

2025 IAFMHS CONFERENCE



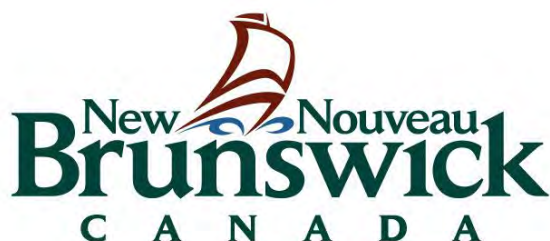
# PROGRAM

ANNUAL CONFERENCE

June 24 - 26, 2025

Dublin, Ireland

Thank you to our generous sponsors!



Centre for Forensic  
Behavioural Science



UNSW  
SYDNEY

**CONCEPT**  
CONTINUING & PROFESSIONAL STUDIES

Palo Alto  
University



Fáilte  
Ireland

MEET IN  
IRELAND

# Table of Contents

\* Note that you can navigate throughout this program by clicking on entries in the table of contents, by clicking on the links in the footer on each page, and via text searching within your PDF reader.

|                                                                                                          |    |
|----------------------------------------------------------------------------------------------------------|----|
| Cover.....                                                                                               | 1  |
| Sponsors .....                                                                                           | 2  |
| Table of Contents .....                                                                                  | 3  |
| Welcome Message and Acknowledgements .....                                                               | 5  |
| Scientific Committee Chairs.....                                                                         | 7  |
| Conference Volunteers .....                                                                              | 7  |
| Submission Reviewers .....                                                                               | 8  |
| Conference Information.....                                                                              | 12 |
| Highlighted Events .....                                                                                 | 12 |
| Student Board: Highlighted Events for Students.....                                                      | 14 |
| Conference Venue Layout .....                                                                            | 18 |
| Wi-Fi Access .....                                                                                       | 22 |
| Important Links .....                                                                                    | 23 |
| Instructions for Presenters .....                                                                        | 25 |
| IAFMHS Code of Conduct .....                                                                             | 29 |
| The DUNDRUM Guide to Dublin.....                                                                         | 35 |
| Keynote Speakers.....                                                                                    | 41 |
| Prof. Mary Rogan: Human Rights and Dignity in Forensic Mental Health .....                               | 41 |
| Prof. Anne Crocker: Looking Back and Shaping Tomorrow: 50 Years of Forensic Mental Health Research ..... | 42 |
| Mr. Justice Peter Charleton: A Personal View of Homicide .....                                           | 43 |
| Conference Schedule.....                                                                                 | 45 |
| Brief Format .....                                                                                       | 46 |
| Expanded Format .....                                                                                    | 53 |
| Tuesday, June 24 .....                                                                                   | 54 |
| Wednesday, June 25.....                                                                                  | 61 |

|                                                   |     |
|---------------------------------------------------|-----|
| Thursday, June 26.....                            | 78  |
| Friday, June 27.....                              | 94  |
| Virtual Posters.....                              | 95  |
| Post-Conference Workshops (Friday, June 27) ..... | 100 |
| Special Interest Groups (SIGs) Meetings.....      | 103 |
| Awards .....                                      | 108 |
| Christopher D. Webster Rising Star Awards.....    | 108 |
| Early Excellence in Research.....                 | 109 |
| Early Excellence in Clinical or Policy Work ..... | 110 |
| Rüdiger Müller-Isberner Award .....               | 111 |
| Seeking Donations .....                           | 113 |
| Derek Eaves Student Research Grant.....           | 113 |
| Christopher Webster Rising Star Awards .....      | 113 |
| Next Year's (2026) Conference.....                | 114 |
| Follow IAFMHS on Social Media.....                | 115 |

## Supplemental Pages

\* Note that the full listing of abstracts and the authors index at the end of this program are separately paginated.

[Full Listing of Abstracts](#) (S1 to S354)

[Authors Index](#) (S355 to S363)



# Welcome Message and Acknowledgements

Welcome to the 24th Annual Conference of the [International Association of Forensic Mental Health Services \(IAFMHS\)](#)! We are delighted to welcome everyone to Dublin, Ireland, for our 2025 conference at the beautiful [Trinity College Dublin](#) campus, from June 24 through June 26 for the conference proper, and June 27 for our post-conference workshops. Note that most of the conference will take place in the [Arts Building \(Conference Centre\)](#) on campus.

We are pleased to be featuring hundreds of presentations on a wide range of forensic mental health topics to be delivered across multiple formats—including individual papers, symposia, round tables, posters, and virtual posters. These contributions reflect the work and expertise of professionals from a range of disciplines and span various areas of practice, systems, cultures, countries, and continents. We are especially pleased to highlight our three distinguished keynote speakers: Professor Mary Rogan (Tuesday) and Mr. Justice Peter Charleton (Thursday), both from Ireland, and Professor Anne Crocker (Wednesday) from Canada. All the keynote sessions will be in the Edmund Burke Theatre (Room 1008) on Level 1, with overflow seating in the Robert Emmet Theatre (Room 2037) on Level 2.

In addition to the paper, symposia, and round table sessions, poster presentations will be on display in Samuel Beckett 1 (Room 1013) and 2 (Room 1014) on Level 1 in the morning, during lunch, and in the afternoon on both Wednesday and Thursday. We are also pleased to be featuring [virtual posters](#) again this year, aimed at improving accessibility to and inclusivity at the conference. The virtual posters can be accessed via QR codes included in this program; the QR codes will also be on display during the two in-person poster sessions. Note that the virtual posters will be available for viewing during the conference and for one week after the conference proper has concluded.

The conference registration/help desk is located on Level 2 (Upper Concourse). Be sure to also look out for information from our sponsors, including those who will be present at exhibitor booths on Level 1 (Lower Concourse). We wish to thank our Gold Sponsors for their continued and generous support: [L'Institut national de psychiatrie légale Philippe-Pinel \(The National Institute of Forensic Psychiatry Philippe-Pinel\)](#); [The Centre for Addiction and Mental Health \(CAMH\)](#), [Centre of Forensic Behavioural Science at Swinburne University of Technology](#), and the [Government of New Brunswick](#).

In addition to our academic programming, we are pleased to feature a number of special events and community-building opportunities. On Tuesday evening, we encourage everyone to attend the Annual General Meeting (AGM), which is open to all, followed by the Welcome Reception at the [Dining Hall](#) on campus. On Wednesday, we invite you to join us in celebrating the achievements of this year's well-deserving recipients of the [Christopher](#)

[Webster Rising Star Awards](#) and the [Rüdiger Müller-Isberner Award](#), which will be presented immediately prior to the keynote on Wednesday. That evening, we will be hosting our annual banquet dinner at [Guinness Storehouse](#); tickets are still available at the conference registration desk. The student social will also take place that evening at the [Trinity Bar & Venue](#). The first 35 student members of IAFMHS will receive free drink tickets, although all students are invited to the student social.

Some additional programming we want to take the opportunity to highlight are the Student Breakfast on Tuesday morning ahead of the start of the conference proper; the Student Section Roundtable on Tuesday afternoon: *Boundaries and Balance: Overcoming Challenges and Building Resilience in Forensic Mental Health Professionals*; the 5K fun run on Wednesday morning, organized by IAFMHS's Student Section; and the Special Interest Groups (SIGs) meetings scheduled throughout the conference. We encourage all interested attendees to join these gatherings to connect around shared interests and initiatives.

Finally, we hope that you will be able to take some time to enjoy the lovely city of Dublin and all it has to offer. The two local Scientific Committee Chairs created the DUNDRUM Guide to Dublin, which is included within this program, so that all have the inside scoop about the best bars, restaurants, cultural and arts venues, and more in and beyond Dublin—including a (not-so) secret music gig on Tuesday evening featuring one of the Scientific Committee Chairs.

We wish everyone an informative, invigorating, and fun 2025 IAFMHS Conference and we look forward to seeing you again next year in Helsinki!

**Prof. Tonia Nicholls**  
IAFMHS President

**Prof. Vivienne de Vogel**  
IAFMHS President-Elect

**Dr. Barry Rosenfeld**  
Conference Committee  
Chair

**Dr. Christopher King**  
**Prof. Harry Kennedy**  
**Prof. Mary Davoren**  
Scientific Committee Chairs

## Scientific Committee Chairs

We wish to thank Barry Rosenfield, Yan Lim, Vivienne de Vogel, Tonia Nicholls, Elana Gabriel, and [many other leaders within IAFMHS](#) for their invaluable assistance in inviting keynote speakers and variously preparing this program and the conference generally.

## Conference Volunteers

We extend our gratitude to all the student volunteers for providing assistance with the conference registration area and sessions throughout the conference.

Amanda Raymond  
Cassia McIntyre  
Clarissa Evertz  
Ekatrina Kiddie  
Eliseo Seclì  
Elizabeth Jensen  
Emily Doyle  
Hilary Tsui  
Isabelle Reeder  
Joanna Kramer  
Katérine Aminot  
Kyla Jones  
Laura Väättäinen

Liam Gorsuch  
Madison McAskill  
Mayra Carlos Lazo  
McKenna Claeys  
Mercedes Tibollo  
Monica Rutigliano  
Nishant Krishnan  
Perry Callahan  
Rowan Baran  
Sarah Brown  
Sarah Garfield  
Sioui Maldonado Bouchard  
Taylor Quee

# Submission Reviewers

All the volunteer reviewers are also due our thanks for their time and effort in evaluating proposals.

Adam Mahoney  
 Adam Meddeb  
 Alicia Nijdam-Jones  
 Alimamy Kargbo  
 Amanda Fanniff  
 Amanda Romero  
 Amberlee Weber  
 Amélie Ladouceur  
 Andrea Bauchowitz  
 Andrew Olagunju  
 Andrew Watt  
 Anne Mette Brandt-Christensen  
 Annette McKeown  
 Arianne Imbeault  
 Ashirai Mabunda  
 Ashley Batastini  
 Audrey-Anne Forget  
 Barry Pene-Gestro  
 Barry Rosenfeld  
 Beate Eusterschulte  
 Benjamin Thomson  
 Benni Zaiser  
 Bianca Igna  
 Birgit Völlm  
 Brandon Morrissey  
 Brian McKenna  
 Brianne Layden  
 Bryce Morison  
 Caitlin Sigg  
 Caleb Lloyd  
 Cariona Harwood  
 Catherine Creamer  
 Chris King  
 Christian Jentz  
 Christine Nordby

Cindy Peternelj-Taylor  
 Conor Hogan  
 Cooper Sparks  
 Daniel McFadden  
 David DeMatteo  
 Dianna Cochrane  
 Dimi Lattas  
 Ed Hilterman  
 Elana Gabriel  
 Eliseo Seclì  
 Ellen Tingleff  
 Eva Janzen  
 Eva Stojanovic  
 Fatih Oncu  
 Fernando Gonzalez Moraga  
 Filip Tomczuk  
 Fiya Rivers  
 Fooroogh Raeisi Makiani  
 Frank Lynch  
 Funeka Sokudela  
 Gary Chaimowitz  
 Grace Sheridan  
 Gregory Brown  
 Gretha Boersma  
 Gwatirera Javangwe  
 Habtamu Mekonnen Kurmane  
 Hamish Fulford  
 Harry Kennedy  
 Helen Walker  
 Ibraheem Muheeb  
 Imren Kurt Sabitay  
 J. Karsten  
 Jack Kennedy  
 Jack Tomlin  
 Jacob Hvidhjelm



Jean-Laurent Domingue  
 Jennifer Murray  
 Jennifer Seymour  
 Jillian LaFrance  
 Joanna Kramer  
 Johan Berlin  
 Joseph Davies  
 Julia Fraser  
 Julia Ilcikova  
 Kareena McAloney-Kocaman  
 Katérine Aminot  
 Katherine Lindsay  
 Kathleen Kemp  
 Keith Cruise  
 Kieleha Ingram  
 Kimberlie Dean  
 Klaus Drieschner  
 Lara Schwarz  
 Laura Väätäinen  
 Lauren Ryan  
 Leen Cappon  
 Leon Ravin  
 Lesley Barr  
 Lillian Steedman  
 Lindsay Healey  
 Lindsey Gilling  
 Lisbeth Uhrskov Sørensen  
 Lisiana Demiraj  
 Louis De Page  
 Lucia Mebius  
 Maartje Clercx  
 Madison Hardman  
 Maggie Ardesia  
 Maike Scherhans  
 Mandy Ernst  
 Maria Schröder-Best  
 Maria Regina Camargo Ferraz  
 Souza  
 Marie-Pierre Villeneuve  
 Marija Jankovic  
 Marije Keulen-de Vos

Mark Mohan Kaggwa  
 Marleen Nagtegaal  
 Marlena Banasik  
 Märta Wallinius  
 Martin Loch Pedersen  
 Mary Davoren  
 Maryana Kravtsenyuk  
 Maverick Douglas  
 Mayra Lazo  
 McKenna Claeys  
 Meg Ternes  
 Mhairi Duff  
 Michael Daffern  
 Michele Galietta  
 Miguel Murillo  
 Mimosa Luigi  
 Mini Mamak  
 Mirva Heikkilä  
 Monica Rutigliano  
 Monique Swaby  
 Morten Terkildsen  
 Myles Idoko Ojabo  
 Natalia Yee  
 Natalie Sommervold  
 Natthawut Arin  
 Nichola Tyler  
 Nikoline Busk  
 Noah Festerling  
 Oluyemisi Ajeh  
 Pascalle Spaan  
 Perry Callahan  
 Precious Agboinghale  
 Priya Khalsa  
 Puck Meulen  
 Rachael Lambin  
 Rachel Bomysoad  
 Rajan Gupta  
 Rebecca Clifford  
 Rebecca Douglas  
 Rebecca Fisico

Risk Kronfli  
Robin Timme  
Roni Bentzur  
Ryan Banks  
Sam Barans  
Samantha Matthews  
Samantha Munoz  
Samantha Zottola  
Sana Vora  
Sarah Brown  
Sarah Desmarais  
Sarah Hitchcock  
Satinder Kaur  
Savannah Cuellar  
Sharon Price  
Shreya Jagtap

Sidra Capriolo  
Simone Grisamore  
Siri Noordermeer  
Solveig K B Vatnar  
Sterre De Geus  
Stoyka Meyer  
Tamara Kang Balzarini  
Tella Lantta  
Tess Maguire  
Thomas Cassart  
Thomas Nilsson  
Troy McEwan  
Vivienne de Vogel  
Yan Lim  
Yasin Hasan Balcioglu  
Yvonne Bouman

# Centre for Forensic Behavioural Science

## Moving you forward

The Centre for Forensic Behavioural Science is a leading centre for research, teaching and practice development in the field of forensic mental health.

We aim to understand and ultimately prevent offending by people with mental health problems, and improve the legal system through research and policy analysis.

We seek to transfer academic and clinical excellence into practice, conduct research in relevant areas, provide professional development training, conduct expert consultancy and training in mental health, law, and related sectors.

We offer online postgraduate courses and single unit enrolments to a range of forensic practitioners. We also offer postgraduate training in forensic psychology through the Doctor of Psychology (Clinical and Forensic Psychology), Doctor of Philosophy, and Graduate Diploma in Forensic Psychology.



Scan to learn more about our research, consultation, courses, and professional training.



Centre for Forensic  
Behavioural Science



SWIN  
BUR  
NE

# Conference Information

## Highlighted Events

### Tuesday, June 24

#### 8:30 AM: Board of Directors (BOD)/Advisory Board (AB) Meeting

This year's meeting for the Board of Directors, Members At-Large, Ex-Officio Members, the Advisory Board, and Special Interest Group representatives is scheduled for Tuesday morning ahead of the conference proper. The meeting will take place at the [College Green Hotel Dublin, Autograph Collection](#), on the Mezzanine Level in the Guinea & Florin Room.

#### 11:30 AM: Lunch (plus Coffee Break)

Lunch will be served to all attendees on Tuesday on Level 1 (Lower Concourse) of the [Arts Building \(Conference Centre\)](#). There will also be a coffee break at 3:00 PM.

#### 6:00 PM: Annual General Meeting

All conferencegoers are encouraged to attend the association's Annual General Meeting (AGM) on Tuesday evening in the Edmund Burke Theatre (Room 1008) on Level 1 of the [Arts Building \(Conference Centre\)](#) to hear more about the current operations of IAFMHS.

#### 6:30 PM: Welcome Reception

The welcome reception will be hosted at the [Dining Hall at Trinity College Dublin](#) (a separate building on campus from the Arts Building/Conference Centre). Come meet and reconnect with old and new friends over some drinks and nibbles. Please bring along your conference badge for entrance and identification.

---

## Wednesday, June 25

### 7:00 AM: 5k Fun Run

The [IAFMHS Student Section](#) is pleased to organize another annual 5km Fun Run, a scenic group run through St. Stephen's Green, the morning of Wednesday, June 25. Seasoned runners and relaxed joggers alike will meet at the Arts Building and walk to the park as a group.

Registration can be completed when registering for the conference at the [IAFMHS website](#). The registration cost is \$35 CAD per person and includes a t-shirt. For ordering purposes, sizes can only be guaranteed for registrations completed up to May 15. If you have yet to register for the Fun Run, you can still do so on Tuesday, June 24, at the conference registration desk. Fun Run proceeds go to student awards and initiatives.

### 12:45 PM: Lunch (plus Coffee Breaks)

Lunch will be served to all attendees on Wednesday on Level 1 (Lower Concourse) of the [Arts Building \(Conference Centre\)](#). There will also be coffee breaks at 10:45 AM and 4:00 PM.

### 7:30 PM: Conference Banquet Dinner

Conference attendees and their guests are invited to join for a fun evening and delicious food at the annual banquet dinner. This year's dinner will be hosted at the [Guinness Storehouse](#) on Wednesday. The cost per person is \$160 CAD.

Seating is limited, so make sure to purchase your tickets early when registering for the conference on the IAFMHS website, by emailing [iafmhs@sfu.ca](mailto:iafmhs@sfu.ca), or in person at the conference (pending availability)!

---

## Thursday, June 26

### 12:30 PM: Lunch (plus Coffee Breaks)

Lunch will be served to all attendees on Thursday on Level 1 (Lower Concourse) of the [Arts Building \(Conference Centre\)](#). There will also be coffee breaks at 10:45 AM and 3:45 PM.



# Student Board: Highlighted Events for Students

**Tuesday, June 24**



## Student Breakfast

**10:00 AM in the Jonathan Swift Theatre on Level 2**

Start your conference experience off right by joining us for the Student Breakfast! All student members are invited to connect over a delicious (free) breakfast on the first morning of the conference, in the Jonathan Swift Theatre (Room 2041A) on Level 2 (Upper Concourse) of the [Arts Building \(Conference Centre\)](#). Meet this year's [IAFMHS Student Board](#) and learn about the exciting initiatives we're working on. We'll also highlight key student events that you won't want to miss throughout the week. We hope to see you there! If you have any questions about this event, you can email the co-host, Madison Hardman, at [hardmanm@myumanitoba.ca](mailto:hardmanm@myumanitoba.ca).

## Student Panel

**3:15 PM in the Edmund Burke Theatre on Level 1**

This year's student panel, on Tuesday afternoon in Edmund Burke Theatre (Room 1008) on Level 1 of the [Arts Building \(Conference Centre\)](#), will be an interdisciplinary event with forensic professionals and leaders in the areas of clinical psychology, psychiatry, nursing and allied health, law, and research. The panel will be chaired by Dr. Vivienne de Vogel, Dr. Treena Wilkie, Ms. Jennifer Anderson, and Mx. Jay Gonzales. In this discussion, we will explore the obstacles faced by those working in forensic settings, including handling

emotionally charged cases, burnout, and maintaining separation between our personal and professional lives. We will identify challenges that forensic trainees may encounter and discuss strategies for self-care and resilience to address these challenges effectively. By identifying core obstacles and providing actionable solutions, this discussion seeks to empower forensic mental health professionals to thrive both personally and professionally.

---

## Wednesday, June 25



### 5k Fun Run

7:00 AM at Trinity College Dublin

Lace up your running shoes and join us for the 5K Fun Run! Get an energizing start to your day with a scenic early morning run through St. Stephen's Green. If you haven't already registered, you can still sign up at the registration desk. We will meet at Trinity College and walk to the park as a group. Whether you're a seasoned runner or just looking for a relaxed jog, we would love to see you there!



### Student Social

7:00 PM at Trinity Bar & Venue

Looking to meet other IAFMHS student members at the conference? Join the Student Board for a classic Irish pub night at [Trinity Bar & Venue \(46-49 Dame St, Dublin Southside, Dublin, D02 X466, Ireland\)](#)! Free drinks and appetizers will be provided for the first 35 student members who register to attend. All students are welcome! If you have any questions about this event, you can email the President-Elect of the Student Board, Shreya Jagtap, at [shreya.jagtap@mail.utoronto.ca](mailto:shreya.jagtap@mail.utoronto.ca).

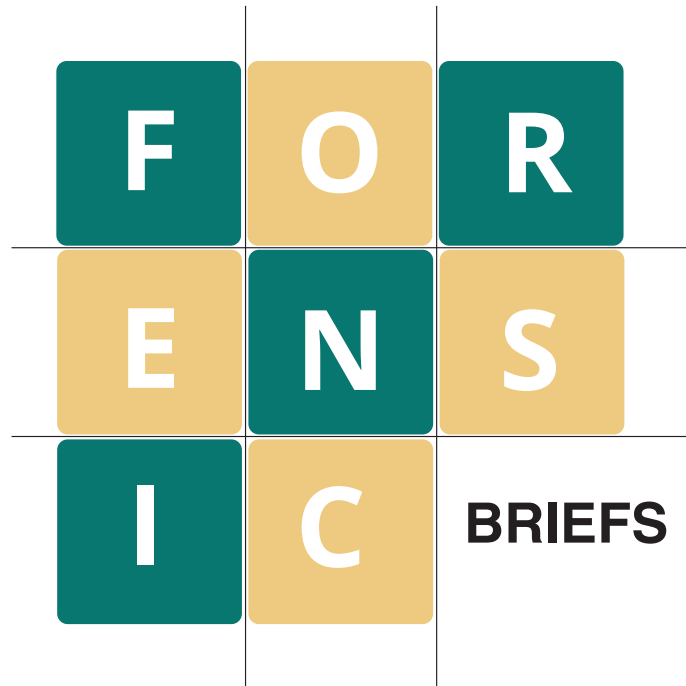


@iafmhsstudents



@IAFMHS\_Student





## Piecing Together Forensic Psychology

**Forensic Briefs** is a podcast that showcases leading experts in forensic psychology and law who discuss the latest research and insights. Stay informed and advance your professional skills with continuing education credits available for each episode.

**Learn more at [forensicbriefs.com](https://forensicbriefs.com)**

# Conference Venue Layout

## [Trinity College Dublin, Arts Building \(Conference Centre\)](#)

Most session rooms are located on Level 1 and Level 2 of this building. However, Rooms 4050A and 4050B are located on Level 4. Note that all the rooms being used for sessions on Levels 1 and 2 are named after someone, but that they also have a corresponding room number, with the first digit of the room number indicating on which level the room is located.

The poster sessions on Wednesday and Thursday are in Samuel Beckett 1 (Room 1013) and 2 (Room 1014) on Level 1.

The conference registration/help desk is located on Level 2 in the Upper Concourse. Exhibit booths are on Level 1 in the Lower Concourse.

Coffee breaks and lunches are on Level 1 in the Lower Concourse.

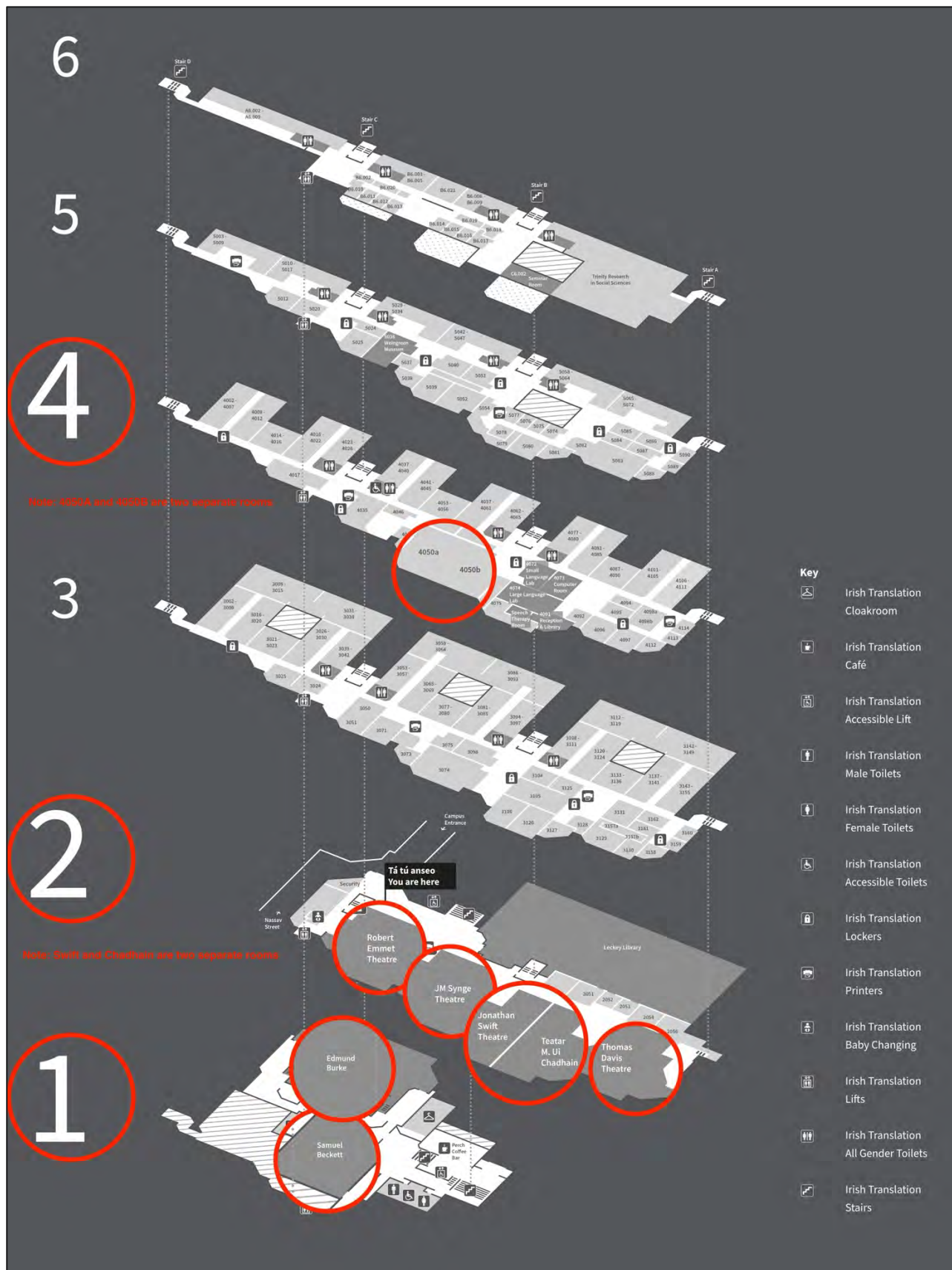
The post-conference workshops are taking place on Level 2, in the Jonathan Swift Theatre (Room 2041A) and Teatar M. Ui Chadhain Theatre (Room 2041B).

Visual maps of the Arts Building (Conference Centre) are provided on the next three pages.

## [Trinity College Dublin, Dining Hall](#)

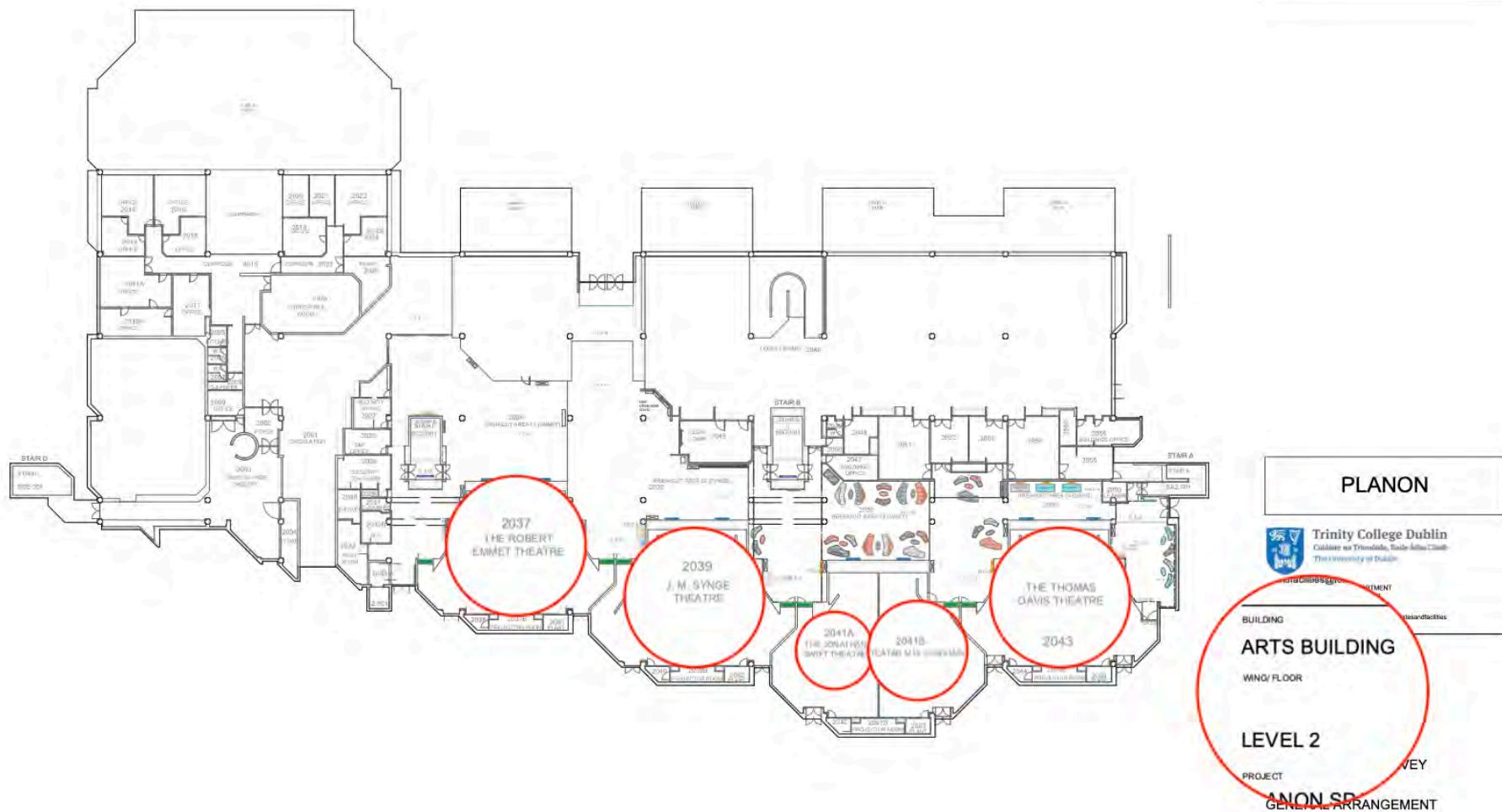
Note that this is a separate building on campus from the Arts Building that is being used for the Welcome Reception on Tuesday evening.











