation within family justice systems worldwide. Founded on core principles of human dignity, compassion, and recognition of the inherent healing potential of legal processes, therapeutic jurisprudence has become increasingly influential in promoting innovative practices that comprehensively protect the rights and well-being of children and families involved in legal proceedings. The presentation outlines key systemic innovations including the strategic design of legal procedures specifically aimed at reducing adversarial conflict, preventing secondary traumatization for vulnerable minors, and fostering more

collaborative, solution-focused dispute resolution mechanisms. Persistent implementation challenges are also critically examined, including institutional resistance to adopting healing-centered practices, the substantial need for specialized multidisciplinary training programs, resource allocation constraints, and significant inconsistencies in the application of therapeutic jurisprudence principles across different jurisdictions and legal cultures. Both significant advancements and ongoing systemic obstacles are thoroughly discussed, with the ultimate aim of advocating for justice systems that are firmly grounded in evidence-based, healing-oriented methodologies, and that consistently prioritize both individual recovery and relational repair for families navigating complex legal conflicts.

Psychopathological Patterns of Family Trauma: Global Perspectives and Clinical Evidence

Charles Scott, *UC DAVIS* (clscott@ucdavis.edu)

This presentation provides a comprehensive examination of the psychopathological and developmental consequences of family trauma as observed across diverse international forensic and clinical contexts. Chronic exposure to high-conflict parental separation, domestic violence, emotional abuse, and neglect leads to a broad spectrum of documented adverse outcomes: anxiety disorders, depression, behavioral disturbances in children, complex post-traumatic stress disorder, attachment disruptions, and concerning patterns of intergenerational trauma transmission. Recent cross-cultural research increasingly highlights the complex bidirectional relationships between family dysfunction and mental health outcomes, with particular emphasis on neurobiological risk factors, epigenetic mechanisms, protective resilience processes, and the critical importance of early identification and intervention strategies. The session describes evidence-based best practices for comprehensive multidisciplinary assessment and coordinated intervention approaches, drawing upon extensive clinical evidence from forensic and healthcare settings across multiple countries and cultural contexts. It underscores the fundamental necessity of conceptualizing family trauma as a dynamic, ongoing process that demands sophisticated, coordinated responses among legal, healthcare, educational, and social service systems to effectively mitigate long-term developmental harm and actively support the healing, recovery, and healthy development of vulnerable children and families.

From Conflict to Family Trauma: A Longitudinal Study to Inform Best Practices in the Italian Justice System

Lia Parente, *Università Sapienza di Roma* (lia.parente@uniroma1.it)

This presentation highlights the preliminary findings of an innovative longitudinal research project conducted collaboratively by the University of Bari, the Puglia Region, and the Bari Court of Appeal, which systematically follows families experiencing high-conflict separation and family trauma as they navigate the Italian justice system. The comprehensive research methodology monitors the real-world impact of forensic recommendations and judicial decisions on both minors and parents over extended time periods, revealing critical systemic issues including repetitive cycles of expert evaluation, significant gaps in coordinated follow-up services, and persistent conditions of instability for vulnerable children caught in ongoing legal proceedings. Through detailed quantitative analysis of case outcomes and extensive qualitative interviews with families, legal professionals, and service providers, the study traces the complex "red thread" linking initial court interventions to long-term child welfare outcomes and family functioning. The primary research aim is to develop and propose comprehensive evidence-based multidisciplinary protocols to regional authorities and policymakers, advocating for integrated care models, continuous case monitoring systems, and enhanced inter-agency coordination to establish genuinely trauma-informed practices that more effectively protect fragile families within the evolving Italian legal framework while promoting healing and stability for affected children.

95. Health Justice in the U.S.

Keywords: Health justice; health equity; health insurance; children's health; therapeutic jurisprudence

U.S. Disability Law & Health Equity

Elizabeth Pendo, *University of Washington School of Law* (ependo@uw.edu)

According to the World Health Organization, disability is a "a continuum, relevant to the lives of all people to different degrees and at different times in their lives," and a "natural feature of the human condition." We are all at risk of acquiring a disability at any time. Some people are born with a disability, while others acquire disabilities during their lives as a result of illness, injury, age, or other causes. Considering the sizeable number of people with disabilities, and also people who will develop disabilities in the future, disability will affect the lives of most Americans. The health and well-being of people with disabilities must be examined through the lens of health justice. The significant health inequities experienced by people with disabilities are rooted in policies, practices, and beliefs that reflect long-standing stigma, unequal treatment, and discrimination. This presentation will analyze how U.S. laws that govern access to health care and other structural drivers of health for people with disabilities, and highlight some legal, policy and structural changes that are necessary to realize health justice for people with disabilities.