## Wi-Fi Access

To connect to the 'TCDconferenceWIFI' guest Wi-Fi network:

The screenshot shows a mobile web interface for Trinity College Dublin's TCDconferenceWIFI. At the top, it says 'SIGN IN TO NETWORK' with a 'MORE' link. Below is the Trinity College Dublin logo and name. The main heading is 'TCD conference WIFI'. There are two primary login options: 'Conference Wi-Fi' and 'Guest Wi-Fi Login'. The 'Conference Wi-Fi' section includes a link for attendees without a username/password. The 'Guest Wi-Fi Login' section has input fields for 'Username:' and 'Password:', followed by a 'Log In' button. Red boxes highlight these sections, with red lines pointing to them from the text 'Attendees without a username/password' and 'Attendees with a username/password' respectively.

1. Ensure Wi-Fi is enabled on your device.
2. Open the Wi-Fi configuration screen of your device.
3. Select the 'TCDconferenceWIFI' SSID (i.e., the name of the guest Wi-Fi network).
4. A login page should automatically open. If it does not, open a web browser and try go to an external webpage.
5. On the TCDconferenceWIFI landing page, if you do not have a username and password, select the link to self-register. Otherwise enter your username and password.
6. On the 'Self-Registration' page, enter the following details:
  - **Conference ID:** TCDCONF5D
  - **Mobile phone number:** This will be used to send you a password and will also become your username.
7. On the 'Self-Registration Receipt' page, select 'Sign-In' and enter the credentials you received via SMS (i.e., text message).

### Additional information:

1. To get back to the login page at any stage, go to your device's Wi-Fi configuration screen and re-select the 'TCDconferenceWIFI' SSID.
2. A number of devices can be registered using the same mobile phone number. However, you can only log onto the self-service guest Wi-Fi using the device from which you sent the request.

# Important Links

2025 IAFMHS Conference Website (note also the drop-down pages):

<https://iafmhs.wildapricot.org/page-18400>

Conference Registration Information: <https://iafmhs.wildapricot.org/2025-registration>

Virtual Poster Presenter Registration: <https://iafmhs.wildapricot.org/2025-virtual-poster>

Post-Conference Workshops and Registration: <https://iafmhs.wildapricot.org/2025-workshops>

Hotel Accommodations: <https://iafmhs.wildapricot.org/2025-accommodations>

Conference Program: <https://iafmhs.wildapricot.org/2025-program>

Keynote Speakers: <https://iafmhs.wildapricot.org/2025-keynote>

Sponsorship Information: <https://iafmhs.wildapricot.org/2025-sponsorship>

Bursary Awards: <https://iafmhs.wildapricot.org/2025-bursary>

IAFMHS Code of Conduct: <https://iafmhs.wildapricot.org/Code-of-Conduct>

About IAFMHS: <https://iafmhs.wildapricot.org/About>

Membership in IAFMHS: <https://iafmhs.wildapricot.org/join-us>

Special Interest Groups: <https://iafmhs.wildapricot.org/Special-Interest-Groups>

IAFMHS Equity, Diversity, Inclusion Committee: <https://iafmhs.wildapricot.org/EDIC>

IAFMHS Publications: <https://iafmhs.wildapricot.org/Journal> |  
<https://iafmhs.wildapricot.org/Book-Series> | <https://iafmhs.wildapricot.org/Newsletter>

Job Postings: <https://iafmhs.wildapricot.org/job-postings>

Contact IAFMHS: <https://iafmhs.wildapricot.org/Contact>

# Québec's Forensic Mental Health Institute

Three-pronged mission  
at the intersection of  
mental health, justice  
and public safety  
sectors:

- Specialised and personalised **care**
- **Research** and innovation
- **Training** and knowledge exchange

Montréal,  
Québec  
(Canada)

Visit us at **pinel.qc.ca**



Institut national  
de psychiatrie légale  
**Philippe-Pinel**  
Université de Montréal



# Instructions for Presenters

There are five presentation formats that will occur at the conference: paper presentations, symposium paper presentations, roundtable discussions, physical poster presentations, and virtual poster presentations. Authors have been notified within the ExOrdo submission platform about for which presentation format their submission was accepted.

Presenters should strive to make their presentations as accessible as possible for all conference attendees. All presenters are thus encouraged to review the information provided for presenters by the [Web Accessibility Initiative](#).

## Paper Sessions

There are numerous individual paper (aka oral) sessions throughout the conference. These sessions feature individual paper presentations that have been as thematically grouped and organized as possible by the Scientific Committee Chairs. Each of these sessions typically features three to five individual paper presentations (in part owing to some number of withdrawn presentations post-acceptance and post-scheduling).

In light of overall conference event scheduling, paper sessions will either be 1 hour (4 or fewer paper presentations) or 1 hour and 10 minutes (5 paper presentations). Most sessions with 5 paper presentations have been scheduled during the last session blocks on Tuesday (from 4:45 to 5:55 PM) and Wednesday (from 4:30 to 5:40 PM). For the few sessions with 5 presentations that were not able to be scheduled during one of these blocks, they were scheduled during session blocks that are immediately followed by half-hour coffee breaks, so that these sessions can practically last for 1 hour and 10 minutes by extending 10 minutes into the coffee break.

As there will be no paper session chairs, presenters are encouraged to briefly decide amongst themselves how they will evenly distribute the session time for their paper presentation deliveries. One option is an even division of time for each paper based on the total session time and number of papers included therein, with this approach assuming that presenters will factor in time for Q&A after each paper. Presenters within a given session are free decide amongst themselves whether they would prefer to deviate from this “simplest” approach and instead present for slightly shorter durations of time so as to overall leave 10 to 15 minutes at the end of the session for a collective Q&A (i.e., rather than allowing Q&A after each individual paper presentation).

Laptops/AV equipment will be provided for use during the paper sessions. Presenters should bring a copy of their presentation file on a USB drive. Formatting the USB drive in exFAT or

FAT32 is recommended, as these formats work on both Windows and MacOS. Use of a PowerPoint file is recommended to ensure that the laptop in the room will be able to display the presentation file. IAFMHS is not able to accept presentation materials via email prior to the conference.

## Symposium Sessions

Symposium (aka panel) sessions are in general very similar to paper sessions. However, these sessions and the three to five symposium papers contained therein were thematically organized by the involved presenters themselves at the time of submission. Symposium sessions typically feature a chair who introduces the symposium, individual symposium paper presenters, and possibly a discussant who comments on the works presented. Symposium sessions are 1 hour in duration.

Symposium chairs may structure their session time however they prefer. While the conference program schedule reflects an even division of time for the chair and optional discussant at the start of the symposium and then all the individual symposium papers thereafter, it is anticipated that symposium chairs will opt to deviate from this “simplest” structure (as it is just a placeholder distribution of time based on what the conference scheduling software allows). Rather, it is anticipated that symposia will generally be organized by the symposium chair as follows:

- Introduction by the symposium chair
- Individual symposium paper presentations
- Remarks by the discussant or symposium chair
- Q&A

It is recommended that the symposium chair help keep track of time for the symposium paper presenters and any discussant.

Laptops/AV equipment will be provided for use during the symposium sessions. Presenters should bring a copy of their presentation file on a USB drive. Formatting the USB drive in exFAT or FAT32 is recommended, as these formats work on both Windows and MacOS. Use of a PowerPoint file is recommended to ensure that the laptop in the room will be able to display the presentation file. IAFMHS is not able to accept presentation materials via email prior to the conference.

## Roundtable Sessions

Roundtables are most akin to the symposia format, but feature presenters (aka discussants for this format) who share expert information and opinions in a more open and conversational

forum. Roundtables sessions are 1 hour in duration (unless they happen to have been scheduled during the final session blocks on Tuesday or Wednesday).

Roundtable discussants may structure their session time however they prefer, as roundtables are the most “flexible” or “tailored” of the five presentation formats at the conference. Nevertheless, it is recommended that the discussants decide amongst themselves ahead of time how the session time will be organized, and that they help keep track of time for one another. This includes planning to honor part of the spirit of roundtables: to allow ample time for interaction (Q&A and back-and-forth conversation) with the audience.

Laptops/AV equipment will be provided for use during the roundtable sessions, in case desired by the roundtable discussants. However, it is anticipated that roundtables discussants may forego the use of presentation materials and instead proceed purely conversationally. If planning to use the laptops/AV equipment, discussants should bring a copy of their presentation file on a USB drive. Use of a PowerPoint file is recommended to ensure that the laptop in the room will be able to display the presentation file. Formatting the USB drive in exFAT or FAT32 is recommended, as these formats work on both Windows and MacOS. Use of a PowerPoint file is recommended to ensure that the laptop in the room will be able to display the presentation file. IAFMHS is not able to accept presentation materials via email prior to the conference.

## Poster Sessions

There are two separate poster sessions, on Wednesday and Thursday, respectively. Presenters can look up for which day their poster was scheduled in the schedules in this program.

On each day during which poster presentations are scheduled, there is a morning coffee break poster viewing session at which presenters should hang their posters and stand by them to answer questions from conference attendees who stop by to view them. Presenters then leave their posters hung for the remainder of the day, so that conference attendees can continue to view them during the lunch hour and during an afternoon coffee break. However, presenters do not need to be by their posters during either the lunch or afternoon coffee break viewing times. Presenters can take down their posters after the afternoon coffee break.

Presenters are responsible for bringing their printed posters to the conference. IAFMHS is not able to accept poster shipments prior to the conference. The recommended poster size is A0 (84.1 cm wide by 118.0 cm tall). The maximum accepted dimensions for posters are 100 cm wide x 225 cm tall (i.e., portrait format—see picture below). Again, note that posters should be in portrait format, not landscape format. Push-pins for hanging posters will be available onsite.



## Virtual Posters

Virtual poster presentations are delivered in an asynchronous manner via a private YouTube channel shared only with conference attendees. QR codes directing to the virtual poster presentations are included in this program. The QR codes are also provided via a master physical poster on display during the in-person poster sessions at the conference.

Conference attendees can scan these QR codes with their electronic devices to access the virtual poster presentations on YouTube at their leisure during the conference and for one week after the conference. Conference attendees are able to leave comments and questions for presenters in the YouTube comment section. Presenters can respond to these comments in an asynchronous fashion for up to one week after the conference has concluded.

For more about the special registration rate for those who will only be participating in the 2025 IAFMHS Conference as a virtual poster presenter (i.e., not attending in person), refer to <https://iafmhs.wildapricot.org/2025-virtual-poster>

For more about preparing a virtual poster presentation, refer to <https://iafmhs.wildapricot.org/2025-virtual-poster> and <https://iafmhs.wildapricot.org/2025-program>

# IAFMHS Code of Conduct

Current as of 23 February 2025

## GOALS

The International Association of Forensic Mental Health Services (IAFMHS) was established in 2000 as an international non-profit association, with headquarters in Vancouver, British Columbia, Canada. The goals of the Association can be broadly defined as follows:

1. To enhance the standards of forensic mental health services in the international community
2. To promote an international dialogue about forensic mental health, in all its aspects, including violence and family violence
3. To promote education, training and research in forensic mental health
4. To inform professional communities and the public about current issues in forensic mental health
5. To promote and utilize advanced technologies in the pursuit of the above goal
6. To form informal and formal liaison with organizations having a similar purpose

A primary part of the Association's mandate is to hold an annual conference, providing an arena for information sharing on the latest research, program development, as well as legal, administrative, and ethical matters. As well, the Association publishes the International Journal of Forensic Mental Health.

## PURPOSE

The Code of Ethics and Professional Conduct (the “Code”) is designed to reinforce and preserve IAFMHS’s tradition of integrity and the credibility of the Association. The Association recognizes the diversity of its membership and that many of our members may hold membership in other professional associations. No part of the Code supersedes or substitutes for the professional standards or guidelines expected of our members in their other affiliations.

Further, as part of IAFMH’s commitment to fairness, integrity, and transparency, all individuals involved in investigations and appeals processes detailed below will be required to remain free from conflicts of interest that could compromise impartiality or the perception of fairness.



## APPLICATION

This Code applies to all IAFMHS members, and any individuals involved in and/or attending IAFMHS events, activities or business.

### **IAFMHS Board (the “Board”) Members shall:**

- Receive no personal compensation in relation to any IAFMHS business;
- Notify the Board of any individual who may have committed an act in contravention of this Code;
- Foster a positive work environment free of discrimination, harassment and abuse;
- Support IAFMHS in its efforts to advance the international standards of forensic mental health services;
- Maintain confidentiality with respect to information they acquire from their position on the Board, except when required by law or when authorized by the Board;
- Continue to adhere to confidentiality requirements following exit from the Board;
- Conduct themselves professionally; and
- Upon retirement from the Board, promptly return all relevant IAFMHS material.

### **IAFMHS Members shall:**

- Conduct themselves professionally when involved in and/or attending IAFMHS events, activities or business;
- Refrain from all forms of misconduct, including discrimination, harassment, abuse, human rights violations and/or illegal activity; and
- Report to an IAFMHS Board member any member who may have committed an act in contravention of this Code.

### **IAFMHS Sponsored Presenters and Vendors shall:**

- Conduct themselves professionally when involved in and/or attending IAFMHS events, activities or business;
- Refrain from all forms of misconduct, including discrimination, harassment, abuse, human rights violations and/or illegal activity;
- Treat members and associates of IAFMHS with professional respect; and
- Report to an IAFMHS Board member any member who may have committed an act in contravention of this Code.

### **IAFMHS Representation**

- Members must seek the approval from the IAFMHS President to represent IAFMHS.
- Failure to receive approval can result in action under this Code against the member

## COMPLAINTS AND DISCIPLINE

### Administration

- IAFMHS has a Complaints Committee (CC) chaired by the IAFMHS President or Past President. The President or Past President appoint positions to the CC. The CC may comprise general IAFMHS members and IAFMHS Board Members.
- All complaints received under this Code will be considered strictly confidential and all information obtained, including identifying information about any individuals involved, will not be disclosed unless the disclosure is necessary for IAFMHS to safeguard members, conduct a thorough investigation, or take appropriate corrective and/or disciplinary action. The parties to the complaint and any witnesses are expected to maintain confidentiality. Breaches of confidentiality may result in action under this Code.
- Decisions about discipline stemming from complaints will be administered by the Discipline Committee (DC), whose members do not sit on the CC.
- Where an investigation results in corrective and/or disciplinary action against a member, a record of such action will be maintained by IAFMHS.

### Informal Resolution

- Members should take steps to resolve any conflicts in a responsible manner between the parties when possible. Otherwise, members may wish to submit a Formal Complaint, as outlined below.

### Making a Complaint

- Complaints regarding an IAFMHS member or the operation of IAFMHS must be submitted in writing to the IAFMHS President or Past President and should include the name and contact information of the complainant and a detailed summary of the complaint. IAFMHS will not act upon any complaint unless it is received in writing. E-mail is an acceptable form of communication.
- The President or Past President will acknowledge receipt of the complaint via e-mail to the complainant and provide the complainant with a copy of this Code.
- The President or Past President will attempt to resolve the complaint informally to the satisfaction of the involved parties and IAFMHS, which may include conducting an investigation of the matter, if necessary.
- If a resolution is not possible, or at the discretion of the CC, IAFMHS will hire an external investigator to investigate the issue and report back to the CC. The complainant will be informed of the outcome of the investigation and the investigator's recommendations.

## Appeal of Complaints

- All requests for appeals of complaint outcomes and discipline decisions should be submitted in writing to the IAFMHS President. The submission should detail the nature of the appeal.
- The Past President, if involved, will forward all relevant material regarding the complaint to the President.
- The appellant will be asked to provide any additional information or material that may assist the President in making a decision; this information or material must be delivered in a reasonable manner and timeframe as determined by the President.
- The President will advise the appellant via e-mail of IAFMHS's decision in the matter.

## Timing

- All complaints are to be resolved in a reasonable timeframe.
- Should a complaint not be resolved within 6 months of receipt, the complainant will be advised of the reasons for the delay and what steps are being taken to resolve the matter.

## Discipline

- Where it is determined that corrective action or disciplinary action is to be taken against a member due to a violation of this Code, the DC will determine what action is warranted. The action may include, but is not limited to, the following:
  - Recommendations for coaching and/or counselling
  - Suspension of IAFMHS membership
  - Termination of IAFMHS membership
- The Chair of the DC will advise the complainant (and respondent as necessary) of the outcome of the investigation including any sanctions that have been determined.

## Criminal Matters

- Where criminal proceedings are initiated against a respondent based on the allegations in a complaint that falls within the scope of this Code, IAFMHS, in accordance with the Code, will conduct its own independent investigation, if possible, into the allegations and make its own determination.
- Members shall inform the President in writing of any criminal charges within 30 days of being notified.
- Members must inform the President in writing of any changes in the status of the charges within 30 days of being notified of the change.

## Reprisal/Retaliation

- Retaliation/reprisal will not be tolerated. Mistreatment of an individual for: (a) invoking this Code (on behalf of themselves or another individual); (b) participating or cooperating in an investigation under this Code; or (c) associating with a person who

has invoked this Code or participated in these procedures will be treated as a violation of the Code and will be dealt with accordingly. In such a case, the offender may be subject to corrective and/or disciplinary action.

# The job you love, with the lifestyle you've always wanted.

New Brunswick is a beautiful Canadian province by the Atlantic Ocean, known for its low-stress unhurried pace of life, perfect work-life balance, and very friendly people. If you're looking for a place where you can grow your healthcare career while building a healthy, well-rounded life, look no further. Talk to our representatives at the Conference or check out [NBHealthJobs.ca](https://NBHealthJobs.ca) for healthcare opportunities in New Brunswick.

[NBHealthJobs.ca](https://NBHealthJobs.ca)





# The DUNDRUM Guide to Dublin

[View all the recommendations on Google Maps](#)

## Secret Gig

Whelan's ([25 Wexford St](#)): On Tuesday, 24th June, at 7:30 PM. [Flyer](#).



## Best Bars

1. Doheny & Nesbitts ([5 Baggot Street Lower](#)): Classic snug pub.
2. The Porterhouse ([16-18 Parliament St](#)): Microbrewery, Irish style. Best porter in the city.
3. Ryans of Parkgate Street ([28 Parkgate St](#)): The real Dublin pub, with untranslatable local dialect.
4. Frank Ryan's ([5 Queen St](#)): Off-duty police and on-call nightlife (bring a bodyguard).

5. **The Shelbourne Bar** ([17 MacCurtain Street](#)): For afternoon tea. Bring your (aristocratic) maiden aunt and credit card.
6. **The Long Hall** ([51 South Great George's Street](#)): Authentic. Bring your selfie camera. Best Guinness.
7. **The Market Bar Restaurant** ([14a Fade St](#)): A prize for anyone who can find it. Worth the effort. Very cool street.
8. **Street 66** ([33-34 Parliament St](#)): A lovely safe spot for a cocktail or drink during the day. Becomes clubby later at night. LGBTQ bar.
9. **Thomas Moore Inn** ([12 Aungier St](#)).
10. **The Palace Bar** ([21 Fleet St](#)): One of the oldest and most atmospheric classic Dublin bars.
11. **Mother Reilly's Bar & Restaurant** ([32 Rathmines Rd Upper](#)): A little out of the city center but easy to get to on [Dublin buses 14, 15, 140, and 83](#). A lovely spacious pub with nooks and crannies. Live music on the weekend.

## Best Restaurants

1. **Etto** ([18 Merrion Row](#)): Quite posh but exceptional local food in a sophisticated setting.
2. **Las Tapas De Lola** ([12 Wexford St](#)): Coolest area for food, music, whatever.
3. **Uno Mas** ([6 Aungier St](#)): Reservations a must! Menu may not look original but the food is amazing. Spanish inspired local food.
4. **Il Caffe Di Napoli** ([41 Westland Row](#)): Best coffee in Dublin. Great Italian food.
5. **The Port House** ([64 William St S](#)) and **The Port House Cava** ([21 Camden Street Lower](#)): Tapas.
6. **The Seafood Café by Niall Sabongi** ([Unit 11, Sprangers Yard, Fownes St Upper](#)): Fish and chips, scallops, lobster roll.
7. **Urban Oyster House** ([1 Joshua Ln](#) [off Dawson St]): Really good.
8. **Spice of India** ([6 William St S](#)): Curry dishes and vegetarian choice++
9. **Maneki Japanese Cuisine & Karaoke Box** ([43 Dawson St](#)): Very good sushi and Japanese food. Karaoke in the private rooms upstairs—not necessary but HIGHLY recommended.
10. **Saba** ([22 Baggot Street Upper](#)): Thai food with a great garden (weather permitting).
11. **SOLE Seafood & Grill** ([18-19 William St S](#)): Dublin's best seafood by a long shot.
12. **Fallon & Byrnes** ([11-17 Exchequer St](#)): The ground floor for fast wholefood lunches. Downstairs for the best wine bar with food. (Top floor strictly for barristers, and a bit too loud.)
13. **Dunne and Crescenzi** ([14-16 Frederick St S](#)): Traditional trattoria—a favorite.
14. **Camden Kitchen** ([Camden Market, 3 Grantham St](#)): In the “real” cultural area in Dublin—Camden St / Wexford St—where the best live music venues and restaurants can be found. See “Secret Gig” above.

15. **Shaku Maku** ([192 Rathmines Rd Lower](#)): Wonderful Palestinian food and a local treasure. Staff are doting and the food is beautiful. The Mezze sharing plates are a must.
16. **Bunsen** ([Wexford St / Temple Bar / South Anne St / Dame St / etc.](#)): Casual restaurant with well-earned rave reviews. Great spot for burgers. Very highly rated and a great range of options for vegetarians and carnivores alike.

## Best Museums and Galleries

1. **The Chester Beatty Library** (access through [Dublin Castle](#)): A small but excellent collection of oriental manuscripts, and a great café. [More](#).
2. **Christ Church Cathedral** ([Christchurch Pl](#)): Founded in 1030. [More](#).
3. **National Gallery of Ireland** (Merrion Square W: [map](#)): See [Caravaggio's \*The Taking of Christ\*](#), or the [Jack B. Yeats](#) Gallery. Also a great café. [More](#).
4. **St Patrick's Cathedral** ([St Patrick's Close](#)): Founded in 1191. [Jonathan Swift](#) was dean. [Bono](#) learned to sing here (really). [Link](#).
5. **Gallery Zozimus** ([51 Francis St](#)): Interesting street full of antique shops and graffiti. [More](#).
6. **Hugh Lane Gallery** ([Charlemont House, Parnell Square N](#)): Contains [Francis Bacon's](#) studio, intact. [More](#).
7. **Irish Museum of Modern Art (IMMA)**; [Royal Hospital Kilmainham, Military Rd](#)): Set in the handsome architecture of the old [Royal Hospital Kilmainham](#). Can be reached on [Luas Red line](#). [Find exhibitions](#).
8. **Trinity College Library** ([Old Library, College Green](#)): See the [Book of Kells](#), and the library itself. [More](#).
9. **Kilmainham Gaol** ([Inchicore Rd](#)): For historians and closet revolutionaries. [More](#).
10. **National Museum of Ireland, Kildare Street** ([35A Kildare St](#)): For Viking and Celtic gold, long ships, and bog burials. Next door to [Leinster House](#), containing Dáil Éireann and Seanad Éireann (Houses of Parliament). [More](#).

## Theatre, Drama, and Music

Dublin has a proud and fruitful theatre scene. It is really worth looking at the roster available for these theatres during your visit.

1. **The Gaiety Theatre** ([King St S](#)): [More](#).
2. **Abbey Theatre** ([26/27 Abbey Street Lower](#)): Take note: this theatre is beautiful but not in the safest location so go with a friend if anything catches your eye. [What's On](#).
3. **Gate Theatre** ([Cavendish Row, Parnell Square E](#)): An even less safe area but a great theatre. [What's On](#).

4. **Bord Gàis Energy Theatre** ([Grand Canal Square](#)): Musical theatre from Broadway to opera. [More](#).
5. **National Concert Hall** ([Earlsfort Terrace](#)): Everything from orchestral through traditional to progressive jazz. The large hall was the exam hall when your older colleagues were students. The smaller spaces were lecture theatres when [James Joyce](#) was (briefly) a medical student. [More](#).
6. **Royal Irish Academy of Music** ([36-38 Westland Row](#)): Small classical venue. Excellent. [More](#).
7. **Whelan's** ([25 Wexford St](#)): New rock. Live and very loud. See “Secret Gig” on Tuesday of the conference.

## Social Spots

Where to go for an in-between glass of wine, shop mooch, or coffee during your day out in the city.

1. **Drury Street** ([map](#)): Home to wonderful wine bars, independent fashion and jewelry shops, print studios, swish lunch and coffee spots, and piercing studios, and right outside of [George's St Arcade](#). Something for everyone.
2. **Cow's Lane** ([map](#)): Home to indie book shops, cafés, tattoo parlors, Irish art and design shops. A local favourite. Near [Temple Bar](#) ([more](#)). (Take note: Temple Bar Pub itself is a sham to be avoided.)
3. **Aungier Street** ([map](#)): Some really wonderful bakeries ([It's A Trap](#) and [Bloom's Café](#) are favorites). Lots of pubs to call into as well. Plenty of second-hand and vintage shops around here, which are great to peruse. [The Last Bookshop](#) on Camden St is a stone's throw away and has a lovely secret café in the back garden of the shop.

## Best Bookshops

1. **Books Upstairs** ([17 D'Olier Street](#)): Dublin's oldest bookshop. Idiosyncratic and addictive.
2. **The Winding Stair Bookshop** ([Ormond Quay Lower](#) [near [Ha'penny Bridge](#)]): The best small book shop. Really good stuff you won't find elsewhere, and a great restaurant upstairs.
3. **Chapters Bookstore** ([Ivy Exchange, Parnell St](#)): Enormous, and the best bookshop in Dublin. Worth the trek.
4. **Hodges Figgis** ([56-58 Dawson St](#)): Academically oriented megastore.
5. **Ulysses Rare Books** ([10 Duke St](#)): Formerly Cathach Books. Antiquarian and art books.

## Best Venues for Live Music

1. **Vicar Street** (actually [58-59, Thomas St](#)): [More](#).
2. **The Academy, Middle Abbey Street** ([57 Middle Abbey St](#)): [More](#).
3. **Button Factory** ([Curved St](#) [just off Dame St]): Live music and some DJ sets. Clubby on the weekends if you're looking for a dance. [More](#).
4. **International Bar** ([23 Wicklow St](#)): Stand-up comedy upstairs, jazz in the cellar. [More](#).
5. **The Sugar Club** ([8 Leeson Street Lower](#)): Progressive and popular. [More](#).
6. **Whelan's** ([25 Wexford St](#)): Live progressive music most nights. Wander upstairs for a spot at the balcony. Have we mentioned the "Secret Gig"?
7. **The Cobblestone** ([77 King St N](#)): Traditional music, live. Cool and progressive. [More](#).
8. **Piper's Corner** ([105-106 Marlborough St](#)): Traditional music, live. Authentic. [More](#).

## Staying for the Weekend

1. **Glendalough** (County Wicklow; [map](#)): Rent a car and visit this picturesque glacial valley 50 kilometers south of Dublin. Site of early monastic settlement.
2. **Howth Head Peak** ([map](#)): Headland north of Dublin Bay. Take the [DART](#) or a [taxi](#) to a picturesque village, then the cliff walk or a bracing hike to the summit. Great seafood restaurants.
3. **Stephen's Green** ([map](#)): Centre city park, close to busy shopping streets.
4. **Historical Walking Tours**: These highly-rated tours are led by history graduates of Trinity College. [More](#).
5. **Newgrange** (County Meath; [map](#)): Older than the pyramids. Ask Harry Kennedy for suggestions of other archaeological sites and sights. Graded for walkers from easy to serious hill walking.

## Best Books by the Dead

1. [Dubliners](#), by [James Joyce](#). Contains one of the best short stories ever, [The Dead](#) (set in a house next door to the forensic outpatient clinic) on [Usher's Island / Quay](#).
2. [Opened Ground](#), by [Seamus Heaney](#).
3. [The Third Policeman](#), by [Flann O'Brien](#) (also writes as "Myles na gCopaleen"). Cult classic. [Naxos](#) have a brilliant audiobook version narrated by [Jim Norton](#). Then read [At Swim-Two-Birds](#), his masterpiece.
4. [Ulysses](#), by [James Joyce](#) (go on, it's easy!). And [Portrait of the Artist as a Young Man](#) (for medical students).
5. [Murphy](#), by [Samuel Beckett](#).
6. [Selected Poems](#), by [Patrick Kavanagh](#). One of the foremost poets of the 20th Century. What do you mean you haven't heard of him?

7. [\*The Collected Poems\*](#), by [W. B. Yeats](#) (everyone should have one).
8. [\*The Táin\*](#), translated by [Thomas Kinsella](#). Poetic rendering of Irish legendry epic with brush drawings by [Louis le Brocquy](#).

## Best Books by the Living

1. [\*Authenticity\*](#), by [Deirdre Madden](#).
2. [\*The Master\*](#), by [Colm Tobin](#) (or anything by him). See also [\*The Heather Blazing\*](#), an account of how judges judge.
3. [\*The Gathering\*](#), by [Anne Enright](#) (what Irish people really sound like).
4. [\*The Secret Scripture\*](#), by [Sebastian Barry](#). Engaging fiction about a psychiatrist and his elderly female patient in a West of Ireland asylum. His newest novel, [\*Old Gods Time\*](#), is also well worth a read.
5. [\*Intermezzo\*](#), by [Sally Rooney](#). Author of [\*Normal People\*](#), this book is her best yet publication. A great exploration of the mind of a barrister and his brother, set in Dublin.
6. [\*Redemption Falls\*](#), by [Joseph O'Connor](#). Ambitious, compelling, and harrowing novel by Sinéad's brother.
7. [\*Orchid Blue\*](#), by [Eoin McNamee](#). The gradual artistic metabolizing of [\*The Troubles\*](#) is taking shape in the writing of McNamee. Everything he writes is excellent.