Health Insurance in the Culture Wars

Elizabeth Y. McCuskey, *Boston University School of Public Health and School of Law* (mccuskey@bu.edu)

The U.S. relies on employer-sponsored health insurance to cover over half of the population, giving employers considerable power over health policy. Employers' decisions reflect a range of economic, personal, and political interests that may at times support public health and at other times undermine it. The power dynamics of employers as insurers of health are particularly present in questions about access to the kids of care that culture wars target – such as care related to sex, reproduction, gender, mental health, addiction, and obesity. These remain persistent areas of underinsurance that produce population health disparities. They are also issues on which employers' complicated economic and political interests may dramatically misalign with public health priorities and health justice principles. Regulation of employer plans should confront these power dynamics that make employers unfaithful agents of their employees' health care funding and ineffective guardians of public health. But, shifts away from private power and toward government power may amplify culture wars' effects on access to care. The culture-war framing of these medical issues stigmatizes populations and makes them targets of political exclusion. This project explores resource distribution mechanisms beyond the third-party payment model of financing as ways to bring health justice to stigmatized care.

Health Justice for Children of Color

Yael Cannon, *Georgetown University Law Center* (yc708@georgetown.edu)

Yael Cannon will discuss her work on a chapter in the book Centering Families of Color: Identifying Systemic Inequalities and Social Change Leadership (Robin A. Lenhardt & Nancy Dowd eds., NYU Press, forthcoming 2026). Her chapter, Health Justice for Children of Color, explores how children of color in the U.S. face harms resulting from structural racism and White supremacy throughout many aspects of "ordinary" life. These harms manifest not only as injustice but as health injustice because they threaten the

health and well-being of children of color. When children of color are evicted from their homes, face food insecurity, or go without health insurance, they can face immediate and lifelong health impacts. Research also demonstrates the intergenerational nature of health: when a parent experiences job discrimination or incarceration, a child's health and well-being can suffer as well. Children of color are frequently deprived of the "vital conditions for health and well-being," or the conditions needed to thrive. This research identifies tangled threats of health injustice facing children of color as a key feature of structural inequality in our nation and centers the leadership of those children and families, as researchers, advocates, and policymakers seek to create a vision for a healthier and more just nation.

96. Legalization of Marijuana

Keywords: Legalization; marijuana; divorce; custody

*Legalization of Marijuana and Family Custody**

Janet Schrager, *Clinical Associates of Greater Hartford* (jschragerphd@comcast.net)

Marijuana has been legalized for recreational and medical use. This has enabled and permitted frequent use of marijuana. Psychologists who are working with the family courts and completing custody evaluations are becoming aware of the negative implications of marijuana use/abuse by a parent. In some cases a parent experiencing anxiety is prescribed marijuana by a medical professional resulting in psychotic episodes affecting their parenting ability and custody. The implications of legalization of marijuana needs to be considered when considering the capacity of a parent in custody evaluations.

*Marijuana in the Family Court**

Bruce Freedman, *Private Practice* (brushrink@gmail.com)

The use of marijuana by a parent involved in custody proceedings has usually been taken as a sign of substance abuse. This was considered a significant problem which needed to be addressed by the parent. The court is now faced with parents who are prescribed marijuana for medical and psychological purposes. How does this factor affect the assessment of that parent's custodial competence? What effects might this have on children at different stages of development? What aspects of their marijuana use be considered?