## Best Songs

1. **Dirty Old Town**, by [The Pogues](#): <https://www.youtube.com/watch?v=s11BuatTuXk>
2. **Up De Flats**, by Gemma Dunleavy: [https://www.youtube.com/watch?v=SXZ\\_2MnnrQQ](https://www.youtube.com/watch?v=SXZ_2MnnrQQ)
3. **Factory Girl**, by [Sinéad O'Connor](#): <https://www.youtube.com/watch?v=v8lbqqnBvIQ>
4. **Whiskey in the Jar**, by [Thin Lizzy](#) (see statue of [Phil Lynott](#) just off Grafton St on [Harry St](#)): <https://www.youtube.com/watch?v=6WDSY8Kaf6o>
5. **Raglan Road**: <https://www.youtube.com/watch?v=Zlqr1Ge8Z5w>
6. **Buskers in Grafton St**: <https://www.youtube.com/watch?v=FWEUJoJLoro>
7. **Secret Gig**: [https://www.youtube.com/watch?v=Lvm4nTZj\\_7U](https://www.youtube.com/watch?v=Lvm4nTZj_7U)



# Keynote Speakers

## Prof. Mary Rogan: Human Rights and Dignity in Forensic Mental Health

**Tuesday, June 24, 12:30 PM:** Edmund Burke Theatre (Room 1008) on Level 1, with overflow seating in the Robert Emmet Theatre (Room 2037) on Level 2

The concept of human dignity has an obvious relevance for forensic mental health services. However, while the term has been extensively in research, policy, and evaluation, its meaning and content remain contested and uncertain. The European Court of Human Rights has examined the role of dignity in forensic mental health settings in a series of cases exploring, in particular, the application of Article 3 of the European Convention on Human Rights' prohibition on inhuman and degrading treatment. The circumstances in which this article has application requires further exploration and synthesis. This paper will examine how the European Court of Human Rights has analysed key issues concerning treatment and conditions in forensic mental health settings, along with an assessment of what dignity means in these environments. It will also explore emerging questions in the area of dignity and the application of Article 3 regarding involuntary detention and the perspective of the patient, and potential future directions in human rights protections in forensic mental health services.



**Mary Rogan, PhD**, is a Professor in Law and Fellow at the School of Law, Trinity College, Dublin, Ireland. She is the Principal Investigator of two projects funded by the European Research Council examining prison oversight and human rights in detention. Mary previously practised as barrister in Dublin, Ireland and is a member of Lincoln's Inn, London, UK. She is a former Chairperson of the Irish Penal Reform Trust. Mary was the first woman to be President of the International Penal and Penitentiary Foundation and is currently its Secretary General.

Professor Rogan is committed to using research to improve penal policy and the policymaking process. She chairs the Implementation and Oversight Group on reforms to penal policy, reporting to the Minister for Justice and Equality. She was appointed to the inaugural Research Advisory Group for the Department of Justice and Equality in July 2018. She sits on

the Advisory Group to the Office of the Inspector of Prisons. She has also been a member of the Central Statistics Office's Expert Group on Crime Statistics. She is a former member of the Board of the Irish Association for the Social Integration of Offenders, the Victims' Rights Alliance, and is a former Chairperson of the Irish Penal Reform Trust.

---

## **Prof. Anne Crocker: Looking Back and Shaping Tomorrow: 50 Years of Forensic Mental Health Research**

**Wednesday, June 25, 11:30 AM: Edmund Burke Theatre (Room 1008) on Level 1, with overflow seating in the Robert Emmet Theatre (Room 2037) on Level 2**

As we celebrate the 25th anniversary of the International Association of Forensic Mental Health Services (IAFMHS), it is an opportune time to reflect on the journey that has shaped our field. Over the past half-century, advancements in research, policy, and practice have helped to build a deeper understanding of the intersection between mental health and the justice system. This milestone offers an opportunity to look back and critically examine the legacy of past research—one that has provided both a foundation to build upon and, at times, shifting ground that complicates progress, particularly for historically marginalized groups—while also considering the evolving challenges we face. As society continues to change through shifts in cultural, social, and legal landscapes, it is crucial that we examine emerging issues. This includes the impact of new technologies, changing societal attitudes toward mental health, escalating misinformation and the increasing complexity of forensic populations. Future directions for forensic mental health research should address family involvement, recognizing the critical role families play in supporting recovery and rehabilitation but also their support needs. Additionally, as systems face increasing strain, there is a need to foster resilience and adaptability within mental health services, ensuring they can respond effectively to both individual and systemic challenges. The IAFMHS community is well positioned to lead these discussions and innovations, driving forward research and practices that not only address today's issues but also prepare us for the evolving needs of tomorrow.



**Anne Crocker, PhD**, Canada Research Chair in Mental Health, Justice and Safety is Full professor at the department of psychiatry & addictions and at the School of criminology of the Université de Montréal, Director of Research and Academics at the Philippe-Pinel Institute, Guest professor at the University of Gothenburg, Sweden and past-president of the International Association of Forensic Mental Health Services. She holds a Ph.D. in psychology from the Université de Montréal and a post-doctoral degree in mental health services from Dartmouth Medical School, New Hampshire, U.S.A. She sits on many forensic mental health policy advisory committees. Professor Crocker's research program focuses on

circumscribing issues and specific needs related to mentally ill individuals' interactions with the justice system; characterizing their use of services; analyzing the effects of legislative mechanisms related to the access to, organization and delivery of services; and documenting the barriers and facilitators of post-criminalisation community integration. Over the past 15 years, Professor Crocker has been leading the Canadian National Trajectory Project of individuals found not criminally responsible on account of mental disorder.

## Mr. Justice Peter Charleton: A Personal View of Homicide

**Thursday, June 26, 11:15 AM:** Edmund Burke Theatre (Room 1008) on Level 1, with overflow seating in the Robert Emmet Theatre (Room 2037) on Level 2

While informed by criminological studies, this traverses unknown and unpublicised cases over a 27-year career as a barrister and seeks to identify patterns of conduct as to why people take to the “perfectly normal” crime of murder. The focus here is on what spirit drives people into what is indeed not a normal activity in the animal world, that of killing one's own kind. This is not a study in criminology but, rather, a series of impressions which nonetheless are related to and found to be grounded in the ideas of those who have addressed the unnerving question of how both ordinary motivations like greed, crushing blows like disappointment in love and long simmering jealousy, either singly or in combination, drive the ever-mysterious human condition of hate. He cannot present answers, but rather questions if particular analyses can assist in understanding the negative drive of destructiveness. Some of these cases found their way into *Lies in a Mirror*, but in slightly altered and anonymous

form out of respect for two sets of victims: those who lost a loved person and those families from whom killers sprang. Both suffer ultimate loss.



**Mr. Justice Peter Charleton** is a judge of the Supreme Court of Ireland since 2014 and joined the bench as a High Court judge in 2006. Prior to that, since 1979, he was a barrister in private practice with a wide-ranging practice. But, he was best known for taking on some of the most challenging criminal cases, principally as a prosecutor. These included the several cases arising out of the murder of Veronica Guerin in 1996, the journalist assassinated by the crime gang she was investigating, the Omagh bombing case from August 1998, the Mrs Nevin prosecution in 2000 and many others. Having spent a professional lifetime in and out of crime cases, his response to human nature's revelation of its shadow was an attempt at catharsis in his 2006

book *Lies in a Mirror: An Essay on Evil and Deceit*. He has also published many articles on legal issues, particularly associated with the *Irish Judicial Studies Journal* and in several others such as the *Cambridge Law Journal* and the *Maastricht Journal of EU and Comparative Law*, and on history. He is, with his friend the late Paul Anthony McDermott, the author of *Charleton & McDermott's Criminal Law and Evidence*, which is the standard Irish text on criminal law. Adjunct professor of criminal law and criminology at the University of Galway, he regularly lectures there and for various groups.

# Conference Schedule

You can navigate this year's conference programming via the [brief](#) and [expanded](#) schedules in this section, coupled with the [individual abstracts listing](#) and [authors index](#) at the very end of this program.

In the expanded schedule section below, you can skip to each day of the conference via the links on the first page of that section. You can also search for author names via the search feature in your PDF reader.

Note also that the listing of individual abstracts at the end of this program utilizes distinct pagination from the rest of the program. The separate pagination of this section allows for the authors index, which is useful for quickly looking up authors' abstracts.

## Brief Format



## IAFMHS 2025 Conference Dublin 24 - 26 Jun 2025 All times in IST



| Tuesday, 24 June |                                                                                                                                                                                   |                                                                                                                                                                                                |                                                                                                                                                                                                                                         |
|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 8:30am           | General<br><b>Board of Directors (BOD)/Advisory Board (AB) Meeting</b><br>Venue - The College Green Hotel Dublin, Autograph Collection, Mezzanine Level, The Guinea & Florin Room | 1:45pm                                                                                                                                                                                         | General<br><b>Transition Between Sessions</b><br>Venue - Trinity College Dublin, Conference Centre (Arts Building)                                                                                                                      |
| 10am             | General<br><b>Student Breakfast</b><br>Venue - Jonathan Swift Theatre (Room 2041A)                                                                                                | 2pm                                                                                                                                                                                            | Panel<br><b>[Symposium] From Family Conflict to the Trauma Family: Therapeutic Jurisprudence in the Family and Children's Courts - The Design of Good Practices in Family Court Processes</b><br>Venue - J.M. Synge Theatre (Room 2039) |
| 11:30am          | General<br><b>Lunch</b><br>Venue - Trinity College Dublin, Conference Centre (Arts Building), Level 1 (Lower Concourse)                                                           | 3pm                                                                                                                                                                                            | General<br><b>Coffee Break</b><br>Venue - Trinity College Dublin, Conference Centre (Arts Building), Level 1 (Lower Concourse)                                                                                                          |
| 12:15pm          | Keynote<br><b>Welcome Remarks</b><br>Venue - Edmund Burke Theatre (Room 1008)                                                                                                     | 3:30pm                                                                                                                                                                                         | Panel<br><b>[Student Section] Boundaries and Balance: Overcoming Challenges and Building Resilience in Forensic Mental Health Professionals</b><br>Venue - Edmund Burke Theatre (Room 1008)                                             |
| 12:30pm          | Keynote<br><b>[Keynote Speaker] Prof. Mary Rogan: Human Rights and Dignity in Forensic Mental Health</b><br>Venue - Edmund Burke Theatre (Room 1008)                              | 4:30pm                                                                                                                                                                                         | General<br><b>Transition Between Sessions</b><br>Venue - Trinity College Dublin, Conference Centre (Arts Building)                                                                                                                      |
|                  |                                                                                                                                                                                   |                                                                                                                                                                                                | 4:45pm                                                                                                                                                                                                                                  |
|                  |                                                                                                                                                                                   | Oral<br><b>[Papers] Inpatient Settings</b><br>Venue - Room 4050A                                                                                                                               | Oral<br><b>[Papers] Management of Risk or Other Needs</b><br>Venue - Jonathan Swift Theatre (Room 2041A)                                                                                                                                |
|                  |                                                                                                                                                                                   | Oral<br><b>[Papers] Experiences of Care</b><br>Venue - Room 4050B                                                                                                                              | Oral<br><b>[Papers] Women's Mental Health</b><br>Venue - Teatar M. Ui Chadhain Theatre (Room 2041B)                                                                                                                                     |
|                  |                                                                                                                                                                                   | Oral<br><b>[Papers] Burdens and Barriers</b><br>Venue - J.M. Synge Theatre (Room 2039)                                                                                                         | Panel<br><b>[Round Table] Child Forensic Interviewing in the USA: Current Practices and Developments</b><br>Venue - Room 4050A                                                                                                          |
|                  |                                                                                                                                                                                   | Panel<br><b>[Symposium] Enhancing Application and Implementation of the DASA+APP</b><br>Venue - Robert Emmet Theatre (Room 2037)                                                               | Panel<br><b>[Symposium] Technology in Forensic Mental Health Care: Innovations and Insights for Enhanced Treatment of Transforming Forensic Mental Health Care With Wearables, VR, and Apps?</b><br>Venue - Room 4050B                  |
|                  |                                                                                                                                                                                   | Panel<br><b>[Round Table] Care in the Shadow of Exclusion: A Legal, Clinical and Ethical Perspective on Forensic Clients who Face Repatriation</b><br>Venue - Thomas Davis Theatre (Room 2043) | Oral<br><b>[Papers] Addictions</b><br>Venue - J.M. Synge Theatre (Room 2039)                                                                                                                                                            |
|                  |                                                                                                                                                                                   |                                                                                                                                                                                                | Oral<br><b>[Papers] Forensic Staff</b><br>Venue - Robert Emmet Theatre (Room 2037)                                                                                                                                                      |

## IAFMHS 2025 Conference Dublin 24 - 26 Jun 2025 All times in IST



|                                                                                                               |  |                                                                                                                                                                                              |  |                                                                                                                                             |  |                                                                                                                                                                                                                                                  |  |
|---------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Continued from Tuesday, 24 June                                                                               |  | Wednesday, 25 June                                                                                                                                                                           |  | Oral<br>[Papers] Forensic Experts and Staff<br>Venue - Teatar M. Ui Chadhain Theatre (Room 2041B)                                           |  | Panel<br>[Symposium] Service Development in Forensic Mental Health Settings<br>Venue - Thomas Davis Theatre (Room 2043)                                                                                                                          |  |
| Oral<br>[Papers] Discharge and Reintegration<br><br>Venue - Thomas Davis Theatre (Room 2043)                  |  | 7am<br><br>General<br>5km Fun Run<br>Venue - Trinity College Dublin, Conference Centre (Arts Building)                                                                                       |  | Panel<br>[Symposium] A Multi-Perspective Evaluation of the Equilibrium Whole Family Intervention for Domestic Abuse<br>Venue - Room 4050A   |  | Oral<br>[Papers] Examining Outcomes<br>Venue - Jonathan Swift Theatre (Room 2041A)                                                                                                                                                               |  |
| Oral<br>[Papers] Cognitive and Affective Processing<br><br>Venue - Jonathan Swift Theatre (Room 2041A)        |  | 8:30am<br><br>Panel<br>[Symposium] Female Inmates with Experiences in Sex Trading: Victimological, Criminological, and Intervention Perspectives<br>Venue - J.M. Synge Theatre (Room 2039)   |  | Panel<br>[Symposium] A Transdiagnostic Perspective on Underlying Mechanisms of Personality and Emotions in Aggression<br>Venue - Room 4050B |  | Oral<br>[Papers] Reflective, Restorative, and Harm Avoidance Practices<br>Venue - Teatar M. Ui Chadhain Theatre (Room 2041B)                                                                                                                     |  |
| Oral<br>[Papers] Competence and Criminal Responsibility<br>Venue - Teatar M. Ui Chadhain Theatre (Room 2041B) |  | Panel<br>[Symposium] Models of Care: Different Countries, Different Security Levels<br>Venue - Robert Emmet Theatre (Room 2037)                                                              |  | 9:30am                                                                                                                                      |  | Panel<br>[Round Table] Bridging Gaps: Mental Health Care for Justice-Involved Individuals in Rural Appalachia<br>Venue - Room 4050A                                                                                                              |  |
| Oral<br>[Papers] Physical and Neurological Functioning<br>Venue - Room 4050A                                  |  | Panel<br>[Round Table] Risk Screening, a Feasible Alternative when Comprehensive risk Assessment is not (always) Possible?<br>Venue - Thomas Davis Theatre (Room 2043)                       |  | General<br>Transition Between Sessions<br>Venue - Trinity College Dublin, Conference Centre (Arts Building)                                 |  | Panel<br>[Round Table] Limited Cognitive Capacity Test vs. Meaningful Participation and Meaningful Presence at Trial: A Critical Review of the Canadian Jurisprudence on Fitness to Stand Trial from a Medical Perspective<br>Venue - Room 4050B |  |
| Oral<br>[Papers] Professionals and Clients<br>Venue - Room 4050B                                              |  | Panel<br>[Symposium] Redesigning Forensic Mental Health Care: A Collaborative and Evidence-Informed Approach to Infrastructure Transformation<br>Venue - Jonathan Swift Theatre (Room 2041A) |  | 9:45am                                                                                                                                      |  | 10:45am                                                                                                                                                                                                                                          |  |
| 6pm<br><br>General<br>Annual General Meeting (AGM)<br>Venue - Edmund Burke Theatre (Room 1008)                |  |                                                                                                                                                                                              |  | Oral<br>[Papers] Diversity and Forensic Assessment<br>Venue - Robert Emmet Theatre (Room 2037)                                              |  | Poster<br>Poster Session 1 (Viewing During Coffee Break)<br>Venue - Samuel Beckett 1 (Room 1013) and 2 (Room 1014)                                                                                                                               |  |
| 6:30pm<br><br>General<br>Welcome Reception<br>Venue - Trinity College Dublin, Dining Hall                     |  |                                                                                                                                                                                              |  |                                                                                                                                             |  | General<br>Coffee Break<br>Venue - Trinity College Dublin, Conference Centre (Arts Building), Level 1 (Lower Concourse)                                                                                                                          |  |

## IAFMHS 2025 Conference Dublin 24 - 26 Jun 2025 All times in IST



|                                                                                                                                                                                                                |                                                                                                                                                                                               |                                                                                                                                                                                        |                                                                                                                                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Continued from <b>Wednesday, 25 June</b>                                                                                                                                                                       |                                                                                                                                                                                               |                                                                                                                                                                                        |                                                                                                                                                                                   |
| 11:15am                                                                                                                                                                                                        |                                                                                                                                                                                               | 2:45pm                                                                                                                                                                                 |                                                                                                                                                                                   |
| <b>Keynote</b><br><b>Webster/Muller Isberner Award Presentations</b><br><i>Venue - Edmund Burke Theatre (Room 1008)</i>                                                                                        | <b>Panel</b><br><b>[Symposium] Taming the Tide: Managing Risk Amidst Increased Violence in Correctional Facilities</b><br><i>Venue - Robert Emmet Theatre (Room 2037)</i>                     | <b>General</b><br><b>Transition Between Sessions</b><br><i>Venue - Trinity College Dublin, Conference Centre (Arts Building)</i>                                                       | <b>Panel</b><br><b>[Symposium] Risk Assessment and Patient Characteristics</b><br><i>Venue - Room 4050B</i>                                                                       |
| 11:30am                                                                                                                                                                                                        | <b>Panel</b><br><b>[Round Table] The Roles of Psychiatrists in Adjudication in U.S.: Ethical and Practical Challenges</b><br><i>Venue - Thomas Davis Theatre (Room 2043)</i>                  | 3pm                                                                                                                                                                                    | 4pm                                                                                                                                                                               |
| <b>Keynote</b><br><b>[Keynote Speaker/Eaves Lecture] Prof. Anne Crocker: Looking Back and Shaping Tomorrow: 50 Years of Forensic Mental Health Research</b><br><i>Venue - Edmund Burke Theatre (Room 1008)</i> | <b>Oral</b><br><b>[Papers] Pharmacological and Genetic Factors</b><br><i>Venue - Jonathan Swift Theatre (Room 2041A)</i>                                                                      | <b>Oral</b><br><b>[Papers] Youth in the Legal System</b><br><i>Venue - J.M. Synge Theatre (Room 2039)</i>                                                                              | <b>Poster</b><br><b>Poster Session 1 (Viewing During Coffee Break)</b><br><i>Venue - Samuel Beckett 1 (Room 1013) and 2 (Room 1014)</i>                                           |
| 12:45pm                                                                                                                                                                                                        | <b>Panel</b><br><b>[Symposium] Promoting Family Engagement in Forensic Mental Health Settings: Initiatives and Interventions</b><br><i>Venue - Teatar M. Ui Chadhain Theatre (Room 2041B)</i> | <b>Panel</b><br><b>[Round Table] Using Neurobiological Measures in Forensic Practice: The Dutch Approach</b><br><i>Venue - Robert Emmet Theatre (Room 2037)</i>                        | <b>General</b><br><b>Coffee Break</b><br><i>Venue - Trinity College Dublin, Conference Centre (Arts Building), Level 1 (Lower Concourse)</i>                                      |
| <b>Poster</b><br><b>Poster Session 1 (Viewing During Lunch)</b><br><i>Venue - Samuel Beckett 1 (Room 1013) and 2 (Room 1014)</i>                                                                               | <b>Panel</b><br><b>[Symposium] Assessment and Differentiation in Relational and Child Sexual Offending Behaviors</b><br><i>Venue - Room 4050A</i>                                             | <b>Panel</b><br><b>[Symposium] Therapeutic Jurisprudence Across Jurisdictions and Specialist Pathways in Forensic Mental Health</b><br><i>Venue - Thomas Davis Theatre (Room 2043)</i> | 4:30pm                                                                                                                                                                            |
| <b>General</b><br><b>Lunch</b><br><i>Venue - Trinity College Dublin, Conference Centre (Arts Building), Level 1 (Lower Concourse)</i>                                                                          | <b>Panel</b><br><b>[Symposium] Strengthening Connections: The Role of Crisis Intervention Teams in Policing and Mental Health</b><br><i>Venue - Room 4050B</i>                                | <b>Oral</b><br><b>[Papers] Developments in Risk Assessment and Forensic Report Writing</b><br><i>Venue - Jonathan Swift Theatre (Room 2041A)</i>                                       | <b>Oral</b><br><b>[Papers] Restrictions Matters</b><br><i>Venue - J.M. Synge Theatre (Room 2039)</i>                                                                              |
| 1:45pm                                                                                                                                                                                                         |                                                                                                                                                                                               | <b>Oral</b><br><b>[Papers] Victimization</b><br><i>Venue - Teatar M. Ui Chadhain Theatre (Room 2041B)</i>                                                                              | <b>Oral</b><br><b>[Papers] Diversity Matters</b><br><i>Venue - Robert Emmet Theatre (Room 2037)</i>                                                                               |
| <b>Oral</b><br><b>[Papers] Diversity Considerations and Care</b><br><i>Venue - J.M. Synge Theatre (Room 2039)</i>                                                                                              |                                                                                                                                                                                               | <b>Panel</b><br><b>[Symposium] Distinctions in Long-term Forensic Psychiatric Care</b><br><i>Venue - Room 4050A</i>                                                                    | <b>Oral</b><br><b>[Round Table] Navigating Forensic Mental Health Research: Insights and Recommendations for Best Practice</b><br><i>Venue - Thomas Davis Theatre (Room 2043)</i> |
|                                                                                                                                                                                                                |                                                                                                                                                                                               |                                                                                                                                                                                        | <b>Panel</b><br><b>[Round Table] Continuity in Forensic Care: Warm Transfer as a Key for Success?</b><br><i>Venue - Jonathan Swift Theatre (Room 2041A)</i>                       |

## IAFMHS 2025 Conference Dublin 24 - 26 Jun 2025 All times in IST



|                                                                                                                                                                                   |                                                                                                                                                                                                     |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Continued from <b>Wednesday, 25 June</b>                                                                                                                                          |                                                                                                                                                                                                     |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                          |
| <p><b>Oral</b></p> <p><b>[Papers] Psychosis</b></p> <p>Venue - Teatar M. Ui Chadhain Theatre (Room 2041B)</p>                                                                     | <p><b>Panel</b></p> <p><b>[Symposium] What Works, Works, Really Works? The Jungle of Effective Interventions in Juvenile Delinquency</b></p> <p>Venue - Robert Emmet Theatre (Room 2037)</p>        | <p><b>9:45am</b></p> <p><b>Panel</b></p> <p><b>[Symposium] International Approaches to Participatory Research and Co-production in Forensic Mental Health Settings</b></p> <p>Venue - J.M. Synge Theatre (Room 2039)</p>                                 | <p><b>10:45am</b></p> <p><b>Poster</b></p> <p><b>Poster Session 2 (Viewing During Coffee Break)</b></p> <p>Venue - Samuel Beckett 1 (Room 1013) and 2 (Room 1014)</p>                                    |
| <p><b>Oral</b></p> <p><b>[Papers] Intimate Partner and Family Violence</b></p> <p>Venue - Room 4050A</p>                                                                          | <p><b>Panel</b></p> <p><b>[Symposium] Reducing Restrictive Practices – The Evidence</b></p> <p>Venue - Thomas Davis Theatre (Room 2043)</p>                                                         | <p><b>Panel</b></p> <p><b>[Symposium] Learning Across Systems: Machine Learning Models in Forensic Psychiatry</b></p> <p>Venue - Robert Emmet Theatre (Room 2037)</p>                                                                                    | <p><b>General</b></p> <p><b>Coffee Break</b></p> <p>Venue - Trinity College Dublin, Conference Centre (Arts Building), Level 1 (Lower Concourse)</p>                                                     |
| <p><b>Oral</b></p> <p><b>[Papers] Trauma-Informed Care</b></p> <p>Venue - Room 4050B</p>                                                                                          | <p><b>Oral</b></p> <p><b>[Papers] Risk Assessment and Prognosis</b></p> <p>Venue - Jonathan Swift Theatre (Room 2041A)</p>                                                                          | <p><b>Panel</b></p> <p><b>[Round Table] Can We Depend on Deterrence and The Limits of Limit Setting</b></p> <p>Venue - Thomas Davis Theatre (Room 2043)</p>                                                                                              | <p><b>11:15am</b></p> <p><b>Keynote</b></p> <p><b>[Keynote Speaker] Mr. Justice Peter Charleton: A Personal View of Homicide</b></p> <p>Venue - Edmund Burke Theatre (Room 1008)</p>                     |
| <p><b>7pm</b></p>                                                                                                                                                                 | <p><b>Oral</b></p> <p><b>[Papers] Staff Matters</b></p> <p>Venue - Teatar M. Ui Chadhain Theatre (Room 2041B)</p>                                                                                   | <p><b>Panel</b></p> <p><b>[Symposium] Criminal Law and Adolescents? Practical Implications</b></p> <p>Venue - Jonathan Swift Theatre (Room 2041A)</p>                                                                                                    | <p><b>12:30pm</b></p> <p><b>Poster</b></p> <p><b>Poster Session 2 (Viewing During Lunch)</b></p> <p>Venue - Samuel Beckett 1 (Room 1013) and 2 (Room 1014)</p>                                           |
| <p><b>General</b></p> <p><b>Student Social</b></p> <p>Venue - Trinity Bar &amp; Venue</p>                                                                                         | <p><b>Panel</b></p> <p><b>[Symposium] Family Engagement in Forensic Mental Healthcare Settings: Insights From Service Users and Family Members/Significant Others</b></p> <p>Venue - Room 4050A</p> | <p><b>Panel</b></p> <p><b>[Symposium] Does the Forensic Assessment Setting Matter? The Role of Evaluatee and Index Offence Characteristics and Assessment Quality Across Inpatient, Outpatient and In-Custody Settings</b></p> <p>Venue - Room 4050A</p> | <p><b>General</b></p> <p><b>Lunch</b></p> <p>Venue - Trinity College Dublin, Conference Centre (Arts Building), Level 1 (Lower Concourse)</p>                                                            |
| <p><b>7:30pm</b></p>                                                                                                                                                              | <p><b>9:30am</b></p>                                                                                                                                                                                | <p><b>Panel</b></p> <p><b>[Round Table] Model of Care Renewal in a Canadian Medium Secure Facility</b></p> <p>Venue - Room 4050B</p>                                                                                                                     | <p><b>1:30pm</b></p> <p><b>Panel</b></p> <p><b>[Symposium] Urgency of Need for Acute Mental Health Care: Utility and Interface With Forensic Needs</b></p> <p>Venue - J.M. Synge Theatre (Room 2039)</p> |
| <p><b>General</b></p> <p><b>Banquet Dinner</b></p> <p>Venue - Guinness Storehouse</p>                                                                                             | <p><b>General</b></p> <p><b>Transition Between Sessions</b></p> <p>Venue - Trinity College Dublin, Conference Centre (Arts Building)</p>                                                            |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                          |
| <b>Thursday, 26 June</b>                                                                                                                                                          |                                                                                                                                                                                                     |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                          |
| <p><b>8:30am</b></p>                                                                                                                                                              |                                                                                                                                                                                                     |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                          |
| <p><b>Panel</b></p> <p><b>[Symposium] Advancements in Forensic Psychiatry for Patients and Staff: Technology and Well-Being</b></p> <p>Venue - J.M. Synge Theatre (Room 2039)</p> |                                                                                                                                                                                                     |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                          |

## IAFMHS 2025 Conference Dublin 24 - 26 Jun 2025 All times in IST



|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Continued from Thursday, 26 June                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <p><b>Panel</b></p> <p><b>[Symposium] Adverse Childhood Experiences and Lifetime Victimization Among People in Residential Concurrent Disorders Treatment</b></p> <p>Venue - Robert Emmet Theatre (Room 2037)</p> <p><b>Panel</b></p> <p><b>[Symposium] An International Exploration of Key Components of Care for Forensic Mental Health Services Encompassing the Development, Implementation and Evaluation of Models of Care</b></p> <p>Venue - Thomas Davis Theatre (Room 2043)</p> <p><b>Oral</b></p> <p><b>[Papers] Future Directions</b></p> <p>Venue - Jonathan Swift Theatre (Room 2041A)</p> <p><b>Panel</b></p> <p><b>[Symposium] Family Engagement in Forensic Mental Health Settings: Insights From Professionals</b></p> <p>Venue - Room 4050A</p> <p><b>Panel</b></p> <p><b>[Symposium] Criminal Responsibility Assessment in Canada: Characteristics of Accused Persons, Report Quality, and the Impact of Substance Use and Ethnicity</b></p> <p>Venue - Room 4050B</p> | <p><b>2:45pm</b></p> <p><b>Panel</b></p> <p><b>[Round Table] War and Mental Health: Addressing Global Challenges to Justice, Recovery, and Societal Stability</b></p> <p>Venue - J.M. Synge Theatre (Room 2039)</p> <p><b>Oral</b></p> <p><b>[Papers] Threatening and Destructive Behavior</b></p> <p>Venue - Robert Emmet Theatre (Room 2037)</p> <p><b>Oral</b></p> <p><b>[Papers] Neurodevelopmental Disorders</b></p> <p>Venue - Thomas Davis Theatre (Room 2043)</p> <p><b>Panel</b></p> <p><b>[Symposium] Mixed-Method Approach to Understanding Suicide Screening and Prevention Among Community-Based Providers Serving Youth With Juvenile Legal System Involvement</b></p> <p>Venue - Jonathan Swift Theatre (Room 2041A)</p> <p><b>Panel</b></p> <p><b>[Symposium] Criminal Responsibility Across Borders</b></p> <p>Venue - Teatar M. Ui Chadhain Theatre (Room 2041B)</p> <p><b>Panel</b></p> <p><b>[Symposium] Obesity in Secure Hospitals: The Science of Obesity, the Evidence Relating to Metabolic Clinics in Secure Hospitals and the Practical Approaches, Including Pharmacological Approaches Needed</b></p> <p>Venue - Room 4050B</p> | <p><b>3:45pm</b></p> <p><b>Poster</b></p> <p><b>Poster Session 2 (Viewing During Coffee Break)</b></p> <p>Venue - Samuel Beckett 1 (Room 1013) and 2 (Room 1014)</p> <p><b>General</b></p> <p><b>Coffee Break</b></p> <p>Venue - Trinity College Dublin, Conference Centre (Arts Building), Level 1 (Lower Concourse)</p> <p><b>4:15pm</b></p> <p><b>Panel</b></p> <p><b>[Symposium] Moving Towards Decolonization and Cultural Safety for Indigenous People in Forensic Mental Health: An International Partnership</b></p> <p>Venue - J.M. Synge Theatre (Room 2039)</p> <p><b>Panel</b></p> <p><b>[Round Table] Optimizing Interventions for Schizophrenia to Avoid Dire Outcomes: Psychiatrists Must do Better</b></p> <p>Venue - Robert Emmet Theatre (Room 2037)</p> <p><b>Panel</b></p> <p><b>[Symposium] Bridging the Gap: Addressing Reincarceration of Individuals with Serious Mental Illness through Evidence and Innovation</b></p> <p>Venue - Thomas Davis Theatre (Room 2043)</p> | <p><b>Panel</b></p> <p><b>[Symposium] Innovation in Forensic Psychiatry: Bridging Technology, Education, and Care</b></p> <p>Venue - Jonathan Swift Theatre (Room 2041A)</p> <p><b>Panel</b></p> <p><b>[Round Table] Role of Peer Recovery Support Specialists in Forensic Settings</b></p> <p>Venue - Teatar M. Ui Chadhain Theatre (Room 2041B)</p> <p><b>Panel</b></p> <p><b>[Symposium] Introducing GIRAF: Learning From Services Around the World to Look After Young People With Risk Behaviours</b></p> <p>Venue - Room 4050A</p> <p><b>Oral</b></p> <p><b>[Papers] Screening and Triage</b></p> <p>Venue - Room 4050B</p> |
| <b>2:30pm</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <p><b>General</b></p> <p><b>Transition Between Sessions</b></p> <p>Venue - Trinity College Dublin, Conference Centre (Arts Building)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>Friday, 27 June</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>9am</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <p><b>Workshop</b></p> <p><b>[Post-Conference Workshop] Structured Professional Judgement and Restrictive Practices: The DRIL</b></p> <p>Venue - Jonathan Swift Theatre (Room 2041A)</p> <p><b>Workshop</b></p> <p><b>[Post-Conference Workshop] Assessment, Management, and Treatment of Individuals Who Stalk</b></p> <p>Venue - Teatar M. Ui Chadhain Theatre (Room 2041B)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