Legalization of Marijuana and Family Courts

Joshua Feldman, *Ruel Ruel Burns Feldman & Britt* (jfeldman@rrbblaw.com)

The legalization of marijuana in Connecticut has had a significant impact on family court cases, particularly in matters concerning child custody, visitation, and parenting decisions. While marijuana use is legal for adults in the state, family courts must still consider its effects on parenting. Judges are more and more being tasked with determining whether a parent's marijuana use affects their ability to provide a safe and stable environment for their children. In some cases, marijuana use may be viewed as a factor in custody disputes, particularly if there is evidence of misuse or impairment. Courts may require drug testing or impose conditions on visitation or custody. Additionally, there is an evolving dialogue about how marijuana use is perceived relative to other substances like alcohol or prescription drugs. We are seeing more and more that marijuana use is not being properly monitored by a medical professional to ensure it does not cause adverse drug interaction with the individual's current prescription drug regime. As marijuana legalization continues to evolve, family courts must balance parental rights with the best interests of the child.

97. Mental Health of Our Legal Professionals: Overcoming Barriers to Self-Care

Keywords: Mental health; depression; anxiety; legal professionals

*Barriers to Self-Care of Legal Professionals and Ways to Overcome Them**

Elaine Ducharme, *Independent Practice* (drducharme@drelaineducharme.com)
Maida Heather Wassermann, *Massachusetts Assistant District Attorney* (maida_98@yahoo.com)
Janet Schrager, *Independant Practice* (jschragerphd@comcast.net)
Ginger Wren, *County Court Judge 17th Judicial Circuit, Fl* (judgeglw@aol.com)

Legal professionals are stressed, burnt out, and dealing with a lack of civility. Primarily due to stigma, lawyers, judges and other legal professionals are not seeking help for their mental health issues, and even less often for hazardous or unhealthy alcohol or drug use. This is happening all over the U.S based on studies. The largest perceived barriers preventing them from seeking care include concerns about stigma, including loss of dignity, embarrassment, injury to pride, not acknowledging their own need for care, or family, friends, or colleagues finding out. This presentation will help participants identify signs of overload, depression and anxiety in themselves and peers and provide techniques to remove barriers to treatment.

Are You Being Mindful or is Your Mind Just Full

Maida Wassermann, *Massachusetts Assistant District Attorney* (maida_98@yahoo.com)

Attorney Wassermann will discuss how the legal profession in Massachusetts is addressing mental health and creating a more supportive work environment. She will provide information on the well-being programs she has been involved with as a member of the Massachusetts Bar Association Lawyer Well being Committee. In particular , she will present a description of March Mindfulness, a month long program focusing on mental health and the benefits of various mindfulness practices. Legal employers and leaders must actively assist in changing the culture of our workplaces, allowing attorneys to have a healthy, positive, and productive balance of work, personal life, and health. Massachusetts has recognized the need to engage with first year law students, introduce and support the concept of well-being, and to provide role models of lawyers that have been resilient despite challenges. Addressing well-being in law students can encourage the development well-adjusted students and lawyers who are better equipped to utilize healthy coping mechanisms and handle their own well-being even when under stress.

Coping Successfully with Retirement as a Judge

Janet Schrager, *Independent Practice* (jschragerphd@comcast.net)

This presentation addresses the transition from a career as a full time Judge to less than full time positions as Senior Judges, or Referees, OR full retirement. (mandatory retirement at age 70). I will include the work of William Bridges and I will offer some of the principles from the field of positive psychology of how to think about this process of transition and change in identity as ways as specific techniques to enjoy and thrive in this new chapter of life. Clinical research shows that the best buffer against suffering the ill effects of retiring are the personality characteristics of resiliency and flexibility. (Seligman) Some of the ill effects include: depression, feeling less useful, relationship problems at home, loss of structure in your life. People

who possess the qualities of resiliency and flexibility make transitions better and deal better with crises or change.

Reflections From a Zero Suicide Initiative Court

Ginger Wren, *17th Judicial Circuit, Florida* (judgeglw@aol.com)

In 1997, Broward County Florida, Judge Ginger Lerner-Wren established the first mental health court in the United States. This court was created to divert people with mental illnesses from further and deeper involvement in the corrections system and into appropriate care. Mental health courts are specialized problem-solving courts that are grounded in therapeutic jurisprudence—the study of the law's impact on psychological well-being. As presiding judge of this court and long-time member of the National Action Alliance for Suicide Prevention, I have come to understand that suicide prevention is an urgent priority for our court system. I often find myself speaking to those who come before me in court about a vision of recovery, a commitment to health and patient engagement, and the need for a comprehensive treatment plan. I also find myself explaining the importance of safety planning and how to contact local mobile crisis teams and/or #988 our national crisis & suicide prevention hotline. As a member of The National Action Alliance for Suicide Prevention, I have recognized that the Zero Suicide approach is consistent with the goals of mental health courts, and helpful to change the narrative surrounding suicide, and will describe the principles and goals of a Zero Suicide Initiative approach in the community and through court process.

98. New Legal Strategies Against Discrimination in U.S. Health Care

Keywords: Discrimination; health inequity; clinical algorithms; artificial intelligence

*Disability Algorithmic Discrimination in Health Care**

Elizabeth Pendo, *University of Washington School of Law* (ependo@uw.edu)
Jennifer D. Oliva, *Indiana University Bloomington Mauer School of Law* (jenoliva@iu.edu)

Research demonstrates that clinical overreliance on the risk scores generated by PDMP algorithms motivates clinicians to refuse to treat—or to inappropriately treat—patients with actual or perceived substance use disorder, chronic pain conditions, or other disabilities. The misuse of information generated by PDMP algorithms by healthcare providers is anticipated to impact over one billion patient encounters each year. This presentation provides a novel framework for challenging such PDMP algorithmic discrimination as disability discrimination. It will explore how U.S. antidiscrimination laws and healthcare laws can be engaged to protect vulnerable patients from PDMP-related algorithmic discrimination and make recommendations to develop, strengthen, and harmonize new and existing protections. This presentation builds upon and extends prior research conducted with panelist Jennifer Oliva.

Prescribing Algorithmic Discrimination

Jennifer D. Oliva, *Indiana University Bloomington Mauer School of Law* (jenoliva@iu.edu)
Elizabeth Pendo, *University of Washington School of Law* (ependo@uw.edu)

In response to our country's decades-long and ever escalating drug poisoning crisis, the federal government has funded prescription drug monitoring programs (PDMPs). PDMPs use proprietary algorithms to

determine a patient's risk for prescription drug misuse, diversion, and overdose. The proxies that PDMPs utilize to calculate patient risk scores that disproportionately disadvantage marginalized patients, including people who have or who are thought to have substance use disorder (SUD), and patients with chronic complex disabilities. PDMP risk scoring appears deeply flawed and encourages health care providers to deny health care or deny needed medications, force medication tapering, discontinue prescriptions, and even abandon patients without regard for the catastrophic collateral consequences that attend to those treatment decisions. PDMPs, therefore, have the potential to exacerbate discrimination against patients with complex and stigmatized medical conditions by generating flawed, short-cut assessment tools that incentivize providers to deny these patients indicated treatment. This presentation builds upon and extends prior research conducted with panelist Elizabeth Pendo.

*AI, Health Equity, and the Law: Bridging the Gap Between Innovation and Justice**

Seema Mohapatra, *Southern Methodist University Dedman School of Law* (smohapatra@smu.edu)

Algorithms increasingly shape health care decision-making, yet their impact on health equity is deeply contested. Ruha Benjamin's concept of the "New Jim Code" underscores how seemingly neutral technologies can encode racial bias, reinforcing systemic disparities in access, diagnosis, and treatment. Legal scholars and policymakers must grapple with these risks while also recognizing AI's potential to mitigate inequities. This presentation investigates ways that algorithms could advance equitable health outcomes instead of replicating discriminatory structures. This presentation proposes a legal and policy framework for ensuring algorithmic accountability in health, emphasizing the need for transparency, ethical safeguards, and bias mitigation.

*Addressing Legal and Ethical Issues in the Treatment of People Who Use Drugs in Hospital Settings**

Kelly K. Gillespie, *Saint Louis University School of Law* (kelly.gillespie@slu.edu)

In hospital settings, the treatment of people who use drugs presents complex legal and ethical challenges that healthcare professionals must navigate with care and sensitivity. Legally, hospitals are required to provide necessary medical care without discrimination, yet the stigma associated with drug use can lead to biases that affect the quality of care. Ethical considerations involve respecting patient autonomy, ensuring informed consent, and safeguarding confidentiality, all while addressing the potential for drug-seeking behavior. The balance between providing compassionate care and adhering to legal obligations related to controlled substances requires healthcare providers to be well-versed in addiction medicine and to work collaboratively with legal and ethical advisory bodies to develop policies that promote both patient welfare and public safety.