**IAFMHS 2025 Conference Dublin** 24 - 26 Jun 2025 *All times in IST*Continued from **Friday, 27 June****10:15am**

General

**Coffee Break***Venue - Trinity College Dublin, Conference Centre (Arts Building), Level 1 (Lower Concourse)***12:30pm**

General

**Lunch for Full-Day Workshop***Venue - Trinity College Dublin, Conference Centre (Arts Building), Level 1 (Lower Concourse)***3pm**

General

**Coffee Break***Venue - Trinity College Dublin, Conference Centre (Arts Building), Level 1 (Lower Concourse)*



## Expanded Format

[Tuesday, June 24](#)

[Wednesday, June 25](#)

[Thursday, June 26](#)

[Friday, June 27](#)

## IAFMHS 2025 Conference Dublin 24 - 26 Jun 2025 All times in IST



## Tuesday, 24 June

|         |                                                                                                                                                                                                                   |
|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 8:30am  | <b>General</b><br><b>Board of Directors (BOD)/Advisory Board (AB) Meeting</b><br>Venue - The College Green Hotel Dublin, Autograph Collection, Mezzanine Level, The Guinea & Florin Room<br>Organised by: Yan Lim |
| 10am    | <b>General</b><br><b>Student Breakfast</b><br>Venue - Jonathan Swift Theatre (Room 2041A)<br>Organised by: Ms. Shreya Jagtap and Ms. Madison Hardman                                                              |
| 11:30am | <b>General</b><br><b>Lunch</b><br>Venue - Trinity College Dublin, Conference Centre (Arts Building), Level 1 (Lower Concourse)                                                                                    |
| 12:15pm | <b>Keynote</b><br><b>Welcome Remarks</b><br>Venue - Edmund Burke Theatre (Room 1008)                                                                                                                              |
| 12:30pm | <b>Keynote</b><br><b>[Keynote Speaker] Prof. Mary Rogan: Human Rights and Dignity in Forensic Mental Health</b><br>Venue - Edmund Burke Theatre (Room 1008)                                                       |

## Human Rights and Dignity in Forensic Mental Health

» Prof. Mary Rogan

|        |                                                                                                                                                                                                                                                                                                                                                              |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1:45pm | <b>General</b><br><b>Transition Between Sessions</b><br>Venue - Trinity College Dublin, Conference Centre (Arts Building)                                                                                                                                                                                                                                    |
| 2pm    | <b>Panel</b><br><b>[Symposium] From Family Conflict to the Trauma Family: Therapeutic Jurisprudence in the Family and Children's Courts - The Design of Good Practices in Family Court Processes</b><br>Venue - J.M. Synge Theatre (Room 2039)<br>Organised by: Prof. Harry Kennedy (Convenor) and Prof. Felice Francesco Carabellese (Convenor, Discussant) |
|        | <b>Clinical judgement and therapeutic decision-making in the context of family trauma</b><br>» <a href="#">Dr. Eliseo Seclì</a> , Prof. Felice Francesco Carabellese, Dr. Lia Parente                                                                                                                                                                        |
|        | <b>Psychopathological aspects of family trauma in forensic contexts</b><br>» <a href="#">Dr. Lia Parente</a> , Prof. Felice Francesco Carabellese, Prof. Harry Kennedy                                                                                                                                                                                       |
|        | <b>Is it possible to study processes and outcomes of medico-legal and judicial processes in therapeutic jurisprudence?</b><br>» <a href="#">Ms. Monica Rutigliano</a> , Dr. Mary Davoren, Prof. Harry Kennedy, Dr. Lia Parente                                                                                                                               |
|        | <b>Family courts and therapeutic jurisprudence: what works</b><br>» <a href="#">Ms. Monica Rutigliano</a> , Dr. Mary Davoren, Prof. Felice Francesco Carabellese, <a href="#">Prof. Harry Kennedy</a> , Dr. Lia Parente                                                                                                                                      |
| 2pm    | <b>Oral</b><br><b>[Papers] Interventions</b><br>Venue - Robert Emmet Theatre (Room 2037)                                                                                                                                                                                                                                                                     |

Continued from **Tuesday, 24 June**
**Clinical Advancement: Brief Admission for Re-initiation of Medication (BARM) Protocol**

 » [Ms. Ranielle Yumul](#), Mrs. Nicola Moore, Mrs. Sharon Price, Dr. Krishna Pillai

**Implementing speech pathology in forensic mental health care: lessons from practice**

 » [Ms. Kate Fanning](#), Ms. Raya Lantin, Prof. Lucio Naccarella, Dr. Trentham Furness

**Do unconditional cash transfers reduce criminal justice involvement and improve mental health?**

 » [Dr. Alexander \(Sandy\) Simpson](#), Ms. Anjena Inthiran

**Preliminary Outcomes of a Treatment Program for Violent Seriously Mentally Ill Forensically Committed Patients: Insights into Program Implementation and Evaluation.**

 » [Dr. Andrea Bauchowitz](#), Mr. Jared Williams, Dr. Maria Ventura, Dr. Katherine Warburton

**Economic data of interventions to reduce violence and restrictive measures in psychiatric settings: A systematic review**

 » [Ms. Arianne Imbeault](#), Mrs. Mimosa Luigi, Dr. Éric Latimer, Prof. Anne G. Crocker

2pm

**Panel**
**[Symposium] New Developments in Protective Factors, Combining Professional Assessment With Self-Assessment**

 Venue - *Thomas Davis Theatre (Room 2043)*

Organised by: Dr. Michiel de Vries Robbé (Convenor), Dr. Ed Hilberman (Convenor), Dr. Anneke Kleeven (Convenor), and Dr. Leen Cappon (Convenor)

**Towards a revised SAPROF for adults: the development and initial validation of new protective factors for intensive care and for sexual offending**

 » [Dr. Leen Cappon](#), Mr. Armin Jentsch, Dr. Michiel de Vries Robbé

**Mastering the balancing act of youth violence risk assessment: risk and protective factors of justice involved youth**

 » [Dr. Anneke Kleeven](#), Dr. Michiel de Vries Robbé, Prof. Eva Mulder, Prof. Arne Popma

**Introduction of the Structured Assessment of Protective Factors for serious problem behavior - Child Version (SAPROF-CV)**

 » [Dr. Ed Hilberman](#), Dr. Michiel de Vries Robbé

**Self-assessment: Involving the client in strength-based assessment**

 » [Dr. Michiel de Vries Robbé](#), Dr. Anneke Kleeven, Dr. Ed Hilberman

2pm

**Oral**
**[Papers] Diversion**

 Venue - *Jonathan Swift Theatre (Room 2041A)*
**To Admit or Not Admit: The utility of structured decision-making tools in forensic mental health services in Aotearoa New Zealand.**

 » [Dr. James Chaffe](#), Prof. Brian McKenna, Mr. Rajan Gupta, Dr. Krishna Pillai, Dr. Nick Garrett

**Understanding barriers to accessing mental health court diversion, including for First Nations peoples**

 » [Prof. Kimberlie Dean](#)
**Implementation of a new Forensic ACT team in Montreal**

 » [Dr. Julie Bérubé-Fortin](#), Dr. Myriam Le Blanc

**The Role of Treatment Compliance in Alternative to Incarceration Clients**

 » [Ms. Isabelle Reeder](#), Ms. Ashia Islam, Ms. Maya Dawson, Dr. Barry Rosenfeld

Continued from **Tuesday, 24 June**

2pm

**Panel**

**[Round Table] Anti-Racism and Forensic Mental Health: Learning from an Implementation Project to Address Institutional Racism in a London-Based Service**

Venue - Teatar M. Uí Chadhain Theatre (Room 2041B)

**Anti-Racism and Forensic Mental Health: Learning From an Implementation Project to Address Institutional Racism in a London-Based Service**

» [Dr. Gerard Drennan](#), Mrs. Tanya-Louise Matt, Mr. Alimamy Kargbo

2pm

**Oral**

**[Papers] Inpatient Settings**

Venue - Room 4050A

**Participation, verbal and social interaction and care environment for female inpatients in forensic psychiatric care**

» [Ms. Jessica Revelj](#), Prof. Ulrica Hörberg, Dr. Märta Wallinius, Dr. Mikael Rask

**An Examination of the Acceptability and Feasibility of the Experience Sampling Method in an Inpatient Forensic Mental Healthcare Setting**

» [Ms. Shreya Jagtap](#), Dr. Stephanie Penney, Dr. Alexander (Sandy) Simpson, Dr. Cory Gerritsen

**Registered Practitioners' Perspectives on Trauma-Informed Care within a High Secure Hospital, Scotland – A Qualitative Study**

» [Mrs. Samantha Munoz](#), Dr. Adam Mahoney, Dr. Helen Walker

**The navigation of good care for forensic psychiatric inpatients who face mandatory repatriation from the Netherlands: An ethnographic study**

» [Ms. Anniëk van Weeghel](#), Ms. Charlotte Clous, Dr. Else Vogel, Dr. Hannah Jongsma, Dr. Wim Veling

2pm

**Oral**

**[Papers] Experiences of Care**

Venue - Room 4050B

**Guiding patients to suitable forensic care: Opportunities and challenges in the Dutch system**

» [Dr. Andreas Burger](#), Dr. Katy de Kogel, Dr. Patrick Statsch

**Policing Mental Health: Adult Persons Experiencing a Mental Health Crisis and the Nature and Outcomes of Police Response**

» [Dr. Ron Hoffman](#), Dr. Gregory Brown

**How do people with lived expertise experience health care services in British Columbia Provincial correctional centres? A focus on recovery-oriented care**

» [Ms. Hilary Tsui](#), Mr. James Avery, Dr. Alicia Nijdam-Jones, Dr. Tonia L. Nicholls

**Views of People Living with Mental Health and Substance Use Issues in Nova Scotia, Canada About Crisis Response Services**

» [Dr. Jamie Livingston](#)

3pm

**General**

**Coffee Break**

Venue - Trinity College Dublin, Conference Centre (Arts Building), Level 1 (Lower Concourse)

3:30pm

**Panel**

**[Student Section] Boundaries and Balance: Overcoming Challenges and Building Resilience in Forensic Mental Health Professionals**

Venue - Edmund Burke Theatre (Room 1008)

Organised by: Ms. Shreya Jagtap, Prof. Vivienne de Vogel, Dr. Treena Wilkie, Mrs. Jennifer Anderson, and Mx. Jay Gonzales

Continued from **Tuesday, 24 June**

3:30pm

**Oral****[Papers] Burdens and Barriers***Venue - J.M. Synge Theatre (Room 2039)***Mental illness amongst people in prison: is the burden greater than we thought?**» [Prof. Kimberlie Dean](#)**Consequences of long-time incarceration on forensic psychiatric treatment of mentally ill offenders.**» [Ms. Daan Donninger](#), Dr. Marleen Nagtegaal**'You always remain that monster'. Barriers to recovery in forensic mental health care.**» [Dr. Nienke Versteegen](#), Prof. Vivienne de Vogel**Plenty of free time: the burden of leisure and recreation in forensic outpatients**» [Dr. Yvonne Bouman](#)

3:30pm

**Panel****[Symposium] Enhancing Application and Implementation of the DASA+APP***Venue - Robert Emmet Theatre (Room 2037)*

Organised by: Dr. Tess Maguire (Discussant), Prof. Michael Daffern (Convenor, Panel Chair), Dr. Tella Lantta (Discussant), Mr. Stephen Love (Discussant), and Dr. Rachel Love (Discussant)

**Nurse and consumer consultant perspectives to enhance application of the DASA+APP**» [Dr. Tess Maguire](#), Prof. Michael Daffern, Prof. Brian McKenna, Dr. Trentham Furness**eDASA+APP in Finland: is there any impact on nurses' attitudes towards violence risk assessment?**» [Dr. Tella Lantta](#), Dr. Tiina Talja, Dr. Jaakko Varpula, Dr. Maria Ameal**Implementation of a dynamic aggression prevention method in a government-run psychiatric hospital system**» [Mr. Steve Love](#), Dr. Rachel Love

3:30pm

**Panel****[Round Table] Care in the Shadow of Exclusion: A Legal, Clinical and Ethical Perspective on Forensic Clients who Face Repatriation***Venue - Thomas Davis Theatre (Room 2043)***Care in the Shadow of Exclusion: A Legal, Clinical and Ethical Perspective on Forensic Clients Who Face Repatriation**» [Mrs. Marjolein De Pau](#), [Ms. Charlotte Clous](#), Ms. Annie van Weeghel, [Dr. Inga Markiewicz](#), Dr. Jack Tomlin, Dr. Martina Shafti, Dr. Birgit Völlm

3:30pm

**Oral****[Papers] Management of Risk or Other Needs***Venue - Jonathan Swift Theatre (Room 2041A)***Addressing detainees' mental health problems: The feasibility of the Problem Management Plus intervention**» [Ms. Mathilde van Oudenaren](#), Dr. Anke Witteveen, Prof. Anja Dirkzwager, Prof. Marit Sijbrandij**Clinical Risk Management in Forensic Mental Health Services: 10 Principles for Best Practice**» [Prof. Michael Doyle](#)**Development of a Model for a National Consultation Service to MAPPA & PREVENT**» [Dr. Liz Flynn](#)**The ERM-risk management strategy challenging the context of risk management heading being the context.**» [Dr. Frans Fluttert](#)

3:30pm

**Oral****[Papers] Women's Mental Health***Venue - Teatar M. Ui Chadhain Theatre (Room 2041B)*



Continued from Tuesday, 24 June

**Trauma-Informed Interventions for Justice-Involved Women: A Scoping Review**

» [Ms. Ekatrina Kiddie](#), Ms. Cassia McIntyre, Dr. Shelley Brown, Dr. Stephen Hart

**Developing an Inclusive Model of Care Pathway for Women in a Forensic Mental Health Program**

» [Dr. Ipsita Ray](#)

**What are the unique mental health needs of women in correctional and forensic mental health settings? A virtual community of practice model**

» [Dr. Ipsita Ray](#), [Dr. Stephanie Penney](#)

**MATERNAL MENTAL HEALTH AND QUALITY OF CHILD NURTURING PRACTICE IN ADDIS ABABA, ETHIOPIA**

» [Dr. Habtamu Kurmane](#), Dr. Moges Yigezu

3:30pm

**Panel**

**[Round Table] Child Forensic Interviewing in the USA: Current Practices and Developments**

Venue - Room 4050A

**Child Forensic Interviewing in the USA: Current Practices and Developments**

» [Dr. Kevin Richards](#), [Dr. David Thompson](#), [Dr. Jamie Dickson](#), [Dr. Jullie Brovko](#)

3:30pm

**Panel**

**[Symposium] Technology in Forensic Mental Health Care: Innovations and Insights for Enhanced Treatment of Transforming Forensic Mental Health Care With Wearables, VR, and Apps?**

Venue - Room 4050B

Organised by: Ms. Elyan Aarts (Convenor), Dr. Thimo van der Pol (Panel Chair), and Ms. Merel Leijse (Convenor)

**How Do You Feelee? Results of an Emoji-Based Smartphone Intervention to Enhance Emotional Awareness in Adolescents in Forensic Outpatient Treatment**

» [Ms. Merel Leijse](#)

**Anti-Social Behaviour in Context: Comparing Trait and State Self-Regulation Using Experience Sampling Methods**

» [Ms. Elyan Aarts](#)

**Virtual reality-based retrospective think aloud (VR-RTA): a novel method for studying offender decision-making**

» [Dr. Carmen-Silva Sergiou](#)

4:30pm

**General**

**Transition Between Sessions**

Venue - Trinity College Dublin, Conference Centre (Arts Building)

4:45pm

**Oral**

**[Papers] Addictions**

Venue - J.M. Synge Theatre (Room 2039)

**Identified characteristics of forensic psychiatric patients that use alcohol and narcotics in Sweden**

» [Ms. Charlotta Svensson](#), Mr. christopher Holmberg, Dr. Malin Hildebrand Karlén, Ms. Sepideh Olausson, Ms. Eirini Alexiou

**Substance Use in Medium Secure Forensic Mental Health Services in Belgium: The emergence of hard drugs users in forensic patients over 15 Years**

» [Mr. Louis De Page](#), [Dr. Pierre Titeca](#)

**Exploring the prevalence of problematic gambling behavior among forensic psychiatric patients in Sweden**

» [Dr. Natalie Laporte](#)

**Identifying subpopulations in forensic addiction care: A latent class analysis**

» [Ms. Ilse Luteijn](#)





Continued from Tuesday, 24 June

#### Crossing The Line: Factors Associated With Escalating Pornography Use

» [Dr. Melissa de Roos](#), Ms. Elza Veldhuizen-Ochodničanová

4:45pm

Oral

[Papers] Forensic Staff

Venue - Robert Emmet Theatre (Room 2037)

#### Forensic vigilance: A training program for professionals

» [Dr. Maartje Clercx](#), Ms. Joyce Brenkman

#### Evaluating Student's Readiness for Forensic Social Work: Confidence, Competence and Calibration.

» Ms. Dimi Lattas, Prof. Cindy Davis, [Dr. Catherine Creamer](#), Dr. Gerard Jefferies

#### Effective forensic care: first steps in a data-driven approach.

» [Mr. Stefan van Bokkem](#), Dr. Robert Schulte, Ms. Seline Muchall

#### Resilience and Wellbeing among Correctional Workers: A Systematic Review

» [Ms. Sarah Lalji-Mawji](#), Ms. Paige Harris, Ms. Monica Ahedor, Mr. Wesley Tomlin, Prof. Britta Ostermeyer, Prof. Andrew Olagunju

#### "The First Thing They'll Do Is Take A Huge Deep Breath In": Exploring the use of Nature Based Interventions in Forensic Inpatient Services

» [Dr. Kathryn Rowsell](#), [Ms. Thea Gordon-Rawlings](#), Dr. David F Hunt

4:45pm

Oral

[Papers] Discharge and Reintegration

Venue - Thomas Davis Theatre (Room 2043)

#### Pathways to Absolute Discharge and Desistance in Forensic Mental Health: A Qualitative Analysis of Clinicians, Patients, and Personal Support Perspectives

» [Mrs. Julia Fraser](#), Mr. Benjamin Presta, Ms. Lauren Stirpe, Dr. Mini Mamak, Dr. Gary Chaimowitz, Dr. Heather Moulden

#### The new life "Outside"

» [Mr. Ralf Steck](#)

#### Developing a decision-making toolkit to inform the process of discharging forensic community patients to community mental health teams in England and Wales

» Dr. Jack Tomlin, [Dr. Matina Shafti](#), Dr. Sarah Kilbane, Ms. Clarissa Evertz, Dr. Faisal Mudathikundan, Dr. Harneet Hundal, Dr. Bianca Igna, Dr. Christopher Collins

#### Forensic psychiatric patients on conditional release: factors related to success and failure as measured by recidivism rates

» [Dr. Marleen Nagtegaal](#)

#### Pathways through Scotland's forensic mental health services: Challenges in moving patients on from high security care

» [Dr. Lindsey Gilling](#), Ms. Cheryl Rees, Dr. Gavin third, Prof. Lindsay Thomson

4:45pm

Oral

[Papers] Cognitive and Affective Processing

Venue - Jonathan Swift Theatre (Room 2041A)

#### Is Mind Reading Possible After All? – Introducing the New Ambiguous Intentions Hostility Questionnaire (AIHQ) Mentalizing Index

» [Mr. Leo Kuutti](#), Prof. Raimo Lappalainen, Dr. Alice Keski-Valkama, Dr. Katariina Keinonen

#### A systematic review of measurements of emotion regulation in forensic settings

» [Mr. Adam Meddeb](#), Dr. Märta Wallinius, Dr. Steven Gillespie, Dr. Josanne D. M. van Dongen, Dr. Malin Hildebrand Karlén, Dr. Carlo Garofalo



Continued from Tuesday, 24 June

**Does Metacognitive Training (MCT) Reduce Forensic Patients' Tendency to Jump to Conclusions? – Preliminary Results and a Description of the Research Protocol**

» [Mr. Leo Kuutti](#), Prof. Raimo Lappalainen, Dr. Alice Keski-Valkama, Dr. Katariina Keinonen

**Understanding Emotional Processing in Subtypes of Callous-Unemotional Traits**

» [Mr. Thomas Cassart](#)

**Mentalization-based treatment for sex-offenders, what were they thinking?**

» [Mr. Bastiaan Sligter](#), Dr. Gretha Boersma, Dr. J. Karsten, Mr. Karel 't Lam †, Prof. Marika Lancel

4:45pm

Oral

**[Papers] Competence and Criminal Responsibility**

Venue - Teatar M. Ui Chadhain Theatre (Room 2041B)

**Coaching Influence on the Robustness of the Thai Symptom Validity Scale-Revised in Detecting Simulated Psychopathological Malingering**

» [Dr. Natthawut Arin](#), Ms. Pornpan Meerit

**Are Malingering Screens Competent to Stand Trial?**

» [Mr. Nishant Krishnan](#)

**Mental Health Discussions in Plea Courts: Observations from Ottawa, Canada**

» [Dr. Evelyn Maeder](#), Mr. Saad Waqas, Ms. Erin Thomsen

**Not Criminally Responsible on Account of a Mental Disorder for a Homicide: Examining Gender Differences to Identify Opportunities for Prevention**

» [Mrs. Mimosa Luigi](#), Dr. Marichelle Leclair, Dr. Félicia Deveaux, Ms. Arianne Imbeault, Mr. Cédric Beauchamp, Dr. Andrew Gray, Dr. Mathieu Dufour, Prof. Tonia L. Nicholls, Dr. Michael C. Seto, Prof. Anne G. Crocker

**Length of stay for forensic psychiatric clients with fully diminished responsibility.**

» [Ms. Andrea Pol](#), [Dr. Hannah Jongsma](#), Dr. Diederik Tenback

4:45pm

Oral

**[Papers] Physical and Neurological Functioning**

Venue - Room 4050A

**Profiles in forensic inpatients and the role of Acquired Brain Injury**

» [Ms. Sterre De Geus](#), [Dr. Siri Noordermeer](#)

**Determinants of Weight Gain in Forensic Psychiatric Care: A Systematic Review and Meta-Analysis**

» [Dr. Justine Anthony](#), Dr. Joseph Davies, Dr. Maria Goodwin

**Nutritional considerations for the wellbeing of incarcerated persons: evidence for the use of dietary supplements in correctional settings**

» [Ms. Paige Harris](#), Ms. Lori Lai, Ms. Fikayomi Kumapayi, Dr. Yedishtra Naidoo, Dr. Britta Ostermeyer, Dr. Gary Chaimowitz, Prof. Andrew Olagunju

**Adding Insight to Injury: Brain Injury Screening Programs and rehabilitation with forensic populations**

» [Dr. Jennifer McMahon](#), Dr. Kim Gorgens

**Impact of physical activity on wellbeing while incarcerated: a systematic review**

» [Ms. Paige Harris](#), Ms. Sarah Lalji-Mawji, Ms. Kairavi Parikh, Dr. Britta Ostermeyer, Prof. Andrew Olagunju

4:45pm

Oral

**[Papers] Professionals and Clients**

Venue - Room 4050B

**The Role of Reported Occupational Stress in Predicting Attitudes Toward Seeking Psychological Help Among Law Enforcement Officers: A Mediation and Moderation Model**

» [Ms. Elizabeth Jensen](#)

## IAFMHS 2025 Conference Dublin 24 - 26 Jun 2025 All times in IST



Continued from Tuesday, 24 June

**Exploring Self-Stigmatization Among Individuals in Forensic Care**» [Ms. Maria Schröder-Best](#)**Self-Reported Perceptions of Patients and Staff on Participation and Verbal and Social Interactions in High-Security Forensic Psychiatric Care in Sweden**» [Dr. Andreas Söderberg](#)**Shared decision making and forensic mental healthcare: strange bedfellows or natural companions?**» [Dr. Johan Berlin](#)**A definition of relational security within forensic mental health care: a scoping review and concept analysis.**» [Ms. Steffy Greijmans](#)

6pm

**General****Annual General Meeting (AGM)**

Venue - Edmund Burke Theatre (Room 1008)

6:30pm

**General****Welcome Reception**

Venue - Trinity College Dublin, Dining Hall

**Wednesday, 25 June**

7am

**General****5km Fun Run**

Venue - Trinity College Dublin, Conference Centre (Arts Building)

8:30am

**Panel****[Symposium] Female Inmates with Experiences in Sex Trading: Victimological, Criminological, and Intervention Perspectives**

Venue - J.M. Synge Theatre (Room 2039)

Organised by: Dr. João Da Silva Guerreiro (Convenor, Discussant, Panel Chair)

**Exploring the Working Alliance between Correctional Staff Members and Female Inmates with Experiences in Sex Trading**» [Ms. Teodora Drob](#), Dr. João Da Silva Guerreiro, Ms. Catherine Champagne, Ms. Sidney Archambault-Wakil, Ms. Maude Payant**Operating within a polarized environment: Mapping service provision in Quebec for women with experiences in sex trading**» [Ms. Catherine Champagne](#), Dr. João Da Silva Guerreiro, Dr. Sophie Gilbert, Ms. Sidney Archambault-Wakil, Ms. Teodora Drob, Ms. Maude Payant**Descriptive Analysis of Victimization Among Female Inmates with Sex Trading Experiences in Quebec**» [Ms. Sidney Archambault-Wakil](#), Dr. João Da Silva Guerreiro, Ms. Catherine Champagne, Ms. Maude Payant, Ms. Teodora Drob, Dr. Marie-Pier Vaillancourt-Morel**Exploring the Criminality of Female Inmates with Sex Trading Experiences: A Mixed-Methods Study**» [Ms. Maude Payant](#), Dr. João Da Silva Guerreiro, Ms. Sidney Archambault-Wakil, Ms. Catherine Champagne, Ms. Teodora Drob, Dr. Marie-Pier Vaillancourt-Morel

8:30am

**Panel****[Symposium] Models of Care: Different Countries, Different Security Levels**

Venue - Robert Emmet Theatre (Room 2037)

Organised by: Prof. Harry Kennedy (Convenor)

Powered by [Ex Ordo](#), your online conference platform.