99. Special Topics in Criminal Justice

Keywords: Criminal justice; criminal responsibility; treatment courts

*Sleep Disorders and Criminality**

Pierre Gagné, *Faculté de Médecine, Université de Sherbrooke* (pierre.gagne@usherbrooke.ca)
Samuel Gauthier, *Département de Psychiatrie*

Les troubles du sommeil peuvent générer des comportements violents et des agirs sexuels conduisant à des accusations au niveau criminel. Notre présentation fait une revue des parasomnies qui sont à risque de générer des comportements illégaux. Nous ferons une revue de la jurisprudence canadienne et parlerons des défits que présentent la démonstration d'un problème de parasomnie. Nous terminerons par une discussion des traitements recommandés en vue de prévenir la récidive.

Facilitating Therapeutic Jurisprudence with Social Work Practice: An Analytical Approach

Vinita Puri, *Resilience Counselling and Coaching Services* (vinitapuri@hotmail.com)

Therapeutic Jurisprudence (TJ) offers a transformative approach to tackling the mental health crisis in the criminal justice system. TJ focuses on how legal processes can affect individuals' psychological well-being, especially for those with mental illnesses. By prioritizing rehabilitation over punishment, TJ aligns with the goals of Social Work, which advocates for anti-oppressive, socially just practices aimed at healing and rehabilitation. As Wexler and Winick suggest, TJ seeks to reshape the legal system to act as a therapeutic agent and stresses the importance of integrating social science into legal reform to enhance therapeutic outcomes. Mental health courts, which apply TJ principles, have demonstrated the effectiveness of treatment-focused interventions over punitive responses. By designing evidence-based interventions rooted in Social Work practices, the criminal justice system can better meet the mental health needs of inmates, fostering a more humane and just approach. This presentation examines how Social Work practices can facilitate the implementation of Therapeutic Jurisprudence in the criminal justice system. It will begin with an overview of Social Work models and the TJ framework. Next, an analysis will be provided on how Social Work applications can enhance TJ within the criminal justice context. Finally, a discussion of policy recommendations for creating a more compassionate and just legal system will be shared.

Using the Key Components and Best Practices Standards to Assess Drug Courts AS: An Australian Case Study

Lorana Bartels, *Australian National University* (lorana.bartels@anu.edu.au)
Sopie Yates, *Australian National University* (sophie.yates@anu.edu.au)
Karen Gelb, (drkarengelb@gmail.com)

Research demonstrates that adherence to the 10 Key Components for Drug Courts (Components) and Adult Drug Court Best Practice Standards (Standards) is associated with increased effectiveness. This paper presents our use of the Components and Standards, as a framework for evaluating the performance of an Australian drug court, the Drug and Alcohol Sentencing List (DASL). We developed a model for assessing DASL, on a scale of 'not progressed' (worth zero points) to 'achieved' (worth four points) for each component or standard. We tracked DASL's performance over the first 18 months of operation, awarding a score of 77.5% in relation to the Components and 72.5% for the Standards in 2021 and 82.5% and 77.5% respectively, in 2022. We conclude by reflecting on the value of evaluating drug courts using multi-perspective quantitative and qualitative data that measure adherence to the Components and Standards. This method of evaluation can help practitioners and policy-makers identify where practice may diverge from the Components and Standards and thus undermine success. In order to promote continuous improvement in drug court practice, we suggest that drug courts regularly assess their performance against the Components and Standards, in addition to more traditional outcome-based measures.

Ignoring the Law: How Lower Courts Defy Supreme Court Precedent in Death Penalty Cases Involving Defendants with Mental Disabilities

Michael Perlin, *New York Law School* (mperlin@nyls.edu)

When the US Supreme Court decides a case that changes the law, it is not surprising that most individuals think that the law has now "changed," and that, from that time on, lower courts would dutifully and responsibly comply with the Supreme Court decisions whether or not such judges actually agree with the Court's reasoning. This, however, is not so. In a wide range of decisions – ranging from the law of regulatory takings to race and gender discrimination in jury selection to institutionalization of permanently incompetent criminal defendants -- Supreme Court decisions are ignored and (consciously) misinterpreted; they are thus robbed "in real life" of what should be their precedential, binding authority. In this presentation, I will examine – from the perspective of therapeutic jurisprudence -- three discrete overlapping areas of criminal procedure jurisprudence: adequacy of counsel and the impact of both intellectual disability and serious mental illness on death penalty eligibility, finding that virtually none of the defendants in these cohorts have been "successful" (this includes reversals, remands, reduction to life sentences, granting the possibility of parole) in what appears at first to be a relatively modest aspiration: to have lower courts in which their cases are being heard to simply apply the law as set down by the Supreme Court.