Page 8

Continued from **Wednesday, 25 June**
**Advancing Secure Care and Recovery: The Forensic Model of Care (FMOC) at CAMH in Toronto**
» [Dr. Treena Wilkie](#), Dr. Alexander (Sandy) Simpson
**Functional analysis of the model of care for Italy: is there a need for high security?**
» [Dr. Lia Parente](#), Prof. Harry Kennedy, Dr. Mary Davoren, Dr. Eliseo Secli, Dr. Monica Rutigliano, Prof. Felice Francesco Carabellese
**High security and medium security in forensic psychiatry in Denmark and the pathways between them**
» [Dr. Lisbeth Uhrskov Sørensen](#), Dr. Morten Deleuran Terkildsen, Dr. anne mette brandt-christensen, Mrs. Tine Woebbe, Prof. Harry Kennedy
**Examining the need for a high level of therapeutic security at a regional forensic mental health service in Aotearoa New Zealand**
» [Dr. Michael Jewell](#), Dr. Krishna Pillai, Prof. Brian McKenna

8:30am

**Panel**
**[Round Table] Risk Screening, a Feasible Alternative when Comprehensive risk Assessment is not (always) Possible?**

Venue - Thomas Davis Theatre (Room 2043)

**Risk Screening, a Feasible Alternative When Comprehensive Risk Assessment Is Not (Always) Possible?**
» [Dr. Michiel de Vries Robbé](#), Dr. Anneke Kleeven, Dr. Ed Hilterman

8:30am

**Panel**
**[Symposium] Redesigning Forensic Mental Health Care: A Collaborative and Evidence-Informed Approach to Infrastructure Transformation**

Venue - Jonathan Swift Theatre (Room 2041A)

Organised by: Ms. Ashley J. Lemieux (Convenor, Panel Chair)

**Modernization Project of a High Secure Forensic Hospital in Montreal, Canada: an organizational viewpoint**
» [Dr. Mathieu Dufour](#), Ms. Annie Côté
**Hospital Design for inpatient psychiatry: a realist umbrella review**
» [Dr. Yuliya Bodryzlova](#), Ms. Ashley J. Lemieux, Dr. Mathieu Dufour, Ms. Annie Côté, Mr. Stéphane Lalancette, Prof. Anne G. Crocker
**Redesigning a High-Secure Forensic Mental Health Facility: Collaborative Planning Through a Delphi Consultation**
» [Ms. Ashley J. Lemieux](#), Dr. Yuliya Bodryzlova, Dr. Mathieu Dufour, Ms. Annie Côté, Prof. Anne G. Crocker

8:30am

**Oral**
**[Papers] Forensic Experts and Staff**

Venue - Teatar M. Ui Chadhain Theatre (Room 2041B)

**Legal Perspectives on Forensic Expertise: Why Choose Psychologists or Psychiatrists?**
» [Ms. Katérine Aminot](#), Dr. Tara Ryan, Dr. Alicia Nijdam-Jones
**Do patient characteristics influence how forensic evaluators support their opinions about fitness restoration?**
» [Ms. Madison Hardman](#), Mr. Brandon Burgess, Dr. David Hill, Prof. Anne G. Crocker, Dr. Alicia Nijdam-Jones
**Assessment Practices and Expert Judgment Methods by Australian Forensic Psychologists**
» [Prof. Tess Neal](#), Prof. Kristy Martire
**Do you see the gorilla - The role of selective attention in forensic vigilance**
» [Dr. Maartje Clercx](#)

Continued from **Wednesday, 25 June**

**8:30am Panel**  
**[Symposium] A Multi-Perspective Evaluation of the Equilibrium Whole Family Intervention for Domestic Abuse**  
 Venue - Room 4050A  
 Organised by: Prof. Jason Davies (Convenor, Panel Chair)

**Paper 1: An Overview of the Equilibrium Domestic Abuse Programme**

» [Mr. Dafydd Thomas](#), Prof. Jason Davies

**Paper 2: Staff experiences and perceived impacts of the Equilibrium Programme**

» Prof. Jason Davies, [Ms. Julia Ilcikova](#), Mr. Dafydd Thomas

**Paper 3: Current and Ex-Partners' Perspectives on the Equilibrium Programme**

» [Ms. Katie Hughes](#), Prof. Jason Davies, Mr. Dafydd Thomas

**Paper 4: Learning from a multi-perspective systematic evaluation of Equilibrium Programme**

» [Prof. Jason Davies](#), Mr. Dafydd Thomas, Ms. Julia Ilcikova, Ms. Katie Hughes

**8:30am Panel**  
**[Symposium] A Transdiagnostic Perspective on Underlying Mechanisms of Personality and Emotions in Aggression**  
 Venue - Room 4050B  
 Organised by: Ms. Valentina Macías Vasileff (Convenor, Panel Chair)

**Unraveling the Link: Childhood Trauma and Pathological Personality Traits Through a Transdiagnostic Lens**

» [Prof. Stefan Bogaerts](#), Ms. Iris Frowijn, Ms. Deni Tressová, Dr. Marija Jankovic

**Disentangling the Web of Individual Characteristics and Negative Partner Relationship Events Through Network Analyses**

» [Ms. Iris Frowijn](#), Dr. Elien de Caluwé, Prof. Stefan Bogaerts

**Psychopathic Traits and Aggression: The Role of Moral Emotions and Moral Disengagement**

» [Ms. Valentina Macías Vasileff](#), Dr. Yasemin Erbaş, Dr. Carlo Garofalo, Dr. Elien de Caluwé, Dr. Jelle Sijtsma, Prof. Stefan Bogaerts

**Feelings Matter: A Systematic Review of Emotional Processes and Skills in Adolescents with Externalizing Behavior**

» [Ms. Lotte Bant](#), Dr. Yasemin Erbaş, Prof. Stefan Bogaerts, Dr. Elien de Caluwé

**9:30am General**  
**Transition Between Sessions**

Venue - Trinity College Dublin, Conference Centre (Arts Building)

**9:45am Panel**  
**[Round Table] Relational Care in Forensic Psychiatry: What is it, what are the Experiences, and how can it be Implemented?**  
 Venue - J.M. Synge Theatre (Room 2039)

**Relational Care in Forensic Psychiatry: What Is It, What Are the Experiences, and How Can It Be Implemented?**

» [Ms. Michelle Ruhe](#), [Ms. Steffy Greijmans](#), [Dr. Petra Schaftenaar](#), [Dr. Yolande Voskes](#)

**9:45am Oral**  
**[Papers] Diversity and Forensic Assessment**  
 Venue - Robert Emmet Theatre (Room 2037)

**Examining Gender-Related Measurement Invariance in Actuarial Risk Assessment With the Static-99R**

» [Mrs. Vera Creemers](#), Dr. Wineke Smid, Prof. Vivienne de Vogel

Continued from **Wednesday, 25 June**
**Indigenous Peoples in Forensic Mental Health: How Colonial Factors are Discussed in Expert Reports**

 » [Ms. McKenna Claeys](#), Ms. Sarah Brown, Mr. Brandon Burgess, Dr. Jeremy Patzer, Dr. Sabrina Demetriofoff, Dr. David Hill, Dr. Alicia Nijdam-Jones

**Racial Bias in Perceptions of Risk, Sentencing and Child Custody Eligibility for Justice-Involved Black Women**

 » [Ms. Sarah Hitchcock](#), Ms. Nikendra Webber, Dr. Rosie Phillips-Davis, Dr. Ashley Batastini

**Cross-Cultural Forensic Assessment: The Question of Validity and Safety**

 » [Dr. Beate Eusterschulte](#)

9:45am

**Panel**
**[Symposium] Service Development in Forensic Mental Health Settings**

Venue - Thomas Davis Theatre (Room 2043)

Organised by: Dr. Daniel Whiting (Convenor, Panel Chair) and Dr. John Tully (Discussant)

**Prison mental health services: needs, challenges and gaps**

 » [Dr. Daniel Whiting](#)
**Service Development in Forensic Mental Health Services: a living example**

 » [Prof. Lindsay Thomson](#)

9:45am

**Oral**
**[Papers] Examining Outcomes**

Venue - Jonathan Swift Theatre (Room 2041A)

**Measuring Outcomes in Inpatient Forensic Psychiatry using the Composite Index of Inpatient Mental Health Status (CIIMHS): Validation in Ontario Forensic Inpatient Data**

 » [Dr. Gregory Brown](#), Prof. Howard Barbaree

**Unauthorized Absence and Recidivism during Leave from Forensic Treatment: The Law of Small Numbers**

 » [Prof. Vivienne de Vogel](#), Dr. Erik Bulten, Dr. Wim van Kordelaar

**When All Else Fails: The Difficult Decision to Cut Losses and Remit Patients to Prison**

 » [Mr. Louis De Page](#), [Dr. Pierre Titeca](#)
**Offending outcomes for individuals experiencing contact with outpatient mental health services from childhood to early adulthood in an Australian birth cohort**

 » [Dr. James Ogilvie](#), Dr. Belinda Crissman, Dr. Carleen Thompson, Dr. Emily Hurren Paterson

9:45am

**Oral**
**[Papers] Reflective, Restorative, and Harm Avoidance Practices**

Venue - Teatar M. Uí Chadhain Theatre (Room 2041B)

**The nature of avoidable harm in prison in England: staff and prisoner perspectives**

 » [Dr. Verity Wainwright](#)
**Reflective practice groups in forensic settings**

 » [Dr. Oluyemisi Ajeh](#)
**Facilitator and Participant Perception of Reflective Practice Groups**

 » [Dr. Helen Walker](#), [Dr. Adam Polnay](#)
**Restorative Practice in medium secure and community mental health services, opportunity, challenge and outcomes to address harm in secure and community mental health services**

 » [Mr. Michael Power](#), Dr. Senthil Muthuswamy, Ms. Catriona Harwood, Ms. Christine Handy

9:45am

**Panel**
**[Round Table] Bridging Gaps: Mental Health Care for Justice-Involved Individuals in Rural Appalachia**

Venue - Room 4050A



Continued from **Wednesday, 25 June**
**Bridging Gaps: Mental Health Care for Justice-Involved Individuals in Rural Appalachia**

 » [Dr. Jesse Gilreath](#), Dr. Kelly Kahle, Dr. Julie Taylor Hopkins, Ms. Amber Ball

9:45am

**Panel**
**[Round Table] Limited Cognitive Capacity Test vs. Meaningful Participation and Meaningful Presence at Trial: A Critical Review of the Canadian Jurisprudence on Fitness to Stand Trial from a Medical Perspective**

Venue - Room 4050B

**Limited Cognitive Capacity Test vs. Meaningful Participation and Meaningful Presence at Trial: A Critical Review of the Canadian Jurisprudence on Fitness to Stand Trial from a Medical Perspective**

 » [Dr. Julie Bérubé-Fortin](#), [Dr. Yu Chen Yue](#), [Dr. Priya Khalsa](#), [Dr. Mathieu Dufour](#)

10:45am

**Poster**
**Poster Session 1 (Viewing During Coffee Break)**

Venue - Samuel Beckett 1 (Room 1013) and 2 (Room 1014)

**Family Support and Involvement in Forensic Mental Healthcare Settings**

 » [Ms. Sofie Aslerin](#), Dr. Rikke Jørgensen, Dr. Sara Rowaert, Dr. Ellen Tingleff

**Smoke-free forensic psychiatric centres in Germany: recording the current status**

 » [Mr. Tom Hölters](#), Dr. Deniz Cerci

**Differences between restrictive practices applied to men and women in UK Secure Mental Health Services**

 » Mr. Daniel Lawrence, [Dr. Joseph Davies](#), Mr. Shane Mills, Dr. Andrew Watt

**Race, restriction, risk, and reconviction: Findings from an England and Wales medium secure cohort.**

 » Ms. Ellie Brooks, Mr. Daniel Lawrence, Dr. Ruth Bagshaw, Dr. Charlotte Hill, Prof. Jason Davies, [Dr. Joseph Davies](#), Dr. Andrew Watt

**The role of trauma in treating female IPV offenders**

 » [Dr. Jessica Mueller-Coyne](#), Dr. Amanda Romero, Dr. Jessica Silsby, Dr. Shannon McHugh, Dr. Robert Geffner

**Trauma and neuropsychological impairment as mitigating factors in criminal cases.**

 » [Dr. Jessica Mueller-Coyne](#), Dr. Jessica Silsby, Dr. Shannon McHugh, Dr. Robert Geffner, Dr. Amanda Romero

**Compassion-focused therapy with virtual reality for callous-unemotional youth: A clinical case study on the therapy process of a young offender**

 » [Ms. Mirva Heikkilä](#), Ms. Jenni Kaunomäki, Dr. Diana Ribeiro da Silva, Dr. Marko Manninen, Prof. Nina Lindberg

**Comparing psychiatric classifications (DSM-IV) assigned in forensic psychiatric assessments with those in forensic mental health services: A case study in the medium-security unit of Zelzate (Belgium)**

 » Mr. Wout De Ruyck, [Dr. Leen Cappon](#), Mrs. Maite Van Berlamont, Mrs. Lisa Marie Lauwers

**Emerging synergistic epidemic of homelessness, mental illness, substance use, and criminality: A literature review**

 » Ms. Katrina Bocktor, [Dr. Maryana Kravtsenyuk](#), Dr. Kathryn Dong

**Dual Diagnosis within a Forensic Mental Health setting: An Irish perspective.**

 » [Mr. Frank Lynch](#), Mrs. Amy Cornelia

**Preventing mechanical restraint in forensic mental health: Preliminary results from an interview study with patients, caregivers, nursing assistants and nurses**

 » [Prof. Frederik Gildberg](#), Dr. Ellen Tingleff, Ms. Camilla Lindekilde, Mr. Jonas Kerring



Continued from **Wednesday, 25 June**

**A pragmatic approach to developing an action plan on mental health and criminal justice in Canada**

» Mrs. Krystal Kelly, [Ms. Sandra Koppert](#)

**IMPLEMENTATION OF TRAINING FOR STAFF MEMBERS ON THE SENSORY APPROACH IN A FORENSIC PSYCHIATRY FACILITY – A CLINICAL PRACTICE PERSPECTIVE**

» [Mrs. camille st-louis](#), Mr. Charles-Étienne Roy

**Dementia in Forensic Psychiatric Institutions: Challenges and the Impact of Legal Frameworks on Nursing Practice**

» [Ms. Mandy Ernst](#), Dr. Prof. Dr. Ruth Anna Weber

**How to Conduct a National Survey in Forensic Mental Health Hospitals – Challenges and Obstacles in Forensic Mental Health Research in Germany**

» [Dr. Katja Köppen](#), Dr. Jan Bulla, Prof. Thomas Ross, Dr. Birgit Völlm

**Factors associated with changes in the risk of threat to public safety among older adults in the Ontario forensic psychiatry system: A Retrospective Analysis**

» [Dr. Mark Kaggwa](#), Dr. Gary Chaimowitz, Dr. Andrew Olagunju, Dr. John Bradford, Dr. Mini Mamak, Ms. Precious Agboinghale

**Weapon use during the index offense: A study among forensic psychiatry patients in Ontario, Canada**

» [Dr. Mark Kaggwa](#), Dr. Gary Chaimowitz, Dr. Andrew Olagunju, Dr. John Bradford, Dr. Mini Mamak, Ms. Precious Agboinghale

**An Occupational Therapy Approach to Supporting Patients with Intellectual Disability to use their Coping Skills in Practice – an Outcome from Anger Management Group**

» [Ms. Vanessa Hilton](#)

**Evaluation of a token economy program to improve daily functioning of forensic psychiatric in-patients**

» [Dr. Gretha Boersma](#), Ms. Mirjam van Enthoven, Ms. Wieke Huisman, Prof. Marike Lancel

**The “hopeless patient” – When the forensic psychiatric system encounters its limits**

» [Mr. Johannes Schmidt](#)

**Knowledge users' Perspectives on Implementing the DUNDRUM Toolkit in Denmark- A qualitative exploration**

» [Mr. Christian Delcomyn](#), Dr. Jacob Christian Hvidhjelm, Dr. Lisbeth Hybholt, Prof. Lene Lauge Berring

**Working towards a forensic patient-oriented research toolkit: A Canadian example**

» [Ms. Kristy Allen](#), Dr. Christopher Canning, Ms. Sevil Deljavan, Dr. Cara Evans

**Development of a Low-Intensity Psychoeducation Programme through the PDSA Cycle as a Quality Improvement Initiative in the National Forensic Mental Health Service**

» [Mrs. Amy Cornelia](#), Ms. Rachel Clooney, Mr. Frank Lynch

**A Tobacco Free Campus: An Irish Forensic Mental Health service journey.**

» [Mr. Frank Lynch](#), [Mrs. Amy Cornelia](#)

**Associations between parental cognitive and affective schemata with the risk of or the perpetration of child psychological maltreatment – A Systematic Review.**

» [Ms. Lara Schwarz](#), Ms. Jelena Zumbach-Basu, Ms. Ute von Düring

**Virtual reality assisted Compassion Focused Therapy for callous-unemotional youth: preliminary results from Finnish sample**

» [Ms. Jenni Kaunomäki](#), Ms. Mirva Heikkilä, Dr. Marko Manninen, Dr. Diana Ribeiro da Silva, Prof. Nina Lindberg

**True Colours and New Colours: Fostering Self-Expression and Connection Through Art Therapy in a High-Secure Forensic Setting**

» [Ms. Katherine Collins](#), Ms. Olwen Evans

Continued from **Wednesday, 25 June**
**Optimizing Nursing Physical Assessments on Forensic Medium Secure Inpatient Units: a Quality Improvement Initiative**
» [Mrs. Jennifer Anderson](#), Mrs. Satinder Kaur, Mr. Brett Morris
**Biomarkers of impulsiveness – preliminary study of forensic schizophrenia patients**
» [Dr. Inga Markiewicz](#), Mr. Filip Tomczuk, Dr. Ewelina Elert-Dobkowska, Dr. Przemysław Cynkier, Dr. Grzegorz Kudlak, Prof. Janusz Heitzman, Prof. Anna Sulek
**Experiences of forensic mental health patients and professionals with shared violence risk assessment and management: A meta-aggregation of qualitative studies**
» [Mrs. Mimosa Luigi](#), Ms. Laurie-Anne Martinez, Dr. Laurence Roy, Prof. Anne G. Crocker
**Navigating Constraints : Daily Challenges of Applying the RNR Model with Young Offenders**
» [Ms. Kawssar Ajrouche](#), Prof. Geneviève Parent, Prof. Marie-Pierre Villeneuve, Ms. Diana Micheal
**Impact of Conflict on the Emotional Development of Children: A Case Study of Mandura District**
» [Dr. Habtamu Kurmane](#), Mr. Aschalew Terefe, Mr. Tibebe Deressa
**The Impact of Segregation in Canadian Correctional Facilities**
» Mrs. Sundus Ismaeil, [Dr. Mayra Lazo](#), Dr. Sujay Patel
**10:45am General Coffee Break**

Venue - Trinity College Dublin, Conference Centre (Arts Building), Level 1 (Lower Concourse)

**11:15am Keynote Webster/Muller Isberner Award Presentations**  
 Venue - Edmund Burke Theatre (Room 1008)

**11:30am Keynote [Keynote Speaker/Eaves Lecture] Prof. Anne Crocker: Looking Back and Shaping Tomorrow: 50 Years of Forensic Mental Health Research**  
 Venue - Edmund Burke Theatre (Room 1008)

**Looking Back and Shaping Tomorrow: 50 Years of Forensic Mental Health Research**  
 » Prof. Anne Crocker

**12:45pm Poster Poster Session 1 (Viewing During Lunch)**  
 Venue - Samuel Beckett 1 (Room 1013) and 2 (Room 1014)

**Family Support and Involvement in Forensic Mental Healthcare Settings**  
 » [Ms. Sofie Aslerin](#), Dr. Rikke Jørgensen, Dr. Sara Rowaert, Dr. Ellen Tingleff

**Smoke-free forensic psychiatric centres in Germany: recording the current status**  
 » [Mr. Tom Hölters](#), Dr. Deniz Cerci

**Differences between restrictive practices applied to men and women in UK Secure Mental Health Services**  
 » Mr. Daniel Lawrence, [Dr. Joseph Davies](#), Mr. Shane Mills, Dr. Andrew Watt

**Race, restriction, risk, and reconviction: Findings from an England and Wales medium secure cohort.**  
 » Ms. Ellie Brooks, Mr. Daniel Lawrence, Dr. Ruth Bagshaw, Dr. Charlotte Hill, Prof. Jason Davies, [Dr. Joseph Davies](#), Dr. Andrew Watt

Continued from **Wednesday, 25 June****The role of trauma in treating female IPV offenders**» [Dr. Jessica Mueller-Coyne](#), Dr. Amanda Romero, Dr. Jessica Silsby, Dr. Shannon McHugh, Dr. Robert Geffner**Trauma and neuropsychological impairment as mitigating factors in criminal cases.**» [Dr. Jessica Mueller-Coyne](#), Dr. Jessica Silsby, Dr. Shannon McHugh, Dr. Robert Geffner, Dr. Amanda Romero**Compassion-focused therapy with virtual reality for callous-unemotional youth: A clinical case study on the therapy process of a young offender**» [Ms. Mirva Heikkilä](#), Ms. Jenni Kaunomäki, Dr. Diana Ribeiro da Silva, Dr. Marko Manninen, Prof. Nina Lindberg**Comparing psychiatric classifications (DSM-IV) assigned in forensic psychiatric assessments with those in forensic mental health services: A case study in the medium-security unit of Zelzate (Belgium)**» Mr. Wout De Ruyck, [Dr. Leen Cappon](#), Mrs. Maite Van Berlamont, Mrs. Lisa Marie Lauwers**Emerging synergistic epidemic of homelessness, mental illness, substance use, and criminality: A literature review**» Ms. Katrina Bactor, [Dr. Maryana Kravtsenyuk](#), Dr. Kathryn Dong**Dual Diagnosis within a Forensic Mental Health setting: An Irish perspective.**» [Mr. Frank Lynch](#), Mrs. Amy Cornelia**Preventing mechanical restraint in forensic mental health: Preliminary results from an interview study with patients, caregivers, nursing assistants and nurses**» [Prof. Frederik Gildberg](#), Dr. Ellen Tingleff, Ms. Camilla Lindekilde, Mr. Jonas Kerring**A pragmatic approach to developing an action plan on mental health and criminal justice in Canada**» Mrs. Krystal Kelly, [Ms. Sandra Koppert](#)**IMPLEMENTATION OF TRAINING FOR STAFF MEMBERS ON THE SENSORY APPROACH IN A FORENSIC PSYCHIATRY FACILITY – A CLINICAL PRACTICE PERSPECTIVE**» [Mrs. camille st-louis](#), Mr. Charles-Étienne Roy**Dementia in Forensic Psychiatric Institutions: Challenges and the Impact of Legal Frameworks on Nursing Practice**» [Ms. Mandy Ernst](#), Dr. Prof. Dr. Ruth Anna Weber**How to Conduct a National Survey in Forensic Mental Health Hospitals – Challenges and Obstacles in Forensic Mental Health Research in Germany**» [Dr. Katja Köppen](#), Dr. Jan Bulla, Prof. Thomas Ross, Dr. Birgit Völlm**Factors associated with changes in the risk of threat to public safety among older adults in the Ontario forensic psychiatry system: A Retrospective Analysis**» [Dr. Mark Kaggwa](#), Dr. Gary Chaimowitz, Dr. Andrew Olagunju, Dr. John Bradford, Dr. Mini Mamak, Ms. Precious Agboinghale**Weapon use during the index offense: A study among forensic psychiatry patients in Ontario, Canada**» [Dr. Mark Kaggwa](#), Dr. Gary Chaimowitz, Dr. Andrew Olagunju, Dr. John Bradford, Dr. Mini Mamak, Ms. Precious Agboinghale**An Occupational Therapy Approach to Supporting Patients with Intellectual Disability to use their Coping Skills in Practice – an Outcome from Anger Management Group**» [Ms. Vanessa Hilton](#)**Evaluation of a token economy program to improve daily functioning of forensic psychiatric in-patients**» [Dr. Gretha Boersma](#), Ms. Mirjam van Enthoven, Ms. Wieke Huisman, Prof. Marike Lancel**The “hopeless patient” – When the forensic psychiatric system encounters its limits**» [Mr. Johannes Schmidt](#)

Continued from **Wednesday, 25 June**

**Knowledge users' Perspectives on Implementing the DUNDRUM Toolkit in Denmark- A qualitative exploration**

» [Mr. Christian Delcomyn](#), Dr. Jacob Christian Hvidhjelm, Dr. Lisbeth Hybholt, Prof. Lene Lauge Berring

**Working towards a forensic patient-oriented research toolkit: A Canadian example**

» [Ms. Kristy Allen](#), Dr. Christopher Canning, Ms. Sevil Deljavan, Dr. Cara Evans

**Development of a Low-Intensity Psychoeducation Programme through the PDSA Cycle as a Quality Improvement Initiative in the National Forensic Mental Health Service**

» [Mrs. Amy Cornelia](#), Ms. Rachel Clooney, Mr. Frank Lynch

**A Tobacco Free Campus: An Irish Forensic Mental Health service journey.**

» [Mr. Frank Lynch](#), [Mrs. Amy Cornelia](#)

**Associations between parental cognitive and affective schemata with the risk of or the perpetration of child psychological maltreatment – A Systematic Review.**

» [Ms. Lara Schwarz](#), Ms. Jelena Zumbach-Basu, Ms. Ute von Düring

**Virtual reality assisted Compassion Focused Therapy for callous-unemotional youth: preliminary results from Finnish sample**

» [Ms. Jenni Kaunomäki](#), Ms. Mirva Heikkilä, Dr. Marko Manninen, Dr. Diana Ribeiro da Silva, Prof. Nina Lindberg

**True Colours and New Colours: Fostering Self-Expression and Connection Through Art Therapy in a High-Secure Forensic Setting**

» [Ms. Katherine Collins](#), Ms. Olwen Evans

**Optimizing Nursing Physical Assessments on Forensic Medium Secure Inpatient Units: a Quality Improvement Initiative**

» [Mrs. Jennifer Anderson](#), Mrs. Satinder Kaur, Mr. Brett Morris

**Biomarkers of impulsiveness – preliminary study of forensic schizophrenia patients**

» [Dr. Inga Markiewicz](#), Mr. Filip Tomczuk, Dr. Ewelina Elert-Dobkowska, Dr. Przemysław Cynkier, Dr. Grzegorz Kudlak, Prof. Janusz Heitzman, Prof. Anna Sulek

**Experiences of forensic mental health patients and professionals with shared violence risk assessment and management: A meta-aggregation of qualitative studies**

» [Mrs. Mimosa Luigi](#), Ms. Laurie-Anne Martinez, Dr. Laurence Roy, Prof. Anne G. Crocker

**Navigating Constraints : Daily Challenges of Applying the RNR Model with Young Offenders**

» [Ms. Kawssar Ajrouche](#), Prof. Geneviève Parent, Prof. Marie-Pierre Villeneuve, Ms. Diana Micheal

**Impact of Conflict on the Emotional Development of Children: A Case Study of Mandura District**

» [Dr. Habtamu Kurmane](#), Mr. Aschalew Terefe, Mr. Tibebe Deressa

**The Impact of Segregation in Canadian Correctional Facilities**

» Mrs. Sundus Ismaeil, [Dr. Mayra Lazo](#), Dr. Sujay Patel

**12:45pm General Lunch**

Venue - Trinity College Dublin, Conference Centre (Arts Building), Level 1 (Lower Concourse)

**1:45pm Oral [Papers] Diversity Considerations and Care**

Venue - J.M. Synge Theatre (Room 2039)

Continued from **Wednesday, 25 June**

**Developing Guidance for the Management of Transgender (trans) Patients in Forensic Mental Health Services in Scotland.**

» [Dr. Hamish Fulford](#)

**Disparities in Remand: Legal and Mental Health Factors Affecting Incarcerated Indigenous and Non-Indigenous Manitobans**

» [Ms. Lauren Waldman](#), Dr. Jeffrey Waldman, Dr. Sarah Brown

**Indigenous Offenders and Mental Health Review Board Decisions: the Use of Gladue Principles across Canadian Provinces**

» [Dr. Sioui Maldonado Bouchard](#), Dr. Antoine Perreault, Dr. Mathieu Dufour

**Implementing culturally adapted care interventions in a Forensic Mental Health service.**

» [Ms. Denise Johnson](#), [Ms. Suraya Faziluddin](#), Ms. Amanda McIntosh, Mr. Ramish Shahab

1:45pm

**Panel**

**[Symposium] Taming the Tide: Managing Risk Amidst Increased Violence in Correctional Facilities**

Venue - Robert Emmet Theatre (Room 2037)

Organised by: Dr. Brianne Layden (Convenor, Panel Chair)

**Historical Applications of the HCR-20 in Correctional Settings**

» [Dr. Brianne Layden](#), Dr. Stephen Hart

**What do we do when everyone is high-risk for violence? Concentrated risk in prison populations after significant reductions**

» [Dr. Robin Timme](#)

**The Massachusetts Model for Eliminating Restrictive Housing: A Risk-Need-Responsivity Approach to Prison Misconduct**

» [Ms. Kyle Pelletier](#)

**Understanding violence beyond the act: Case studies on Massachusetts' use of the HCR-20 V3 to inform risk management in a correctional setting**

» [Ms. Leslie Reed](#)

1:45pm

**Panel**

**[Round Table] The Roles of Psychiatrists in Adjudication in U.S.: Ethical and Practical Challenges**

Venue - Thomas Davis Theatre (Room 2043)

**The Roles of Psychiatrists in Adjudication in U.S.: Ethical and Practical Challenges**

» [Dr. Melissa Piasecki](#), [Dr. Leon Ravin](#), [Dr. Lorenzo Capannolo](#)

1:45pm

**Oral**

**[Papers] Pharmacological and Genetic Factors**

Venue - Jonathan Swift Theatre (Room 2041A)

**Association of psychotropic medications with recidivism and need for coercive measures during forensic psychiatric care**

» [Ms. Taalke Maria Sitter](#)

**Terra incognita - Ethnopharmacology**

» [Mrs. Nicole Erlacher](#)

**Targeting opioid neurotransmission in borderline personality disorder with self-harming behavior: Preliminary findings of a [11C]NOP-1A positron emission tomography study**

» [Prof. Nathan Kolla](#), Ms. Foorogh Raeisi Makiani, Dr. Stefan Kloiber, Ms. Paria Baharikhoo, Prof. Romina Mizrahi, Dr. Pablo Rusjan, Dr. Kimberly Desmond, Ms. Michelle De Pol



Continued from **Wednesday, 25 June**

1:45pm

**Panel****[Symposium] Promoting Family Engagement in Forensic Mental Health Settings: Initiatives and Interventions***Venue - Teatar M. Uí Chadhain Theatre (Room 2041B)*

Organised by: Dr. Leen Cappon (Convenor, Panel Chair), Dr. Ellen Tingleff (Convenor), Mrs. Victoria Hart (Convenor), and Mrs. Ashley Lemieux (Convenor)

**From knowledge generation to adaption of interventions: Support and involvement of family members in forensic mental health care settings**» [Dr. Ellen Tingleff](#), [Ms. Sofie Aslerin](#)**Putting family and carers at the centre of care in medium secure forensic settings in the UK: A view from practice**» [Mrs. Victoria Hart](#), Mrs. Diane Sargent**RAP-Proches: A participatory action research project involving families and loved ones to reduce the experience of violence in mental health**» [Mrs. Ashley Lemieux](#), [Mrs. Daniela Perrottet](#), Mrs. Carolle Brabant, Dr. João Da Silva Guerreiro, Dr. Marichelle Leclair, Dr. Laurence Roy, Dr. Mathieu Dufour, Mrs. Hannah Warren, Prof. Anne G. Crocker**"My dad's head is like the clouds": The development of a children's book to empower the relationship of children and parents in forensic mental healthcare**» [Dr. Leen Cappon](#), [Dr. Sara Rowaert](#), Mrs. Manon Heyndrickx, Mr. Vincent Ronse De Craene

1:45pm

**Panel****[Symposium] Assessment and Differentiation in Relational and Child Sexual Offending Behaviors***Venue - Room 4050A*

Organised by: Ms. Sophie van Lieshout (Convenor)

**Assessing the Risk of Intimate Partner Violence: A Scoping Review**» [Ms. Sophie van Lieshout](#), Dr. Madeleine Rijckmans, Dr. Petra Habets, Prof. Stefan Bogaerts**From Deviant to Desired Behaviour: The Future of Blocking Technologies**» [Ms. Manon Kleijn](#), Dr. Elien de Caluwé, Prof. Stefan Bogaerts**Determining Pedophile Preferences in Child Sexual Offenders Using Eye-Tracking Techniques: A Meta-Analysis**» [Ms. Jenthe Mens](#), Prof. Erik Masthoff, Dr. Pauline Heus, Prof. Stefan Bogaerts

1:45pm

**Panel****[Round Table] Strengthening Connections: The Role of Crisis Intervention Teams in Policing and Mental Health***Venue - Room 4050B***Strengthening Connections: The Role of Crisis Intervention Teams in Policing and Mental Health**» [Ms. Mercedes Tibollo](#), Dr. Maryana Kravtsenyuk, Mr. Adam Tedesco, Ms. Narot Kabasakal

2:45pm

**General****Transition Between Sessions***Venue - Trinity College Dublin, Conference Centre (Arts Building)*

3pm

**Oral****[Papers] Youth in the Legal System***Venue - J.M. Synge Theatre (Room 2039)***Presentation of a short screening tool to assess violence risk among youths who were acutely admitted to child welfare institutions**» [Dr. John Olav Roaldset](#), Ms. Anniken Lucia Willumsen Laake, Ms. Carina Chudiakow Gustavsen, Ms. Sara Grenabo, Dr. Stål Bjørkly, Dr. Øyvind Lockertsen

Continued from **Wednesday, 25 June**

**Caregiver and Group Facilitator Feedback on a Stress Management and Psychoeducational Group for Caregivers of Adolescents with Justice System Involvement**

» [Ms. Joanna Kramer](#), Mr. Jake Samuels, Dr. Keith Cruise

**Increasing Understanding of Trauma and Gender-Responsive Needs of Girls in the Children and Young People Secure Estate (CYPSE)**

» [Dr. Annette McKeown](#), Mr. Ned Philcox, Mrs. Sarah Atkinson, Dr. Jack Kennedy

**Exploring Resilience in Delinquent Youth: The Role of a Natural Mentor**

» [Ms. Angelique Boering](#), Dr. Annabeth P. Groenman, Prof. Levi van Dam, Prof. Geertjan Overbeek

**Complex Profiles: The Rising Issue of Comorbidity of High Acuity Mental Health Needs and Involvement in the Youth Justice System**

» [Dr. Evan Norton](#), [Ms. Shandra Carter](#)

3pm

**Panel**

**[Round Table] Using Neurobiological Measures in Forensic Practice: The Dutch Approach**

Venue - Robert Emmet Theatre (Room 2037)

**Using Neurobiological Measures in Forensic Practice: The Dutch Approach**

» [Dr. Reshmi Marhe](#), [Dr. Jesse Meijers](#), [Prof. Maaïke Kempes](#), [Prof. Lucres Jansen](#), [Dr. Josanne D. M. van Dongen](#)

3pm

**Panel**

**[Symposium] Therapeutic Jurisprudence Across Jurisdictions and Specialist Pathways in Forensic Mental Health**

Venue - Thomas Davis Theatre (Room 2043)

Organised by: Prof. Harry Kennedy (Convenor)

**Therapeutic jurisprudence in Polish mental health legislation - theory and practice**

» [Dr. Inga Markiewicz](#)

**Therapeutic Jurisprudence & Restorative Justice: Inhibitors & Enablers in Forensic Mental Health**

» [Dr. Gerard Drennan](#), Dr. Fin Swanepoel

**Determinants of intimate partner violence among female violent offenders in a Turkish forensic psychiatric population**

» Dr. Hale Memis, [Dr. Yasin Hasan Balcioglu](#), Prof. Fatih Oncu

**Factors influencing length of stay in female patients in forensic psychiatric care in Türkiye**

» [Dr. Yasin Hasan Balcioglu](#), Dr. Deniz Ozturk Onder, Prof. Fatih Oncu

3pm

**Oral**

**[Papers] Developments in Risk Assessment and Forensic Report Writing**

Venue - Jonathan Swift Theatre (Room 2041A)

**Project Choices: A Preliminary Investigation of an Experimental Serious Video Game for Performance-based Criminogenic Risk Assessment**

» Ms. Rachel Bomysoad, Ms. Jada Brown, Ms. Lyndsey Clarke, Ms. Gena Murphy, Ms. Natalie Sommervold, Mr. Noah Festerling, Ms. Eva Stojanovic, Ms. Elana Gabriel, Ms. Beatrice Kimata, [Dr. Chris King](#)

**Matching violence risk assessment with targeted interventions in Canadian forensic mental health: The Risk-2-Care Study**

» [Mrs. Mimosa Luigi](#), Prof. Anne G. Crocker

**The role of risk and protective factors in assessing and monitoring the probability of committing a criminal act in a group of Polish forensic patients and prison inmates- a summary of the results of own research.**

» [Dr. Marlena Banasik](#)

Continued from **Wednesday, 25 June**

### New Canadian Guidelines for Forensic Assessment and Report Writing

» [Dr. Jeffrey Waldman](#), [Dr. Richard Schneider](#)

3pm

**Oral**

### [Papers] Victimization

Venue - Teatar M. Uj Chadhain Theatre (Room 2041B)

### "I can't even begin to tell you how knacked I am": Victims of stalking and their perspectives of police responses

» [Dr. Margaret Nixon](#), Dr. Nichola Tyler, Prof. Troy McEwan, Dr. Rachael Fullam, Ms. Catie Bridgeman, Ms. Katie Richardson

### Experience, Knowledge and Attitudes toward Mandatory Reporting of Intimate Partner Violence: Comparing Professionals Working with Victims and Perpetrators

» [Ms. Christine Nordby](#), Dr. Kevin Douglas, Dr. Solveig K B Vatnar

### Supporting victim survivors of violent crime in the forensic mental health system

» [Mr. Michael Power](#)

3pm

**Panel**

### [Symposium] Distinctions in Long-term Forensic Psychiatric Care

Venue - Room 4050A

Organised by: Prof. Michiel van der Wolf (Convenor, Discussant, Panel Chair)

### Development and Characteristics of the Landscape of Long-term Forensic Psychiatric Care in the Netherlands

» [Mrs. Sandrine Mikkers](#), [Mrs. Hilde Wijma](#), [Prof. Michiel van der Wolf](#)

### Profiles of official and unofficial long stay patients in Dutch forensic care

» [Dr. Joni Reef](#), [Ms. Eleni Georgaki](#), Dr. Roosmarijn van Es, Ms. Sanne Ritzema, Prof. Michiel van der Wolf

### Professionals' needs and decisions regarding long-term TBS patients in Dutch forensic care

» [Dr. Roosmarijn van Es](#), [Prof. Michiel van der Wolf](#), Dr. Joni Reef, Ms. Eleni Georgaki, Ms. Sanne Ritzema

3pm

**Panel**

### [Symposium] Risk Assessment and Patient Characteristics

Venue - Room 4050B

Organised by: Ms. Sophie Verschueren (Convenor, Panel Chair), Ms. Deni Tressová (Convenor), Dr. Petra Habets (Convenor), and Dr. Marija Jankovic (Convenor)

### Treatment progress in high-security forensic psychiatry in Flanders

» [Ms. Sophie Verschueren](#), Prof. Inge Jeandarme, Prof. Stefan Bogaerts

### The Associations Between Identity and Both Risk and Protective Factors Related to Violent Recidivism in Adult Forensic Psychiatric Patients

» [Ms. Deni Tressová](#)

### Assessment in Forensic Care: Cross-Cultural Challenges and Insights from the HKT-R

» [Dr. Petra Habets](#)

### A Latent Class Analysis of Forensic Psychiatric Patients in Relation to Risk and Protective Factors

» [Dr. Marija Jankovic](#), Prof. Erik Masthoff, Dr. Marinus Spreen, Mr. Peter de Looft, Prof. Stefan Bogaerts

4pm

**Poster**

### Poster Session 1 (Viewing During Coffee Break)

Venue - Samuel Beckett 1 (Room 1013) and 2 (Room 1014)

### Family Support and Involvement in Forensic Mental Healthcare Settings

» [Ms. Sofie Aslerin](#), Dr. Rikke Jørgensen, Dr. Sara Rowaert, Dr. Ellen Tingleff

Continued from **Wednesday, 25 June**

**Smoke-free forensic psychiatric centres in Germany: recording the current status**

» [Mr. Tom Hölters](#), Dr. Deniz Cerci

**Differences between restrictive practices applied to men and women in UK Secure Mental Health Services**

» Mr. Daniel Lawrence, [Dr. Joseph Davies](#), Mr. Shane Mills, Dr. Andrew Watt

**Race, restriction, risk, and reconviction: Findings from an England and Wales medium secure cohort.**

» Ms. Ellie Brooks, Mr. Daniel Lawrence, Dr. Ruth Bagshaw, Dr. Charlotte Hill, Prof. Jason Davies, [Dr. Joseph Davies](#), Dr. Andrew Watt

**The role of trauma in treating female IPV offenders**

» [Dr. Jessica Mueller-Coyne](#), Dr. Amanda Romero, Dr. Jessica Silsby, Dr. Shannon McHugh, Dr. Robert Geffner

**Trauma and neuropsychological impairment as mitigating factors in criminal cases.**

» [Dr. Jessica Mueller-Coyne](#), Dr. Jessica Silsby, Dr. Shannon McHugh, Dr. Robert Geffner, Dr. Amanda Romero

**Compassion-focused therapy with virtual reality for callous-unemotional youth: A clinical case study on the therapy process of a young offender**

» [Ms. Mirva Heikkilä](#), Ms. Jenni Kaunomäki, Dr. Diana Ribeiro da Silva, Dr. Marko Manninen, Prof. Nina Lindberg

**Comparing psychiatric classifications (DSM-IV) assigned in forensic psychiatric assessments with those in forensic mental health services: A case study in the medium-security unit of Zelzate (Belgium)**

» Mr. Wout De Ruyck, [Dr. Leen Cappon](#), Mrs. Maite Van Berlamont, Mrs. Lisa Marie Lauwers

**Emerging synergistic epidemic of homelessness, mental illness, substance use, and criminality: A literature review**

» Ms. Katrina Boctor, [Dr. Maryana Kravtsenyuk](#), Dr. Kathryn Dong

**Dual Diagnosis within a Forensic Mental Health setting: An Irish perspective.**

» [Mr. Frank Lynch](#), Mrs. Amy Cornelia

**Preventing mechanical restraint in forensic mental health: Preliminary results from an interview study with patients, caregivers, nursing assistants and nurses**

» [Prof. Frederik Gildberg](#), Dr. Ellen Tingleff, Ms. Camilla Lindekilde, Mr. Jonas Kerring

**A pragmatic approach to developing an action plan on mental health and criminal justice in Canada**

» Mrs. Krystal Kelly, [Ms. Sandra Koppert](#)

**IMPLEMENTATION OF TRAINING FOR STAFF MEMBERS ON THE SENSORY APPROACH IN A FORENSIC PSYCHIATRY FACILITY – A CLINICAL PRACTICE PERSPECTIVE**

» [Mrs. camille st-louis](#), Mr. Charles-Étienne Roy

**Dementia in Forensic Psychiatric Institutions: Challenges and the Impact of Legal Frameworks on Nursing Practice**

» [Ms. Mandy Ernst](#), Dr. Prof. Dr. Ruth Anna Weber

**How to Conduct a National Survey in Forensic Mental Health Hospitals – Challenges and Obstacles in Forensic Mental Health Research in Germany**

» [Dr. Katja Köppen](#), Dr. Jan Bulla, Prof. Thomas Ross, Dr. Birgit Völlm

**Factors associated with changes in the risk of threat to public safety among older adults in the Ontario forensic psychiatry system: A Retrospective Analysis**

» [Dr. Mark Kaggwa](#), Dr. Gary Chaimowitz, Dr. Andrew Olagunju, Dr. John Bradford, Dr. Mini Mamak, Ms. Precious Agboinghale



Continued from **Wednesday, 25 June**

**Weapon use during the index offense: A study among forensic psychiatry patients in Ontario, Canada**

» [Dr. Mark Kaggwa](#), Dr. Gary Chaimowitz, Dr. Andrew Olagunju, Dr. John Bradford, Dr. Mini Mamak, Ms. Precious Agboinghale

**An Occupational Therapy Approach to Supporting Patients with Intellectual Disability to use their Coping Skills in Practice – an Outcome from Anger Management Group**

» [Ms. Vanessa Hilton](#)

**Evaluation of a token economy program to improve daily functioning of forensic psychiatric in-patients**

» [Dr. Gretha Boersma](#), Ms. Mirjam van Enthoven, Ms. Wieke Huisman, Prof. Marike Lancel

**The “hopeless patient” – When the forensic psychiatric system encounters its limits**

» [Mr. Johannes Schmidt](#)

**Knowledge users' Perspectives on Implementing the DUNDRUM Toolkit in Denmark- A qualitative exploration**

» [Mr. Christian Delcomyn](#), Dr. Jacob Christian Hvidhjelm, Dr. Lisbeth Hybholt, Prof. Lene Lauge Berring

**Working towards a forensic patient-oriented research toolkit: A Canadian example**

» [Ms. Kristy Allen](#), Dr. Christopher Canning, Ms. Sevil Deljavan, Dr. Cara Evans

**Development of a Low-Intensity Psychoeducation Programme through the PDSA Cycle as a Quality Improvement Initiative in the National Forensic Mental Health Service**

» [Mrs. Amy Cornelia](#), Ms. Rachel Clooney, Mr. Frank Lynch

**A Tobacco Free Campus: An Irish Forensic Mental Health service journey.**

» [Mr. Frank Lynch](#), [Mrs. Amy Cornelia](#)

**Associations between parental cognitive and affective schemata with the risk of or the perpetration of child psychological maltreatment – A Systematic Review.**

» [Ms. Lara Schwarz](#), Ms. Jelena Zumbach-Basu, Ms. Ute von Düring

**Virtual reality assisted Compassion Focused Therapy for callous-unemotional youth: preliminary results from Finnish sample**

» [Ms. Jenni Kaunomäki](#), Ms. Mirva Heikkilä, Dr. Marko Manninen, Dr. Diana Ribeiro da Silva, Prof. Nina Lindberg

**True Colours and New Colours: Fostering Self-Expression and Connection Through Art Therapy in a High-Secure Forensic Setting**

» [Ms. Katherine Collins](#), Ms. Olwen Evans

**Optimizing Nursing Physical Assessments on Forensic Medium Secure Inpatient Units: a Quality Improvement Initiative**

» [Mrs. Jennifer Anderson](#), Mrs. Satinder Kaur, Mr. Brett Morris

**Biomarkers of impulsiveness – preliminary study of forensic schizophrenia patients**

» [Dr. Inga Markiewicz](#), Mr. Filip Tomczuk, Dr. Ewelina Elert-Dobkowska, Dr. Przemysław Cynkier, Dr. Grzegorz Kudlak, Prof. Janusz Heitzman, Prof. Anna Sulek

**Experiences of forensic mental health patients and professionals with shared violence risk assessment and management: A meta-aggregation of qualitative studies**

» [Mrs. Mimosa Luigi](#), Ms. Laurie-Anne Martinez, Dr. Laurence Roy, Prof. Anne G. Crocker

**Navigating Constraints : Daily Challenges of Applying the RNR Model with Young Offenders**

» [Ms. Kawssar Ajrouche](#), Prof. Geneviève Parent, Prof. Marie-Pierre Villeneuve, Ms. Diana Micheal

Continued from **Wednesday, 25 June**
**Impact of Conflict on the Emotional Development of Children: A Case Study of Mandura District**
» [Dr. Habtamu Kurmane](#), Mr. Aschalew Terefe, Mr. Tibebu Deressa
**The Impact of Segregation in Canadian Correctional Facilities**
» Mrs. Sundus Ismaeil, [Dr. Mayra Lazo](#), Dr. Sujay Patel

4pm

**General**
**Coffee Break**

Venue - Trinity College Dublin, Conference Centre (Arts Building), Level 1 (Lower Concourse)

4:30pm

**Oral**
**[Papers] Restrictions Matters**

Venue - J.M. Synge Theatre (Room 2039)

**Care trajectories in a differentiated forensic psychiatric system: a Dutch study**
» [Dr. Klaus Drieschner](#)
**Restricting freedom: the principles governing the conditional release of forensic psychiatric patients**
» [Ms. Sophie van 't Klooster](#), Dr. Marleen Nagtegaal, Prof. Michiel van der Wolf, Prof. Pauline Schuyt
**The Journey of Internment in Belgium: Theory, Practice, and Realities**
» [Mr. Louis De Page](#), Dr. Romain Geelhand, [Dr. Pierre Titeca](#)
**Change in Severity of Mental Disorder for Individuals in Custody in Segregation/Separate Confinement**
» [Dr. Roland Jones](#), Ms. Margaret Maheandiran, Mr. Marcos Sanches, Dr. Cory Gerritsen, Dr. Stephanie Penney, Dr. Alexander (Sandy) Simpson
**Almost ten years Forensic High and Intensive Care in the Netherlands: The lessons learned and perspectives for the future**
» [Dr. Sylvia Gerritsen](#), Ms. Michelle Ruhe, Dr. Yolande Voskes

4:30pm

**Oral**
**[Papers] Diversity Matters**

Venue - Robert Emmet Theatre (Room 2037)

**The role of forensic psychologists amid the global asylum crisis: Lessons from a U.S. medical school-based training model**
» [Ms. Kyla Jones](#), [Ms. Amanda Raymond](#), Dr. Danielle Rynczak
**Navigating Ethnic Diversity in Forensic Mental Health Care: A Qualitative Perspective on Professional Approaches and Needs**
» [Mrs. Marjolein De Pau](#), Prof. Stijn Vandeveld, Prof. Tom Vander Beken
**Challenges of care working in forensic hospitals - Migrant offenders with mental illness**
» [Mr. Dirk Schremmer](#)
**„Overseas forensic”: statistical study about Arab patients**
» [Mr. Ahed Masri](#)
**Highlighting Overlooked Contributions of Minoritized People: Using Biographical Writing to Correct Past and Ongoing Wrongs**
» [Dr. Lauren Ryan](#), Dr. Danielle Rynczak

4:30pm

**Oral**
**[Round Table] Navigating Forensic Mental Health Research: Insights and Recommendations for Best Practice**

Venue - Thomas Davis Theatre (Room 2043)



Continued from **Wednesday, 25 June**

#### Navigating Forensic Mental Health Research: Insights and Recommendations for Best Practice

» [Dr. Matina Shafti](#), Dr. Joseph Davies, Prof. Jason Davies, Dr. Jack Tomlin

4:30pm

#### Panel

#### [Round Table] Continuity in Forensic Care: Warm Transfer as a Key for Success?

Venue - Jonathan Swift Theatre (Room 2041A)

#### Continuity in Forensic Care: Warm Transfer as a Key for Success?

» [Dr. Petra Schaftenaar](#), [Dr. Maartje Clercx](#), [Ms. Ellen van den Broek](#), [Prof. Vivienne de Vogel](#)

4:30pm

#### Oral

#### [Papers] Psychosis

Venue - Teatar M. Uí Chadhain Theatre (Room 2041B)

#### Benefits of Hearing Voices Groups & Other Self-Help Groups for Voice Hearers: A Systematic Review.

» [Mr. Clyde Corentin](#), Ms. Caroline Fitzgerald, Mr. John Goodwin

#### Delusions and Extreme Beliefs: A Meta-Analytic Comparison of Associated Cognitive Tendencies

» [Ms. Perry Callahan](#), Ms. Margaret Ardesia

#### Understanding and preventing aggression across the schizophrenia spectrum: a personalized medicine approach examining dynamic factors for violence risk in a forensic inpatient setting

» [Ms. Shreya Jagtap](#), Mr. Marcos Sanches, Dr. Stephanie Penney, Dr. Alexander (Sandy) Simpson, Dr. Cory Gerritsen

#### Psychological interventions for psychosis in forensic mental health and custodial settings: A systematic review

» [Dr. Grace Sheridan](#), Dr. Zoe Michael

4:30pm

#### Oral

#### [Papers] Intimate Partner and Family Violence

Venue - Room 4050A

#### Predictive validity of the RBAC-VPI: A longitudinal follow-up of individuals having perpetrated intimate partner violence

» [Ms. Victoria Allard](#), Dr. Tamsin Higgs, Dr. Guy Giguère

#### Intimate partner violence risk assessment by police in the Basque Country. Review of ten years of applications.

» [Dr. Ismael Loinaz](#)

#### Conceptualizations of coercive control in the context of intimate partner violence: Scoping the empirical landscape

» [Ms. Cassia McIntyre](#), Ms. Ekatrina Kiddie, Dr. Adele Quigley-McBride, Dr. P. Randall Kropp, Dr. Stephen Hart

#### Why, Why, Why, Delilah? New Perspectives on the Aetiology of Intimate Partner Stalking

» [Dr. Catherine Creamer](#)

#### Attitudes towards using physical punishment on their children by men who committed family violence from the Singapore Prison Service

» [Ms. yasmin ahamed](#)

4:30pm

#### Oral

#### [Papers] Trauma-Informed Care

Venue - Room 4050B

#### The impact of a brief group intervention on trauma symptoms: a pilot group analysis and case series.

» [Ms. Maia Winsor](#), Mr. Matthew Gobbett, Prof. Jason Davies

#### Potential Impact of Trauma Informed Care on Trauma Symptoms in the Children and Young People's Secure Estate (CYPSE)

» [Dr. Annette McKeown](#), Mr. Ned Philcox, Ms. Rebecca Nelson, Dr. Jack Kennedy

## IAFMHS 2025 Conference Dublin 24 - 26 Jun 2025 All times in IST



Continued from Wednesday, 25 June

**Trauma-Informed Corrections: The Impact on Staff During Reform Efforts in Texas' Secure Youth Facilities**» [Dr. Evan Norton](#), [Ms. Shandra Carter](#)**Trauma and Social Support Experiences of Imprisoned Men in Northern Ireland**» [Dr. Daniel McFadden](#), Prof. Gavin Davidson, Prof. Michelle Butler**Whakaohoho: Inspiring wellness through a motivational, culturally informed, developmentally attuned, intervention**» [Mr. Jonathan Derbyshire](#)

7pm

**General Student Social**

Venue - Trinity Bar &amp; Venue

7:30pm

**General Banquet Dinner**

Venue - Guinness Storehouse

Organised by: Yan Lim

## Thursday, 26 June

8:30am

**Panel****[Symposium] Advancements in Forensic Psychiatry for Patients and Staff: Technology and Well-Being**

Venue - J.M. Synge Theatre (Room 2039)

Organised by: Ms. Inge Nijman (Convenor)

**The Timeline of Bouncing Back: The Trajectory of Resilience in Forensic Healthcare Workers and the Influence of Social Support, Well-being, Emotional Workload and Covid-19 fear**» [Ms. Marta Bergmans](#), Ms. Inge Nijman, Prof. Marianne van Woerkom, Dr. Elien de Caluwé, Prof. Stefan Bogaerts**Wearable technology and well-being of forensic mental healthcare professionals**» [Ms. Inge Nijman](#), Dr. Peter de Looft, Prof. Erik Masthoff, Prof. Stefan Bogaerts**A Virtual Reality study about the therapeutic relationship with forensic patients**» [Ms. Iris Frowijn](#), Prof. Erik Masthoff, Prof. Stefan Bogaerts**Neurawear: Integration of neuroscience into treatment settings**» [Dr. Peter de Looft](#), Prof. Stefan Bogaerts, Mrs. Lucienne den Uil, Prof. Robert Didden, Ms. Selin Acan, Prof. Erno Hermans, Dr. Martin Dresler, Dr. Mitra Baratchi, Prof. Dick Thijssen

8:30am

**Panel****[Symposium] What Works, Works, Really Works? The Jungle of Effective Interventions in Juvenile Delinquency**

Venue - Robert Emmet Theatre (Room 2037)

Organised by: Dr. Evelyn Heynen (Convenor)

**Wiping the slate clean: a Meta-analysis on post-detention aftercare programs for young offenders**» Dr. Evelyn Heynen, [Mrs. Rita Selimi](#), Prof. Geert Jan Stams**"Only You Decide Who You Are" (OYD) - A sports-based behavioral intervention to prevent youth delinquency**» [Dr. Naomi Koning](#), Dr. Evelyn Heynen, Prof. Geert Jan Stams**moral developmental interventions for juvenile delinquency**» [Dr. Evelyn Heynen](#), Prof. Geert Jan Stams, Mrs. Puck MeulenPowered by [Ex Ordo](#), your online conference platform.

Page 25



Continued from Thursday, 26 June

### Letting Work What Works. Effectively Preventing Juvenile Delinquency in The Netherlands: A Meta-Analysis of the Evidence

» [Mrs. Puck Meulen](#), Dr. Evelyn Heynen, Prof. Geert Jan Stams

8:30am

### Panel

#### [Symposium] Reducing Restrictive Practices – The Evidence

Venue - Thomas Davis Theatre (Room 2043)

Organised by: Prof. Harry Kennedy (Convenor)

### Urgency of need for admission and the requirement for restrictive practices post-admission: is there an association that could be identified earlier?

» [Prof. Harry Kennedy](#), Dr. M. Umer Iqbal, Dr. M. Umer Waqar, Dr. Lia Parente, Prof. Felice Francesco Carabellese, Dr. Mary Davoren

### Aggression, restrictive practices and architecture in medium secure forensic psychiatric wards

» Dr. Louise Ernst Karstoft, Dr. Morten Deleuran Terkildsen, Prof. Harry Kennedy, Mr. Christian Jentz, Dr. Astrid Jacobsen Harpøth, Dr. Anders Helles Carlsen, [Prof. Lisbeth Uhrskov Sørensen](#)

### Incidents of violence and proportionality of restrictive practices: a D-FOREST study.

» [Dr. Mary Davoren](#), Dr. Joe P Leahy, Dr. Barry Walls, Ms. Anna Lindner, Dr. Dearbhla Duffy, Dr. Patrick McLaughlin, Dr. Lia Parente, Prof. Felice Francesco Carabellese, Prof. Harry Kennedy

### Recovery from Restrictive Practices: Readiness to end seclusion and de-briefing after seclusion: a D-FOREST study.

» [Dr. Mary Davoren](#), Ms. Anna Lindner, Dr. Barry Walls, Dr. Joe P Leahy, Dr. Dearbhla Duffy, Dr. Patrick McLaughlin, Dr. Lia Parente, Prof. Felice Francesco Carabellese, Prof. Harry Kennedy

8:30am

### Oral

#### [Papers] Risk Assessment and Prognosis

Venue - Jonathan Swift Theatre (Room 2041A)

### Are "High-Risk Accused" truly high risk? Discrepant risk assessment findings among the HRA population in Canada

» [Dr. Rebecca Douglas](#), Ms. Zoe Fletcher, Dr. Mathieu Dufour, Dr. Zoe Selhi, Ms. Annie-Pierre Ouimet-Comtois

### The association between risk level and severity of violence for youth in acute institutions

» [Ms. Anniken L W Laake](#), Dr. John Olav Roaldset, Prof. Tonje Lossius Husum, Dr. Stål Bjørkly, Ms. Carina Chudiakow Gustavsen, Ms. Sara Grenabo, Dr. Øyvind Lockertsen

### How is the prognosis? - An analysis of the risk prognoses of German forensic patients from the past 10 years and the correlation with their post-release life situation

» [Ms. Lisa-Marie Sittner](#)

### Links Between Psychopathic Traits, Type of Violence, and Severe Mental Disorder Among Female Offenders of Lethal Violence in Sweden

» [Mrs. Karin Trägårdh](#), Prof. Peter Andiné, Dr. Malin Hildebrand Karlén, Prof. Thomas Nilsson

8:30am

### Oral

#### [Papers] Staff Matters

Venue - Teatar M. Ui Chadhain Theatre (Room 2041B)

### Evaluation of a VR-assisted staff training protocol within forensic psychiatry: a pilot study

» [Ms. Andrea Lockertsen-Pedersen](#), Dr. Märta Wallinius

### Attribution of responsibility and the development of stigma toward forensic mental health patients

» [Dr. Sarah Kilbane](#), Dr. Jack Tomlin

### How do we proceed when the unthinkable happens? A study of organizational responses after a homicide at a forensic psychiatric ward

» [Dr. Morten TErkildsen](#), Prof. Jarrett Zigon, Prof. Harry Kennedy, Prof. Mette Terp Høybye, Dr. Lisbeth Uhrskov Sørensen

Continued from **Thursday, 26 June**

**Overcoming Challenges: The impact of structural changes, shortages of healthcare workers and changes in patients on employees**

» [Ms. Lisa Langer](#)

8:30am

**Panel**

**[Symposium] Family Engagement in Forensic Mental Healthcare Settings: Insights From Service Users and Family Members/Significant Others**

Venue - Room 4050A

Organised by: Dr. Ellen Tingleff (Convenor, Panel Chair), Dr. Jean-Laurent Domingue (Discussant), Dr. Berit Kjærside Nielsen (Discussant), Dr. Aline Pouille (Discussant), and Ms. Louise Van Gysel (Discussant)

**Service users' experiences and perceptions of carer support and involvement in care and treatment in adult mental health inpatient settings: a systematic review and thematic synthesis.**

» [Dr. Ellen Tingleff](#), Dr. Sara Rowaert, Prof. Jason Davies, Mr. Martin Loch Pedersen

**Understanding networks and relatedness – a qualitative study among inpatients in forensic psychiatry**

» [Dr. Berit Kjærside Nielsen](#), Dr. Caroline Trillingsgaard Mejdahl, Dr. Lisbeth Uhrskov Sørensen, Dr. Jette Møllerhøj, Dr. Morten Deleuran Terkildsen

**Exploring the Role of Families in Forensic Mental Health in Ontario and Québec, Canada**

» [Dr. Jean-Laurent Domingue](#)

**Towards increased family engagement in forensic mental healthcare through the implementation of family experts by experience: perspectives of family members, (family) experts by experience and service users**

» [Dr. Aline Pouille](#), Ms. Louise Van Gysel, Dr. Sara Rowaert, Dr. Leen Cappon

9:30am

**General**

**Transition Between Sessions**

Venue - Trinity College Dublin, Conference Centre (Arts Building)

9:45am

**Panel**

**[Symposium] International Approaches to Participatory Research and Co-production in Forensic Mental Health Settings**

Venue - J.M. Synge Theatre (Room 2039)

Organised by: Dr. Christopher Canning (Convenor, Panel Chair) and Dr. Jack Tomlin (Discussant)

**Laying the foundation for patient-oriented research in a high-secure forensic hospital**

» [Dr. Christopher Canning](#), [Dr. Cara Evans](#), [Ms. Sevil Deljavan](#), [Ms. Kristy Allen](#)

**Coproducing physical fitness within forensic mental health services: ethics, possibilities and perils**

» [Dr. Christopher Canning](#), [Dr. Mick McKeown](#), [Ms. Emma Meadwell](#), [Ms. Mie Wall](#)

**It's all Greek to me - Conceptualization and delivery of training modules for forensic psychiatric patients in a participatory advisory board**

» [Dr. Christopher Canning](#), [Dr. Eva Drewelow](#), [Dr. Birgit Völlm](#)

9:45am

**Panel**

**[Symposium] Learning Across Systems: Machine Learning Models in Forensic Psychiatry**

Venue - Robert Emmet Theatre (Room 2037)

Organised by: Dr. Lena Machetanz (Convenor, Panel Chair) and Dr. Phil Klassen (Discussant)

**CARE-FOR: An Adapted AI-Based Predictive Model for Forensic Patients with Schizophrenia**

» [Dr. Lena Machetanz](#), [Dr. Phil Klassen](#), [Dr. Johannes Kirchbner](#), [Dr. Andreas Hofmann](#)



Continued from Thursday, 26 June

### Predicting Risk, Protecting Rights: Ethics and Accuracy of Prediction Models

» [Dr. Lena Machetanz](#)

### Breaking Down Adverse Outcomes: Focused Prediction of Self-Harm and Aggression

» [Dr. Lena Machetanz](#), [Dr. Andreas Hofmann](#)

9:45am

### Panel

#### [Round Table] Can We Depend on Deterrence and The Limits of Limit Setting

Venue - Thomas Davis Theatre (Room 2043)

### Can We Depend on Deterrence and The Limits of Limit Setting

» [Dr. Merrill Rotter](#), Prof. Heather Cucolo, Mx. Jay Gonzales, Dr. Edward Fernandez

9:45am

### Panel

#### [Symposium] Criminal Law and Adolescents? Practical Implications

Venue - Jonathan Swift Theatre (Room 2041A)

Organised by: Prof. Maaïke Kempes (Convenor, Panel Chair), Ms. Melanie Franse (Discussant), Ms. Daphne de Jonge (Discussant), and Mrs. Mascha Holtman (Convenor)

### Current practice of ACL and some limitations

» [Mrs. Mascha Holtman](#)

### Establishing developmental status by forensic behavioral experts

» Prof. Maaïke Kempes, [Ms. Melanie Franse](#)

### Revised instrument ACL

» Prof. Maaïke Kempes, [Ms. Daphne de Jonge](#)

9:45am

### Panel

#### [Symposium] Does the Forensic Assessment Setting Matter? The Role of Evaluatee and Index Offence Characteristics and Assessment Quality Across Inpatient, Outpatient and In-Custody Settings

Venue - Room 4050A

Organised by: Dr. Lindsay Healey (Convenor, Panel Chair) and Dr. Julian Gojer (Discussant)

### Are forensic assessment settings being appropriately used? How evaluatee risk, clinical and protective characteristics can provide insight.