100. Taking Steps Forward: Evaluating a Therapeutic Court that Targets Violent Offenders

Keywords: Specialty courts; diversion; therapeutic; violent crime; treatment

*What Makes STEP Court Unique?**

Brian Renauer, *Portland State University* (renauer@pdx.edu)
Mark Leymon, *Portland State University* (mleymon@pdx.edu)
Arynn Infante, *Portland State University* (infante3@pdx.edu)
Ann Leymon, *Leymon Research* (ann@leymonresearch.org)

Multnomah County, Oregon, started a new specialty court called Strategic Treatment and Engagement Program (STEP) Court in November 2022. STEP Court operates under a specialized model to provide court-directed supervision and various treatments to violent offenders with substance use, mental health concerns, and/or cognitive behavioral issues underlying their criminal behavior. This court follows the problem-solving court model and offers alternative judicial processing for individuals accused of certain violent offenses to reduce general and violent crime recidivism using evidence-based approaches, including judicial monitoring and coordination among community and treatment stakeholders.

*How are Best Practices Displayed in STEP Status Court Hearings?**

Mark Leymon, *Portland State University* (mleymon@pdx.edu)
Arynn Infante, *Portland State University* (infante3@pdx.edu)
Brian Renauer, *Portland State University* (renauer@pdx.edu)
Ann Leymon, *Leymon Research* (ann@leymonresearch.org)

Oregon's Supervised Treatment and Education Program Court (STEP) offers alternative sentencing for defendants charged with Measure 11 offenses by providing specialized mental health and substance use treatment alongside educational programs. Unlike the standard criminal justice process, which is often punitive and lacks necessary treatments, the STEP Court aims to address underlying issues contributing to criminal behavior and promote successful reintegration into society. This study assesses the court's adherence to and alteration of best practices by observing weekly status hearings, interactions between defendants and court personnel, and the decision-making process for treatment plans. Through participant observations and detailed notetaking, we identify common themes, challenges, and success factors within the STEP Court model to inform improvements in justice processes and contribute to specialized court literature.

*How are STEP Court Personnel Implementing Best Practices?**

Ann Leymon, *Leymon Research* (ann@leymonresearch.org)
Brian Renauer, *Portland State University* (renauer@pdx.edu)
Arynn Infante, *Portland State University* (infante3@pdx.edu)
Mark Leymon, *Portland State University* (mleymon@pdx.edu)

Gathered through a series of semi-structured interviews and a review of court documentation, we outline the processes, discussions, victories, and challenges of STEP Court in Multnomah County, Oregon, USA. We outline how the passage of Oregon's short-lived drug decriminalization law, Measure 110, created an opportunity to think differently about certain offenders. We outline the county's pre-existing relationships, structures, and specialty courts that created trust and fostered the political will needed to start the court. We highlight potential pitfalls and challenges, and how they navigated them to get the court started and modified best practices to fit its unique context.

*Who are STEP Court's Participants?**

Arynn Infante, *Portland State University* (infante3@pdx.edu)
Mark Leymon, *Portland State University* (mleymon@pdx.edu)
Ann Leymon, *Leymon Research* (ann@leymonresearch.org)
Brian Renauer, *Portland State University* (renauer@pdx.edu)

One of the ways STEP Court is unique is that it focuses on violent offenders who were charged with Assault or Robbery and could have received significant prison sentences in the range of seven to ten years. Another aspect that makes the clients unique is the court's choice to allow low-risk offenders to participate. We will outline the current participants of STEP Court. We discuss what makes them eligible, how they are selected to participate, and how they compare to the general population. We outline the types of treatment and services they receive to support their substance use, mental health concerns, and/or cognitive behavioral issues underlying their criminal behavior.