» [Dr. Lindsay Healey](#), Dr. Julian Gojer, Ms. Madison McAskill, Ms. Emily Doyle, Dr. Michael C. Seto

### The relationship between index offence characteristics and placement in one of three forensic assessment settings.

» [Ms. Madison McAskill](#), Dr. Lindsay Healey, Dr. Julian Gojer, Ms. Emily Doyle, Dr. Michael C. Seto

### Is the quality of a forensic assessment impacted by the setting that it is conducted in? Assessing forensic mental health assessments and case-related factors.

» [Ms. Emily Doyle](#), Dr. Lindsay Healey, Dr. Julian Gojer, Ms. Madison McAskill, Ms. Emma Summersby, Dr. Michael C. Seto

9:45am

### Panel

#### [Round Table] Model of Care Renewal in a Canadian Medium Secure Facility

Venue - Room 4050B

### Model of Care renewal in a Canadian Medium Secure Facility

» [Dr. Risk Kronfli](#), Ms. Dorothy Edem, Ms. Garima Mann

10:45am

### Poster

#### Poster Session 2 (Viewing During Coffee Break)

Venue - Samuel Beckett 1 (Room 1013) and 2 (Room 1014)

Continued from **Thursday, 26 June****Severe Mental Illness (SMI): What Is It and Why Does it Matter?**» [Dr. Rachael Lambin](#), [Dr. Melissa Piasecki](#), Dr. Ashley Maestas**The Majority of Violent Offenders in United States Prisons Receive No Treatment**» [Ms. Amberlee Weber](#)**Bullying and Suicide Behaviors Among Undergraduate Students of a Medical Institute in Eastern Nepal**» [Mrs. Nirmala Pradhan](#), Mrs. Seema Poudyal**Methods for short-term (24h) violence risk assessment and management among adolescents with mental health needs and risk for violent behavior: A Systematic Review**» [Ms. Laura Väättäinen](#), Ms. Maiju Björkqvist, Dr. Tellä Lantta**Exploring Theory and Assessments of Criminal Attitudes: Toward a Psychometrically Grounded Measure Applicable to Mentally Disordered Offenders**» [Dr. Marco Carlo Ziegler](#), Dr. Beate Eusterschulte, Mr. Sebastian Kötter**A Thesis Proposal: An Integrative Dynamic Model of Sexual Offending to Inform Clinical Interventions and Risk Assessment**» [Mr. Benjamin Kemp](#)**Psychological safety in a low secure inpatient forensic ward: exploring how to create a safe and open culture of sexual safety in healthcare.**» [Ms. Giulia Neri](#), Dr. Craig Steel, Dr. David F Hunt**Documenting stigma: A descriptive qualitative analysis of psychiatric emergency clinical notes of aggressive incidents**» [Ms. Arianne Imbeault](#), [Mr. Vincent Billé](#), Dr. Steve Geoffrion, Dr. Marie-France Marin, Dr. Marie-Hélène Goulet**Protective Factors and Risk Factors of Forensic Treatment in the Italian Model of Forensic Care**» [Ms. Monica Rutigliano](#), Dr. Lia Parente, Dr. Fulvio Carabellese, Dr. Donatella Lategola, Prof. Harry Kennedy, Dr. Mary Davoren, Dr. Eliseo Seclì, Prof. Felice Francesco Carabellese**Healthy start: Developing motivating and context-sensitive interventions for youth dealing with antisocial behavior and addiction**» [Dr. Ilse van de Groep](#), Dr. Reshmi Marhe**Mock Jurors' Stigma Against Substance Use Disorders in Traffic Cases**» [Dr. Twila Wingrove](#), Mx. Liz Wilson**Somatic health perception among forensic psychiatric patients: A comparison of self-rated and clinically assessed health**» [Ms. Nikoline Busk](#), Mr. Christian Jentz, Prof. Harry Kennedy, Prof. Anneli Sandbaek, Dr. Anette Andersen, Dr. Morten TERkildsen, Prof. Lisbeth Uhrskov Sørensen**The Intersection of Crime, Psychiatry, and Law: Exploring the Complexities of Necrophilia**» [Dr. Gary Chaimowitz](#)**Trauma Informed Care for Girls in the Children and Young Person Secure Estate (CYPSE): A Co-Produced Rapid Evidence Review**» [Dr. Annette McKeown](#), Dr. Alice Good, Mrs. Robyn Lee, Mrs. Catherine Richmond, Prof. Tammi Walker**The forensic treatment system in Italy: organization and functioning**» [Dr. Eliseo Seclì](#), Dr. Lia Parente, Ms. Monica Rutigliano, Dr. Fulvio Carabellese, Prof. Harry Kennedy, Dr. Mary Davoren, Prof. Alan Felthous, Prof. Felice Francesco Carabellese

Continued from **Thursday, 26 June****Validation of the DUNDRUM Toolkit in Italy**

» [Dr. Lia Parente](#), Prof. Harry Kennedy, Dr. Mary Davoren, Dr. Fulvio Carabellese, Dr. Eliseo Seclì, Dr. Donatella Lategola, Ms. Monica Rutigliano, Prof. Felice Francesco Carabellese

**Monitoring forensic patients' pathways in forensic and civil care in the Netherlands**

» Dr. Katy de Kogel, [Dr. Patrick Statsch](#), [Dr. Andreas Burger](#)

**From conflict to family trauma: psychopathological developments through a longitudinal study**

» [Dr. Lia Parente](#), Prof. Harry Kennedy, Dr. Eliseo Seclì, Ms. Monica Rutigliano, Dr. Mary Davoren, Prof. Felice Francesco Carabellese

**The Assessment and Management of the Risk of Recurrence of Violent Acts: SAPROF Validation**

» [Dr. Fulvio Carabellese](#), Dr. Eliseo Seclì, Dr. Lia Parente, Ms. Monica Rutigliano, Prof. Harry Kennedy, Dr. Mary Davoren, Dr. Donatella Lategola, Prof. Felice Francesco Carabellese

**Risk Factors for Self-Directed Violence Among Individuals in a First-Episode of Psychosis: A Systematic Review**

» [Ms. Rowan Baran](#), Ms. Anya Dedio, Ms. Ashely Manaigre, Ms. Abby Vovchuk, Dr. Brianne Layden, Dr. Alicia Nijdam-Jones

**Male victims' perspectives on intimate partner violence and secondary victimisation post-divorce**

» [Ms. Danielle Krüger](#), Prof. Corine de Ruiter

**Forensic Nursing, a delicate balance of providing psychiatric nursing care and the duty to protect the public**

» [Ms. Jaime Allin](#), [Dr. Julian Gojer](#), [Ms. Nhu Vo](#)

**Managing Bias in Forensic Assessments**

» [Ms. Anita McGregor](#)

**Trauma exposure and mental health screening among female offenders**

» [Dr. Ismael Loinaz](#), Dr. Maialen Irureta

**Desistance from crime through social interactions and positive identity development**

» [Prof. Marie-Pierre Villeneuve](#)

**Can Individuals with Schizophrenia and Forensic Issues be Healthy & Well?**

» [Ms. Mary-Lou Martin](#)

**Lessons from the trenches: Challenges and solutions in implementing Women's On-Unit Therapeutic Program in Secure Forensic Setting.**

» [Dr. Smita Tyagi](#)

**Enhancing Decision-Making Processes for Psychologically Vulnerable Protection Visa Applicants**

» [Prof. Zachary Steel](#), Mr. Guy Coffey

**Risk assessment for risky sexual behaviour: investigating childhood trauma and identity dysfunction**

» [Dr. Alicia Spidel](#)

**Evaluation of a Pilot Mental Health Diversion Program for Domestic Violence Perpetrators in Alberta**

» [Mr. Raymond Ho](#), Ms. Joy Steppacher

**Characteristics of Suicidal Attempts in Psychiatric Patients admitted to the Psychiatric Hospital in Tirana, Albania**

» [Dr. Lislana Demiraj](#), Prof. Fatime Elezi

10:45am

**General****Coffee Break**

Venue - Trinity College Dublin, Conference Centre (Arts Building), Level 1 (Lower Concourse)



Continued from **Thursday, 26 June**

11:15am **Keynote**  
**[Keynote Speaker] Mr. Justice Peter Charleton: A Personal View of Homicide**  
*Venue - Edmund Burke Theatre (Room 1008)*

**A Personal View of Homicide**  
 » Mr. Justice Peter Charleton

12:30pm **Poster**  
**Poster Session 2 (Viewing During Lunch)**  
*Venue - Samuel Beckett 1 (Room 1013) and 2 (Room 1014)*

**Severe Mental Illness (SMI): What Is It and Why Does it Matter?**  
 » [Dr. Rachael Lamin](#), [Dr. Melissa Piasecki](#), Dr. Ashley Maestas

**The Majority of Violent Offenders in United States Prisons Receive No Treatment**  
 » [Ms. Amberlee Weber](#)

**Bullying and Suicide Behaviors Among Undergraduate Students of a Medical Institute in Eastern Nepal**  
 » [Mrs. Nirmala Pradhan](#), Mrs. Seema Poudyal

**Methods for short-term (24h) violence risk assessment and management among adolescents with mental health needs and risk for violent behavior: A Systematic Review**  
 » [Ms. Laura Väättäinen](#), Ms. Maiju Björkqvist, Dr. Tella Lantta

**Exploring Theory and Assessments of Criminal Attitudes: Toward a Psychometrically Grounded Measure Applicable to Mentally Disordered Offenders**  
 » [Dr. Marco Carlo Ziegler](#), Dr. Beate Eusterschulte, Mr. Sebastian Kötter

**A Thesis Proposal: An Integrative Dynamic Model of Sexual Offending to Inform Clinical Interventions and Risk Assessment**

» [Mr. Benjamin Kemp](#)

**Psychological safety in a low secure inpatient forensic ward: exploring how to create a safe and open culture of sexual safety in healthcare.**

» [Ms. Giulia Neri](#), Dr. Craig Steel, Dr. David F Hunt

**Documenting stigma: A descriptive qualitative analysis of psychiatric emergency clinical notes of aggressive incidents**

» [Ms. Arianne Imbeault](#), [Mr. Vincent Billé](#), Dr. Steve Geoffrion, Dr. Marie-France Marin, Dr. Marie-Hélène Goulet

**Protective Factors and Risk Factors of Forensic Treatment in the Italian Model of Forensic Care**

» [Ms. Monica Rutigliano](#), Dr. Lia Parente, Dr. Fulvio Carabellese, Dr. Donatella Lategola, Prof. Harry Kennedy, Dr. Mary Davoren, Dr. Eliseo Seclì, Prof. Felice Francesco Carabellese

**Healthy start: Developing motivating and context-sensitive interventions for youth dealing with antisocial behavior and addiction**

» [Dr. Ilse van de Groep](#), Dr. Reshmi Marhe

**Mock Jurors' Stigma Against Substance Use Disorders in Traffic Cases**

» [Dr. Twila Wingrove](#), Mx. Liz Wilson

Continued from **Thursday, 26 June**

**Somatic health perception among forensic psychiatric patients: A comparison of self-rated and clinically assessed health**

» [Ms. Nikoline Busk](#), Mr. Christian Jentz, Prof. Harry Kennedy, Prof. Anneli Sandbaek, Dr. Anette Andersen, Dr. Morten Terkildsen, Prof. Lisbeth Uhrskov Sørensen

**The Intersection of Crime, Psychiatry, and Law: Exploring the Complexities of Necrophilia**

» [Dr. Gary Chaimowitz](#)

**Trauma Informed Care for Girls in the Children and Young Person Secure Estate (CYPSE): A Co-Produced Rapid Evidence Review**

» [Dr. Annette McKeown](#), Dr. Alice Good, Mrs. Robyn Lee, Mrs. Catherine Richmond, Prof. Tammi Walker

**The forensic treatment system in Italy: organization and functioning**

» [Dr. Eliseo Seclì](#), Dr. Lia Parente, Ms. Monica Rutigliano, Dr. Fulvio Carabellese, Prof. Harry Kennedy, Dr. Mary Davoren, Prof. Alan Felthous, Prof. Felice Francesco Carabellese

**Validation of the DUNDRUM Toolkit in Italy**

» [Dr. Lia Parente](#), Prof. Harry Kennedy, Dr. Mary Davoren, Dr. Fulvio Carabellese, Dr. Eliseo Seclì, Dr. Donatella Lategola, Ms. Monica Rutigliano, Prof. Felice Francesco Carabellese

**Monitoring forensic patients' pathways in forensic and civil care in the Netherlands**

» Dr. Katy de Kogel, [Dr. Patrick Statsch](#), [Dr. Andreas Burger](#)

**From conflict to family trauma: psychopathological developments through a longitudinal study**

» [Dr. Lia Parente](#), Prof. Harry Kennedy, Dr. Eliseo Seclì, Ms. Monica Rutigliano, Dr. Mary Davoren, Prof. Felice Francesco Carabellese

**The Assessment and Management of the Risk of Recurrence of Violent Acts: SAPROF Validation**

» [Dr. Fulvio Carabellese](#), Dr. Eliseo Seclì, Dr. Lia Parente, Ms. Monica Rutigliano, Prof. Harry Kennedy, Dr. Mary Davoren, Dr. Donatella Lategola, Prof. Felice Francesco Carabellese

**Risk Factors for Self-Directed Violence Among Individuals in a First-Episode of Psychosis: A Systematic Review**

» [Ms. Rowan Baran](#), Ms. Anya Dedio, Ms. Ashely Manaigre, Ms. Abby Vovchuk, Dr. Brianne Layden, Dr. Alicia Nijdam-Jones

**Male victims' perspectives on intimate partner violence and secondary victimisation post-divorce**

» [Ms. Danielle Krüger](#), Prof. Corine de Ruiter

**Forensic Nursing, a delicate balance of providing psychiatric nursing care and the duty to protect the public**

» [Ms. Jaime Allin](#), [Dr. Julian Gojer](#), [Ms. Nhu Vo](#)

**Managing Bias in Forensic Assessments**

» [Ms. Anita McGregor](#)

**Trauma exposure and mental health screening among female offenders**

» [Dr. Ismael Loinaz](#), Dr. Maialen Irureta

**Desistance from crime through social interactions and positive identity development**

» [Prof. Marie-Pierre Villeneuve](#)

**Can Individuals with Schizophrenia and Forensic Issues be Healthy & Well?**

» [Ms. Mary-Lou Martin](#)



Continued from Thursday, 26 June

**Lessons from the trenches: Challenges and solutions in implementing Women's On-Unit Therapeutic Program in Secure Forensic Setting.**

» [Dr. Smita Tyagi](#)

**Risk assessment for risky sexual behaviour: investigating childhood trauma and identity dysfunction**

» [Dr. Alicia Spidel](#)

**Evaluation of a Pilot Mental Health Diversion Program for Domestic Violence Perpetrators in Alberta**

» [Mr. Raymond Ho](#), Ms. Joy Steppacher

**Characteristics of Suicidal Attempts in Psychiatric Patients admitted to the Psychiatric Hospital in Tirana, Albania**

» [Dr. Lisiana Demiraj](#), Prof. Fatime Elezi

12:30pm **General Lunch**

Venue - Trinity College Dublin, Conference Centre (Arts Building), Level 1 (Lower Concourse)

1:30pm **Panel**  
[Symposium] Urgency of Need for Acute Mental Health Care: Utility and Interface With Forensic Needs

Venue - J.M. Synge Theatre (Room 2039)

Organised by: Prof. Harry Kennedy (Convenor)

**Assessing severity of clinical presentation in emergency psychiatry: the DUNDRUM-1 triage scale in the Emergency Department**

» Prof. Anne Doherty, Dr. Maia Springael, Dr. Niamh Murray, [Prof. Harry Kennedy](#), Dr. Mary Davoren

**Could DUNDRUM-2 be a useful tool in prioritising need for high security in Flanders?**

» [Dr. Inge Jeandarme](#), Ms. Sophie Verschuere, Dr. Petra Habets

**The Scientific Path to Implementing the DUNDRUM-toolkit in Belgium**

» [Dr. Claudia Pouls](#), Dr. Petra Habets, Prof. Inge Jeandarme

**Model of Care renewal in a Canadian Medium Secure Facility**

» [Dr. Risk Kronfli](#), Ms. Dorothy Edem, Ms. Garima Mann

1:30pm

**Panel**

[Symposium] Adverse Childhood Experiences and Lifetime Victimization Among People in Residential Concurrent Disorders Treatment

Venue - Robert Emmet Theatre (Room 2037)

Organised by: Dr. Tonia L. Nicholls (Convenor), Mr. Liam Gorsuch (Convenor), and Ms. Ekaterina Kiddie (Convenor)

**Traumatic Experiences in Canada: A Comparison of the General Population and Mental Health and Substance Use Service Users**

» [Ms. Ekaterina Kiddie](#), Dr. Tonia L. Nicholls, Dr. James MacKillop, Dr. Christian Schütz

**Describing the Documentation of Adverse Childhood Experiences (ACEs), Positive Childhood Experiences (PCEs), and Their Correlates in a Canadian Forensic Psychiatric Hospital**

» [Mr. Liam Gorsuch](#), Dr. Tonia L. Nicholls

**Implications of Adverse Childhood Experiences (ACEs) in Clients with Concurrent Disorders: The ROAR Study - Reducing Overdoses and Relapses among people with Co-occurring Disorders**

» [Dr. Tonia L. Nicholls](#), Ms. Ekaterina Kiddie, Dr. James MacKillop, Dr. Christian Schütz



Continued from Thursday, 26 June

1:30pm

**Panel**

**[Symposium] An International Exploration of Key Components of Care for Forensic Mental Health Services Encompassing the Development, Implementation and Evaluation of Models of Care**

Venue - Thomas Davis Theatre (Room 2043)

Organised by: Ms. Cheryl Rees (Convenor, Panel Chair) and Prof. Lindsay Thomson (Discussant)

**Lessons Learned from Developing and Implementing a New Model of Care within a High Secure Forensic Mental Health Service**

» [Prof. Lindsay Thomson](#)

**Evaluation of a new clinical model for high secure care in Scotland.**

» [Ms. Cheryl Rees](#), Dr. Lindsey Gilling, Prof. Lindsay Thomson

**Mapping Key Components of Forensic Mental Health Systems: An International Delphi Study**

» Ms. Arianne Imbeault, Prof. Lindsay Thomson, Prof. Brian McKenna, Dr. Tonia L. Nicholls, Prof. Anne G. Crocker, [Dr. Marichelle Leclair](#)

1:30pm

**Oral**

**[Papers] Future Directions**

Venue - Jonathan Swift Theatre (Room 2041A)

**A Path Forward: An Action Plan on Mental Health and Criminal Justice in Canada**

» Mrs. Krystal Kelly, [Ms. Sandra Koppert](#), [Dr. Christopher Canning](#)

**Innovative Mental Health Care for Women in Ontario's Correctional System**

» [Dr. Elizabeth Coleman](#), Mrs. Cathy Duivesteyn

**EVIDENCE-BASED and EXCELLENT PRACTICE in FORENSIC PSYCHIATRY: Pathways for the future?**

» [Dr. Märta Wallinius](#), Prof. Peter Andiné, Dr. Malin Hildebrand Karlén, Prof. Thomas Nilsson, Prof. Ulrica Hörberg, Dr. Mikael Rask, Prof. Christian Munthe, Dr. Björn Hofvander

**Revisions in Trend? The Increase of Revisions in Forensic Psychiatry and its Consequences**

» [Mrs. Rebekka Mertin](#)

1:30pm

**Panel**

**[Symposium] Family Engagement in Forensic Mental Health Settings: Insights From Professionals**

Venue - Room 4050A

Organised by: Dr. Sara Rowaert (Convenor, Panel Chair), Ms. Louise Van Gysel (Discussant), Dr. Ellen Tingleff (Discussant), and Mrs. Marieke Cirkel (Discussant)

**Perspectives of forensic mental health professionals on family experts by experience: A Focus group study in Flanders (Belgium)**

» [Ms. Louise Van Gysel](#), Dr. Aline Pouille, Dr. Sara Rowaert, Dr. Leen Cappon

**Family caregiver involvement in forensic mental health care - A qualitative study of healthcare professionals' perceptions**

» [Dr. Ellen Tingleff](#), Prof. Frederik Gildberg, Dr. Rikke Jørgensen, Dr. Sara Rowaert, Dr. Tina Kristine Vestphal

**The network-oriented professional in forensic care: What works (not)**

» [Mrs. Marieke Cirkel](#), Dr. Sylvana Robbers, Prof. Vivienne de Vogel

**Application of the Family-Reflex Quickscan tool to Forensic Mental Healthcare: presentation of qualitative and quantitative research to improve family engagement**

» [Dr. Sara Rowaert](#), Dr. Ellen Tingleff, Mrs. Margaret Doherty, Dr. Jean-Laurent Domingue, Prof. Jason Davies, Ms. Sarah Barhoumi, Mrs. Kim Steeman, Dr. Elke Van Lierde, Prof. Gilbert Lemmens



Continued from Thursday, 26 June

1:30pm

**Panel**

**[Symposium] Criminal Responsibility Assessment in Canada: Characteristics of Accused Persons, Report Quality, and the Impact of Substance Use and Ethnicity**

Venue - Room 4050B

Organised by: Dr. Sabrina Demetriooff (Convenor, Panel Chair)

**Characteristics of Accused Persons referred for Criminal Responsibility Assessments in Canada: Rationale, Methods, and Preliminary Data**

» [Dr. Sabrina Demetriooff](#), Dr. David Hill

**Examining Criminal Responsibility Report Quality over Time**

» [Dr. David Hill](#), Dr. Sabrina Demetriooff

**Examining Disparities in Forensic Mental Health Assessments in a Western Canadian Province by Ethnicity**

» [Ms. Sarah Brown](#), Dr. Sabrina Demetriooff, Dr. David Hill, Dr. Alicia Nijdam-Jones

**Substance Use in Criminal Responsibility Evaluations: Observations and Implications for Forensic Practice**

» [Dr. Kasmira Sobkow](#), Dr. Sabrina Demetriooff, Dr. David Hill

2:30pm

**General**

**Transition Between Sessions**

Venue - Trinity College Dublin, Conference Centre (Arts Building)

2:45pm

**Panel**

**[Round Table] War and Mental Health: Addressing Global Challenges to Justice, Recovery, and Societal Stability**

Venue - J.M. Synge Theatre (Room 2039)

**War and Mental Health: Addressing Global Challenges to Justice, Recovery, and Societal Stability**

» [Dr. Maryana Kravtsenyuk](#), [Dr. Michael Tibollo](#), [Dr. Treena Wilkie](#), [Dr. Gary Chaimowitz](#)

2:45pm

**Oral**

**[Papers] Threatening and Destructive Behavior**

Venue - Robert Emmet Theatre (Room 2037)

**Understanding PTSD in Perpetrators of Violence: Beyond Instrumental and Reactive Labels**

» [Dr. Meg Ternes](#), Dr. Barry Cooper, Dr. Dorothee Griesel

**Persistence and continuity of firesetting in an unapprehended New Zealand sample**

» Ms. Kendal Johnston, [Dr. Nichola Tyler](#)

**The Influence of Gender on Risk Factors for Far-Right Extremist Violence**

» [Ms. Maggie Ardesia](#), Ms. Perry Callahan, Dr. Barry Rosenfeld

**The Power of Perception: How Social Attitudes and Beliefs Influence Perceived Stalking Threat**

» [Ms. Abby Vovchuk](#), Ms. Rebekah Waite, Dr. Brianne Layden, Dr. Alicia Nijdam-Jones

2:45pm

**Oral**

**[Papers] Neurodevelopmental Disorders**

Venue - Thomas Davis Theatre (Room 2043)

**Conceptualizing Services for Justice-Involved Persons with an Intellectual Disability: A Systematic Scoping Review**

» [Dr. Yuliya Bodryzlova](#), Ms. Ashley J. Lemieux, Mrs. Geneviève Pinard, Prof. Diane Morin, Prof. Anne G. Crocker

**Frontline knowledge of physical and sexual aggression associated with intellectual disability: A scoping review**

» [Ms. Kristina Campo](#), Dr. Maxym Choptiany, Ms. Suraya Faziluddin, Dr. Smita Tyagi, Ms. Jacqueline Lim

Continued from **Thursday, 26 June**

**Towards a multilevel approach: Clinical and organizational practices for the prevention of aggression in intellectual disability or autism spectrum disorder services in institutional settings**

» [Ms. Ashley J. Lemieux](#), Dr. Yuliya Bodryzlova, Ms. Evelyne Robert-Berger, Ms. Marie-Joelle Braconnier, Ms. Geneviève Pinard, Prof. Diane Morin, Prof. Anne G. Crocker

**Supported Decision-Making for Individuals with Intellectual Disabilities in a Forensic In-Patient Setting**

» [Dr. Stoyka Meyer](#), Mrs. Michelle Marxen, Ms. Maria Rowen

2:45pm

**Panel**

**[Symposium] Mixed-Method Approach to Understanding Suicide Screening and Prevention Among Community-Based Providers Serving Youth With Juvenile Legal System Involvement**

*Venue - Jonathan Swift Theatre (Room 2041A)*

Organised by: Dr. Kathleen Kemp (Convenor), Dr. Kaitlin Sheerin (Convenor), and Dr. Jennifer Wolff (Convenor)

**What is the landscape of suicide prevention training among community-based providers serving youth with juvenile legal system involvement?**

» [Dr. Jennifer Wolff](#), Ms. Jenna Schopen, Ms. Eileen Salazar Vega, Dr. Crosby Modrowski, Dr. Kaitlin Sheerin, Dr. Kathleen Kemp

**Community-based provider practices and policies for screening of suicidal thoughts and behavior with youth with juvenile legal system involvement**

» [Dr. Kathleen Kemp](#), Dr. Crosby Modrowski, Ms. Jenna Schopen, Dr. Kaitlin Sheerin, Dr. Jennifer Wolff

**Randomized Clinical Trials Focused on Suicide and Depression Among Youth Involved in the Juvenile Legal System: Findings from a Systematic Review**

» [Dr. Kaitlin Sheerin](#), Ms. Alyssa Vieira, Ms. Shannon Williamson-Butler, Dr. Miyah Grant, Mr. Andrew Creamer, Dr. Kathleen Kemp

2:45pm

**Panel**

**[Symposium] Criminal Responsibility Across Borders**

*Venue - Teatar M. Uí Chadhain Theatre (Room 2041B)*

Organised by: Ms. Lucia Mebius (Convenor)

**Mental Health-Related Criminal Responsibility Doctrines in the United States**

» [Dr. Chris King](#), Ms. Lucia Mebius

**Crossing Borders – A Comparative Legal Study on Diminished Criminal Responsibility in the Netherlands and Germany**

» [Ms. Lucia Mebius](#)

**Prior fault: an empirical study on forensic assessment and judicial decisions**

» [Dr. Anna Goldberg](#), [Prof. Michiel van der Wolf](#)

**Studying forensic assessment and judicial decisions in the Netherlands**

» [Prof. Michiel van der Wolf](#), [Dr. Anna Goldberg](#), Ms. Lucia Mebius

2:45pm

**Panel**

**[Symposium] Obesity in Secure Hospitals: The Science of Obesity, the Evidence Relating to Metabolic Clinics in Secure Hospitals and the Practical Approaches, Including Pharmacological Approaches Needed**

*Venue - Room 4050B*

Organised by: Dr. Mary Davoren (Convenor)

**Science, Society and the biology of adipose tissue**

» [Prof. Donal O'Shea](#)

**The Forensic Metabolic Service at National Forensic Mental Health Service, Dublin, Ireland.**

» [Dr. Mary Davoren](#)

**Learning the lessons from the pandemic: Physical health multi-morbidity in secure hospital populations.**

» [Prof. Harry Kennedy](#), Dr. Mary Davoren



Continued from Thursday, 26 June

**Obesity in a medium secure forensic psychiatric setting. Strengths and challenges from the Danish perspective**

» [Dr. Morten TERkildsen](#), Mrs. Britta Bech Kramer, Mrs. Susanne Højholt, Prof. Dorothe Sørensen, Prof. Lisbeth Uhrskov Sørensen

3:45pm

**Poster**

**Poster Session 2 (Viewing During Coffee Break)**

Venue - Samuel Beckett 1 (Room 1013) and 2 (Room 1014)

**Severe Mental Illness (SMI): What Is It and Why Does it Matter?**

» [Dr. Rachael Lambin](#), [Dr. Melissa Piasecki](#), Dr. Ashley Maestas

**The Majority of Violent Offenders in United States Prisons Receive No Treatment**

» [Ms. Amberlee Weber](#)

**Bullying and Suicide Behaviors Among Undergraduate Students of a Medical Institute in Eastern Nepal**

» [Mrs. Nirmala Pradhan](#), Mrs. Seema Poudyal

**Methods for short-term (24h) violence risk assessment and management among adolescents with mental health needs and risk for violent behavior: A Systematic Review**

» [Ms. Laura Väättäinen](#), Ms. Maiju Björkqvist, Dr. Tella Lantta

**Exploring Theory and Assessments of Criminal Attitudes: Toward a Psychometrically Grounded Measure Applicable to Mentally Disordered Offenders**

» [Dr. Marco Carlo Ziegler](#), Dr. Beate Eusterschulte, Mr. Sebastian Kötter

**A Thesis Proposal: An Integrative Dynamic Model of Sexual Offending to Inform Clinical Interventions and Risk Assessment**

» [Mr. Benjamin Kemp](#)

**Psychological safety in a low secure inpatient forensic ward: exploring how to create a safe and open culture of sexual safety in healthcare.**

» [Ms. Giulia Neri](#), Dr. Craig Steel, Dr. David F Hunt

**Documenting stigma: A descriptive qualitative analysis of psychiatric emergency clinical notes of aggressive incidents**

» [Ms. Arianne Imbeault](#), [Mr. Vincent Billé](#), Dr. Steve Geoffrion, Dr. Marie-France Marin, Dr. Marie-Hélène Goulet

**Protective Factors and Risk Factors of Forensic Treatment in the Italian Model of Forensic Care**

» [Ms. Monica Rutigliano](#), Dr. Lia Parente, Dr. Fulvio Carabellese, Dr. Donatella Lategola, Prof. Harry Kennedy, Dr. Mary Davoren, Dr. Eliseo Seclì, Prof. Felice Francesco Carabellese

**Healthy start: Developing motivating and context-sensitive interventions for youth dealing with antisocial behavior and addiction**

» [Dr. Ilse van de Groep](#), Dr. Reshmi Marhe

**Mock Jurors' Stigma Against Substance Use Disorders in Traffic Cases**

» [Dr. Twila Wingrove](#), Mx. Liz Wilson

**Somatic health perception among forensic psychiatric patients: A comparison of self-rated and clinically assessed health**

» [Ms. Nikoline Busk](#), Mr. Christian Jentz, Prof. Harry Kennedy, Prof. Anneli Sandbaek, Dr. Anette Andersen, Dr. Morten TERkildsen, Prof. Lisbeth Uhrskov Sørensen

**The Intersection of Crime, Psychiatry, and Law: Exploring the Complexities of Necrophilia**

» [Dr. Gary Chaimowitz](#)





Continued from **Thursday, 26 June**

**Lessons from the trenches: Challenges and solutions in implementing Women's On-Unit Therapeutic Program in Secure Forensic Setting.**

» [Dr. Smita Tyagi](#)

**Trauma Informed Care for Girls in the Children and Young Person Secure Estate (CYPSE): A Co-Produced Rapid Evidence Review**

» [Dr. Annette McKeown](#), Dr. Alice Good, Mrs. Robyn Lee, Mrs. Catherine Richmond, Prof. Tammi Walker

**The forensic treatment system in Italy: organization and functioning**

» [Dr. Eliseo Secli](#), Dr. Lia Parente, Ms. Monica Rutigliano, Dr. Fulvio Carabellese, Prof. Harry Kennedy, Dr. Mary Davoren, Prof. Alan Felthous, Prof. Felice Francesco Carabellese

**Validation of the DUNDRUM Toolkit in Italy**

» [Dr. Lia Parente](#), Prof. Harry Kennedy, Dr. Mary Davoren, Dr. Fulvio Carabellese, Dr. Eliseo Secli, Dr. Donatella Lategola, Ms. Monica Rutigliano, Prof. Felice Francesco Carabellese

**Monitoring forensic patients' pathways in forensic and civil care in the Netherlands**

» Dr. Katy de Kogel, [Dr. Patrick Statsch](#), [Dr. Andreas Burger](#)

**From conflict to family trauma: psychopathological developments through a longitudinal study**

» [Dr. Lia Parente](#), Prof. Harry Kennedy, Dr. Eliseo Secli, Ms. Monica Rutigliano, Dr. Mary Davoren, Prof. Felice Francesco Carabellese

**The Assessment and Management of the Risk of Recurrence of Violent Acts: SAPROF Validation**

» [Dr. Fulvio Carabellese](#), Dr. Eliseo Secli, Dr. Lia Parente, Ms. Monica Rutigliano, Prof. Harry Kennedy, Dr. Mary Davoren, Dr. Donatella Lategola, Prof. Felice Francesco Carabellese

**Risk Factors for Self-Directed Violence Among Individuals in a First-Episode of Psychosis: A Systematic Review**

» [Ms. Rowan Baran](#), Ms. Anya Dedio, Ms. Ashely Manaigre, Ms. Abby Vovchuk, Dr. Brianne Layden, Dr. Alicia Nijdam-Jones

**Male victims' perspectives on intimate partner violence and secondary victimisation post-divorce**

» [Ms. Danielle Krüger](#), Prof. Corine de Ruiter

**Forensic Nursing, a delicate balance of providing psychiatric nursing care and the duty to protect the public**

» [Ms. Jaime Allin](#), [Dr. Julian Gojer](#), [Ms. Nhu Vo](#)

**Managing Bias in Forensic Assessments**

» [Ms. Anita McGregor](#)

**Trauma exposure and mental health screening among female offenders**

» [Dr. Ismael Loinaz](#), Dr. Maialen Irureta

**Desistance from crime through social interactions and positive identity development**

» [Prof. Marie-Pierre Villeneuve](#)

**Can Individuals with Schizophrenia and Forensic Issues be Healthy & Well?**

» [Ms. Mary-Lou Martin](#)

**Enhancing Decision-Making Processes for Psychologically Vulnerable Protection Visa Applicants**

» [Prof. Zachary Steel](#), Mr. Guy Coffey

**Risk assessment for risky sexual behaviour: investigating childhood trauma and identity dysfunction**

» [Dr. Alicia Spidel](#)

Continued from **Thursday, 26 June**
**Evaluation of a Pilot Mental Health Diversion Program for Domestic Violence Perpetrators in Alberta**
» Mr. Raymond Ho, Ms. Joy Steppacher
**Characteristics of Suicidal Attempts in Psychiatric Patients admitted to the Psychiatric Hospital in Tirana, Albania**
» Dr. Lisiana Demiraj, Prof. Fatime Elezi

3:45pm

**General**
**Coffee Break**

Venue - Trinity College Dublin, Conference Centre (Arts Building), Level 1 (Lower Concourse)

4:15pm

**Panel**
**[Symposium] Moving Towards Decolonization and Cultural Safety for Indigenous People in Forensic Mental Health: An International Partnership**

Venue - J.M. Synge Theatre (Room 2039)

Organised by: Dr. Marichelle Leclair (Convenor, Panel Chair), Mr. Nick Wiki (Convenor), Dr. Alicia Nijdam-Jones (Convenor), Prof. Brian McKenna (Discussant), Ms. McKenna Claey's (Convenor), Dr. Lisa Monchalin (Convenor), Dr. Tonia L. Nicholls (Convenor), and Prof. Anne G. Crocker (Convenor)

**Developing an International Partnership for Cultural Safety in Forensic Mental Health**
» Ms. Raquel Anderson, Ms. McKenna Claey's, Prof. Anne G. Crocker, Ms. Lori May Dubé, Ms. Fay Gagné, Ms. Kelsey Jacques, Dr. Lisa Monchalin, Mr. Bryce Morison, Dr. Tonia L. Nicholls, Dr. Alicia Nijdam-Jones, Mr. Michael Pierre, Ms. Jessy Vacca, Mr. Nick Wiki, Dr. Marichelle Leclair
**A realist evaluation of Te Tari Kaupapa Māori: What is cultural safety?**
» Mr. Nick Wiki, Dr. Marichelle Leclair, Ms. Aly Wiki, Mr. Chummie Thomson, Mr. Barry Pene-Gestro, Ms. Trudie Field, Dr. Alicia Nijdam-Jones, Prof. Brian McKenna
**From protocol to partnership: Creating culturally safe forensic mental health research**
» Ms. McKenna Claey's, Mr. Michael Pierre, Mr. Charles Wood, Ms. Kelsey Jacques, Mr. Edwin Wood, Mr. Wajihah Mughal, Ms. Carol McCorrister, Ms. Olena Kloss, Ms. Frances Chartrand, Mr. James Wasio, Mr. Anthony Elsom, Dr. Alicia Nijdam-Jones

4:15pm

**Panel**
**[Round Table] Optimizing Interventions for Schizophrenia to Avoid Dire Outcomes: Psychiatrists Must do Better**

Venue - Robert Emmet Theatre (Room 2037)

**Optimizing Interventions for Schizophrenia to Avoid Dire Outcomes: Psychiatrists Must Do Better**
» Dr. Katherine Warburton, Dr. Stephen Stahl, Prof. Harry Kennedy, Dr. Charles Scott, Dr. Alberto Carrara, Dr. Jhilam Biswas, Dr. Felice Carabellese, Dr. Mary Davoren, Dr. Justin Barry-Walsh, Dr. Andrew Ellis, Dr. Lia Parente

4:15pm

**Panel**
**[Symposium] Bridging the Gap: Addressing Reincarceration of Individuals with Serious Mental Illness through Evidence and Innovation**

Venue - Thomas Davis Theatre (Room 2043)

Organised by: Dr. Roland Jones (Convenor, Panel Chair) and Ms. Margaret Maheandiran (Discussant)

**Reintegration after incarceration for people with mental illness: Development of the Community Forensic Early Intervention Service**
» Dr. Roland Jones, Dr. Kiran Patel, Dr. Cory Gerritsen, Dr. Alexander (Sandy) Simpson, Ms. Tanya Connors, Ms. Tania Saccoccio, Dr. Treena Wilkie



Continued from Thursday, 26 June

**Reincarceration among people with serious mental illness: the interaction between social and individual factors**

» [Dr. Roland Jones](#), Ms. Chloe Taylor, Dr. Cory Gerritsen, Mr. Marcos Sanches, Dr. Alexander (Sandy) Simpson

**Community Reintegration from Corrections with Severe Mental Illness: A Systematic Review of Interventions**

» [Dr. Alexander \(Sandy\) Simpson](#), Dr. Umer Waqar, Mr. Marco Kilada, Mr. Vito Adamo, Ms. Margaret Maheandiran, Dr. Cory Gerritsen, Dr. Roland Jones

4:15pm

**Panel**

**[Symposium] Innovation in Forensic Psychiatry: Bridging Technology, Education, and Care**

Venue - Jonathan Swift Theatre (Room 2041A)

Organised by: Dr. Gary Chaimowitz (Convenor, Panel Chair) and Dr. Mini Mamak (Discussant)

**The Code White Experience: Revolutionizing Psychiatry Learning Through Virtual Reality**

» [Dr. Gary Chaimowitz](#), Dr. Mini Mamak, Dr. Mark Kaggwa, Ms. Diana Marginean, Ms. Precious Agboinghale

**Transforming Risk Assessment: Cloud-Based Innovations in Violence Assessment Tools**

» [Dr. Mini Mamak](#), Dr. Gary Chaimowitz, Ms. Precious Agboinghale, Ms. Diana Marginean

**A Review of the Updated AIS Tool and Its Cloud-Based Monitoring Benefits**

» [Dr. Mini Mamak](#), Dr. Gary Chaimowitz

4:15pm

**Panel**

**[Round Table] Role of Peer Recovery Support Specialists in Forensic Settings**

Venue - Teatar M. Uí Chadhain Theatre (Room 2041B)

**Role of Peer Recovery Support Specialists in Forensic Settings**

» [Ms. Ryan Banks](#), [Mrs. Katherine Lindsay](#), [Mr. Benjamin Thomson](#), [Mrs. Robyn Hantelman](#)

4:15pm

**Panel**

**[Symposium] Introducing GIRAF: Learning From Services Around the World to Look After Young People With Risk Behaviours**

Venue - Room 4050A

Organised by: Dr. Heidi Hales (Convenor)

**Introducing GIRAF – Group of International Researchers in Adolescent Forensics**

» [Dr. Heidi Hales](#)

**Mental health, welfare or justice: An introductory global overview of differences between countries in the scale and approach to secure placements of children and young people.**

» [Dr. Heidi Hales](#), [Dr. Fleur Souverein](#)

**Would You Lock Up This Child? Results of an international vignette study identifying what influences decision making.**

» [Dr. Heidi Hales](#), [Dr. Jeremy Burn](#)

**The Minimum Age Of Criminal Responsibility Across 14 Countries – Time For A Change**

» [Dr. Heidi Hales](#), [Dr. Enys Delmage](#)

4:15pm

**Oral**

**[Papers] Screening and Triage**

Venue - Room 4050B

**Developments in violence risk triage for persons with concerning behavior in The Netherlands**

» [Ms. Tessa van den Broek](#), Dr. Josanne D. M. van Dongen

**DEVELOPMENT OF A BELRAI SCREENING INSTRUMENT FOR CORRECTIONAL FACILITIES FOR THE BELGIUM PRISON SYSTEM**

» [Ms. Laura Bex](#), Prof. Inge Jeandarme, Dr. Petra Habets, Ms. Evelien Moors, Dr. Kathleen Decuyper, Prof. Anja Declercq

## IAFMHS 2025 Conference Dublin 24 - 26 Jun 2025 All times in IST



|                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                |
|-----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Continued from <b>Thursday, 26 June</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                |
|                                         | <p><b>Preliminary Evaluation of Violence Risk Triage in Emergency Psychiatry</b><br/>           » <a href="#">Mr. Knut Rypdal</a>, Dr. Helge A. Hoff, Dr. Stephen Hart, Dr. Kelly A. Watt, Dr. Rolf Gjestad, Dr. Rune A. Kroken, Dr. Stål Bjørkly</p> <p><b>Performance and Heterogeneity in Mental Health Screening Tools for Correctional Populations: An Explorative Meta-Regression Study</b><br/>           » <a href="#">Dr. Yuliya Bodryzlova</a>, Ms. Arianne Imbeault, Ms. Ashley J. Lemieux, Mrs. Marie-Christine Stafford, Dr. Audrey-Anne Dumas-Michaud, Dr. Mathieu Dufour, Dr. Myriam Le Blanc, Prof. Anne G. Crocker</p> | <p>10:15am <b>General</b><br/> <b>Coffee Break</b><br/> <i>Venue - Trinity College Dublin, Conference Centre (Arts Building), Level 1 (Lower Concourse)</i></p>                |
|                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <p>12:30pm <b>General</b><br/> <b>Lunch for Full-Day Workshop</b><br/> <i>Venue - Trinity College Dublin, Conference Centre (Arts Building), Level 1 (Lower Concourse)</i></p> |
|                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <p>3pm <b>General</b><br/> <b>Coffee Break</b><br/> <i>Venue - Trinity College Dublin, Conference Centre (Arts Building), Level 1 (Lower Concourse)</i></p>                    |
| <b>Friday, 27 June</b>                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                |
| 9am                                     | <p><b>Workshop</b><br/> <b>[Post-Conference Workshop] Structured Professional Judgement and Restrictive Practices: The DRIL</b><br/> <i>Venue - Jonathan Swift Theatre (Room 2041A)</i><br/>           Organised by: Prof. Harry Kennedy and Dr. Mary Davoren</p>                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                |
|                                         | <p><b>Structured Professional Judgement and Restrictive Practices: The DRIL</b><br/>           » Prof. Harry Kennedy and Dr. Mary Davoren</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                |
| 9am                                     | <p><b>Workshop</b><br/> <b>[Post-Conference Workshop] Assessment, Management, and Treatment of Individuals Who Stalk</b><br/> <i>Venue - Teatar M. Uí Chadhain Theatre (Room 2041B)</i><br/>           Organised by: Prof. Troy McEwan, Dr. Michele Galletta, and Dr. Alan Underwood</p>                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                |
|                                         | <p><b>Assessment, Management, and Treatment of Individuals Who Stalk</b><br/>           » Dr. Troy McEwan, Dr. Michele Galletta, and Dr. Alan Underwood</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                |

Powered by [Ex Ordo](#), your online conference platform.

Page 41

# Virtual Posters

A playlist for all the below virtual posters is available at the QR code to the right.

Individual QR codes are also provided for each virtual poster below.



## Women with a History of Sexual Offending: An Examination of Substance Use and Mental Health Needs

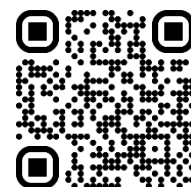
Austin Lam<sup>1</sup>, Sirui Wu<sup>2</sup>, Amanda Butler<sup>3</sup>, Michael C. Seto<sup>4</sup>, Maureen Olley<sup>5</sup>, Leigh Greiner<sup>5</sup>, Tonia L. Nicholls<sup>1,6</sup>

<sup>1</sup>Department of Psychiatry, Faculty of Medicine, University of British Columbia; <sup>2</sup>Department of Education and Counselling Psychology, and Special Education, Faculty of Education, University of British Columbia;

<sup>3</sup>School of Criminology, Simon Fraser University; <sup>4</sup>Forensic Research Unit, University of Ottawa's Institute of Mental Health Research at The Royal; <sup>5</sup>BC Corrections, Ministry of Public Safety and Solicitor General;

<sup>6</sup>BC Mental Health and Substance Use Services

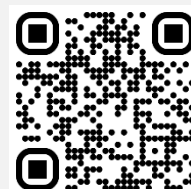
We compared 79 women with sexual offences (WwSOs) to 5,106 women with strictly non-sexual offences (WwNSOs) across sociodemographic, clinical (e.g., substance use, mental health needs), and risk-related variables (e.g., self-harm, violence). Our sample comprises women admitted to BC provincial correctional centres from January 2009 to September 2017. Data sources included: the Jail Screening Assessment Tool (Nicholls et al., 2005), and BC Corrections Operations Network. Our results suggest that WwSOs have extensive substance use and mental health needs, but are generally similar to WwNSOs. A majority of WwSOs in our sample were Indigenous, highlighting the need for culturally-safe and trauma-informed interventions.



## Do Threat-Relevant Constructs Moderate the Relationship Between Risk Factors for General Violent Offending and Violent Acts?

Madison Edge Almond<sup>1</sup>, Kevin Douglas<sup>1</sup>

<sup>1</sup>Simon Fraser University



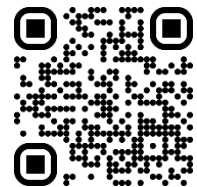
Research has established risk factors for general violent offending, yet threat assessment studies have proposed additional constructs that are salient to operational evaluations of targeted violence. We examined the moderating effects of these threat-relevant variables on the association between traditional historical and dynamic risk factors within a community sample who made explicit threats of violence ( $N = 257$ ). Violence risk increased when participants endorsed more historical factors and reported a grievance, a proximal stressor, and weapon reference. Dynamic factors were unaffected. More warning behaviours decreased the association between dynamic factors and violence. Threat-relevant variables appear salient when considered alongside historical risk factors.

### **Predicting Violence in Explicit Threateners with a Grievance**

Kylie Viala<sup>1</sup>, Madison Edge Almond<sup>1</sup>, Kevin Douglas<sup>1</sup>

<sup>1</sup>Simon Fraser University

Grievances are common in explicit threateners and are predictive of violence, but little is known about what types of grievances and what threat-relevant variables may predict violence in individuals who threatened. Setting, victim, and threat-relevant variables were assessed for a sample ( $N = 124$ ) of persons with a grievance. Grievances were most frequently directed towards close interpersonal relationships (romantic partners) and in workplace and educational settings. Significant predictors of violence included mental disorder, mental health problems during the threat, substance abuse, trauma, weapon reference, and rejection by the victim. These variables have clinical implications for threat assessments concerning persons with a grievance.



### **Court Navigator Programs: “A Crucial Benefit to the Community”**

Samantha Zottola<sup>1</sup>, Isolynn Massey<sup>1</sup>, Brandon Morrissey<sup>1</sup>, Sarah Desmarais<sup>1</sup>

<sup>1</sup>Policy Research Associates

Court navigator programs support people through their involvement in the legal system and connect them to behavioral health resources in the community. In this poster, we present findings from a two-year study involving five site visits to U.S.-based court navigator programs and 93 interviews with program-affiliated people. Qualitative analysis of interviews demonstrated three themes related to program benefits: 1) Navigators support and reduce the workload of court and jail actors, 2)



|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| <p>Navigators provide court-involved people information and connections to services, and 3) Navigators bridge the gap between legal and behavioral health systems. Overall, court navigator programs have been well received.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                       |
| <p><b>Ethnicity and the Use of Rapid Tranquillisation in Adult Mental Health Inpatient Settings: A Systematic Review and Meta-Analysis</b></p> <p>Martin Locht Pedersen<sup>1</sup>, Alessio Bricca<sup>2</sup>, John Baker<sup>3</sup>, Ole Schjerning<sup>1</sup>, Trine Munk-Olsen<sup>4</sup>, Frederik Gildberg<sup>1</sup></p> <p><sup>1</sup>Forensic Mental Health Research Unit Middelfart, Department of Regional Health Research, University of Southern Denmark; Psychiatric Department Middelfart, Mental Health Services in the Region of Southern Denmark; <sup>2</sup>Research Unit for Musculoskeletal Function and Physiotherapy, University of Southern Denmark; The Research and Implementation Unit PROgrez, Næstved-Slagelse-Ringsted Hospitals; <sup>3</sup>School of Healthcare, University of Leeds; <sup>4</sup>Research Unit Children and Adolescent Psychiatry, Department of Clinical Research, University of Southern Denmark</p> <p>Evidence on the likelihood of receiving rapid tranquillisation across ethnic groups is mixed. We aimed to investigate the association between ethnicity and the use of rapid tranquillisation in adult mental health inpatient settings and to explore explanations for its use in relation to ethnicity. Systematic searches were conducted across six databases, grey literature sources and reference lists, resulting in the inclusion of 15 studies. A meta-analysis was performed using a random-effects model, with odds ratio to estimate the association. We narratively reported any explanations for rapid tranquillisation use in relation to ethnicity.</p> |    |
| <p><b>Transforming Mental Health and Addiction care in Ontario Correctional Facilities: Challenges and Opportunities</b></p> <p>Mercedes Tibollo<sup>1</sup>, Maryana Kravtsenyuk<sup>2</sup></p> <p><sup>1</sup>Memorial University of Newfoundland; <sup>2</sup>University of Toronto</p> <p>Transforming mental health and addiction care in Ontario's correctional facilities presents a crucial opportunity for improvement. Introducing structured therapeutic communities in correctional facilities in Ontario offers a promising solution to the complex challenges of mental health and addiction care within the prison system. These communities create a supportive and healing environment that fosters recovery and rehabilitation. In a correctional setting, this means creating a dedicated</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |



|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| <p>space where inmates can engage in structured programs designed to promote personal growth and accountability. Successful examples from the United States and Western Canada demonstrate reduction in recidivism and enhanced treatment gains.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                       |
| <p><b>A Continuous Community Integration Support Program for Released Prisoners with Intellectual Disability: A Pilot Study</b></p> <p><b>Kaori Kishi<sup>1</sup></b></p> <p><sup>1</sup>Faculty of Social Welfare, Iwate Prefectural University</p> <p>In Japan, even after release from incarceration, a subset of individuals with intellectual disabilities continues to commit crime, despite utilization of welfare services. Given the emphasis on securing welfare resources, there is a paucity of understanding regarding the efficacy of psychological education programs for this population. This pilot study aims to develop a program for ex-offenders with intellectual disabilities, with the objective of promoting sustainable community integration. The subjects were three adults with mild intellectual disabilities. As the majority of crimes committed by people with intellectual disabilities are theft-related, the subjects were selected based on their history of repeated shoplifting.</p>                                                                                                                                                                                                                                                                                   |    |
| <p><b>Homeless Population and Drug Use in Brazil: Scoping Review</b></p> <p><b>Maria Regina Camargo Ferraz Souza<sup>1</sup>, Márcia Aparecida Ferreira de Oliveira<sup>2</sup>, Julia Carolina de Mattos Cerione Silva<sup>2</sup>, Marília Mastrocolla de Almeida Cardoso<sup>3</sup>, Gabriella de Andrade Boska<sup>4</sup>, Paula Hayashi Pinho<sup>5</sup></b></p> <p><sup>1</sup>Pontificia Universidade Católica de São Paulo; <sup>2</sup>University of Sao Paulo; <sup>3</sup>Universidade Estadual Paulista (UNESP); <sup>4</sup>Universidade Federal do Rio Grande do Sul; <sup>5</sup>Universidade Federal do Recôncavo da Bahia</p> <p>This scoping review analyzes scientific studies from 2009 on the profile of homeless individuals in Brazil who use alcohol and other drugs. Using databases like MEDLINE/PubMed, LILACS, BDENF, and SciELO, the review included seven articles published in Portuguese, English, and Spanish. Findings show that the majority of the homeless population is male, brown, and has incomplete primary education. Substance use, particularly alcohol, tobacco, and crack, is a common issue, often linked to family conflicts. The study highlights a lack of research in Brazil's Midwest and North regions, despite growing publications since 2015.</p> |  |

**Emerging Synergistic Epidemic of Houselessness, Mental Illness,  
Substance Use, and Criminality: A Literature Review**

**Katrina Boctor<sup>1</sup>, Maryana Kravtsenyuk<sup>2</sup>, Kathryn Dong<sup>3</sup>**

<sup>1</sup>University of Galway; <sup>2</sup>University of Toronto; <sup>3</sup>University of Alberta

This literature review applies syndemic theory to highlight the interactions between houselessness, mental illness, substance use, and criminality. A review of 21 studies (2008-2024) has identified gaps in understanding and addressing these interconnected issues. Findings show high rates of mental illness, substance use, and recidivism among incarcerated individuals, compounded by inadequate housing and mental health support. Homelessness and untreated psychiatric conditions increase risks of violent offenses and substance-related harm. This study advocates for person-centered, treatment-focused solutions over punitive measures, emphasizing the potential use of homeless shelters and prisons as comprehensive intervention methods.



# Post-Conference Workshops (Friday, June 27)

We are pleased to offer two excellent post-conference workshops at the 2025 IAFMHS Conference. One is offered as full-day workshop (9:00 AM - 5:00 PM) and the other as a half-day workshop (9:00 AM - 12:30 PM). The workshops will take place on Level 2 of Arts Building at Trinity College Dublin, in the Jonathan Swift Theatre (Room 2041A) and Teatar M. Ui Chadhain Theatre (Room 2041B), respectively. One or two coffee breaks are provided for the workshops, and lunch is also provided for the full-day workshop.

## Assessment, Management, and Treatment of Individuals Who Stalk

**PRESENTERS:** Dr. Troy McEwan, Dr. Michele Galietta, and Dr. Alan Underwood

**DATE:** June 27, 2025

**TIME:** 9:00 AM - 5:00 PM

**LOCATION:** Teatar M. Ui Chadhain Theatre (Room 2041B) on Level 2 of the Arts Building at Trinity College Dublin

**CONTINUING EDUCATION CREDITS:** 7 credits

**COST:** \$400 CAD (includes 2 catered coffee break and lunch)

### DESCRIPTION:

Stalking is a significant public health issue. Approximately 15% of adults will be victims of stalking at some point during their lifetime (McEwan, Galietta & Underwood, 2024). The significant consequences of stalking for victims have been well documented and include psychological harm, disruption of work, education, or living arrangements, financial harm, and physical violence. About half of those convicted of stalking continue to engage in the behavior despite protective orders and criminal penalties. Research on stalking has steadily increased in the last twenty years, resulting in significant improvements in the assessment and classification of those who stalk. However, empirical studies on the management and treatment of this population are notably sparse in comparison. The presenters have over 50 years of collective experience evaluating and treating individuals who stalk. Individually, they have developed and researched stalking risk assessment tools, developed national best practices, and conducted the only randomized control trial of treatment for stalking.

This full-day workshop will begin with a brief overview of the empirical literature on stalking, including prevalence, classification, and risk assessment approaches. Next, the presenters will offer a comprehensive model for assessing, managing, and treating stalking based on the best available data, theory, and shared clinical experiences. The model includes 10 general

principles to guide treatment and specific tips for assessment and formulation, management, and treatment planning for individuals who stalk. Suggestions for sequencing treatments, matching specific interventions to problems, addressing common challenges in treatment, and communicating and collaborating with other agencies will be included. Participants will utilize case study materials to formulate a mock case and develop and discuss risk management and treatment plans.

### LEARNING OBJECTIVES:

1. Participants will be able to recognize stalking when it presents in their practice.
2. Participants will be able to describe relevant considerations and approaches for evaluating risk in individuals who stalk.
3. Participants will understand elements of a high-quality forensic case formulation as applied to individuals who stalk.
4. Participants will be able to list the ten essential principles for the treatment of individuals who stalk.
5. Participants will be able to identify at least four specific cognitive or behavioral interventions useful with this population.
6. Participants will learn how to address common problems in treatment with this population.

---

## Structured Professional Judgement and Restrictive Practices: The DRILL

**PRESENTERS:** Prof. Harry Kennedy and Dr. Mary Davoren

**DATE:** June 27, 2025

**TIME:** 9:00 AM - 12:30 PM

**LOCATION:** Jonathan Swift Theatre (Room 2041A) on Level 2 of the Arts Building at Trinity College Dublin

**CONTINUING EDUCATION CREDITS:** 3.5 credits

**COST:** \$200 CAD (includes 1 catered coffee break; lunch NOT included)

### DESCRIPTION:

This half day workshop will provide training in the use of a validated SPJ tool to audit for proportionality and necessity in the use of restrictive and intrusive practices such as seclusion, restraint and extra medication. These are considered within a system of context-decisionpaths. Adverse behaviours are rated as a series of 'ladders' or scales and as a rounded description; interventions to prevent violence are rated as a series of ladders that are also a repertoire of skilled professional that also make a rounded description. Short term risk

assessments, adverse behaviours and interventions can be analysed to show proportionality and necessity in the use of restrictive practices. Short term recovery measures will also be used for the assessment of when to end prolonged restrictive practices. Participants will receive an electronic copy of the handbook and a certificate of attendance.

#### **LEARNING OBJECTIVES:**

1. Be certified as a user of the DRILL tool.
2. Have an understanding of how the DRILL system can be implemented.
3. Be able to incorporate the DRILL into responses to patients, carers, commissioners, inspectorates and others.

# Special Interest Groups (SIGs) Meetings

For more information about IAFMHS's SIGs, see <https://iafmhs.wildapricot.org/Special-Interest-Groups>

---

## Emerging Forensic Systems Group

Formerly the African SIG, this group has been expanded to include all emerging forensic systems to allow mental health practitioners to exchange ideas on how to develop and sustain forensic mental health services in different parts of the world where forensic mental health systems may still be in a nascent stage. Many countries lack secure mental health treatment facilities and where they exist, these services are largely rudimentary. Coupled with this are the apparent lack of structured training in forensic mental health and the attendant shortage of skilled manpower in the subspecialty. It is the hope of the SIG that a robust multidisciplinary approach to research, training, and service development in the area of forensic mental health will evolve from the various opportunities of interaction that the group will provide.

**Chair:** Adegboyega Ogunwale

**Meeting:** Thursday, June 26, 5:30 – 6:30 PM via [Zoom](#)

---

## Equity, Diversity, Inclusion

IAFMHS is committed to fostering equity, diversity, and inclusion (EDI) in our organization and in forensic mental health and intellectual disability services globally. The mission of the Equity, Diversity and Inclusion SIG is to (1) create a collaborative forum to discuss and analyze EDI challenges and contemporary issues shaping research, practice, and policy; and (2) share and discuss recommendations and feedback about ways in which IAFMHS can address and improve EDI within the organization and in the field more broadly. Attendees of the SIG will have the opportunity to share (either by submitting ahead of time or during the meeting) de-identified cases, challenges, and experiences to discuss within an interdisciplinary group with international representation. These exchanges will aim to generate practical insights while informing organizational EDI priorities and initiatives.

**Chairs:** Sarah Schaaf and Lindsey Healey

**Meeting:** Thursday, June 26, 1:30 PM, Teatar M. Ui Chadhain Theatre (Room 2041B)

---

## Family Engagement

**Family Engagement—Share, Learn, Connect!** Join us for an interactive session where stories from practice and research on family engagement can be shared.

**What Will the SIG Be About?** A round table discussion on your stories—big or small—about what works in engaging families. What good practices, initiatives, challenges, . . . do you face locally or nationally? Let's exchange and inspire each other.

**What to Expect?** Discussions, peer learning, and space to reflect on your own experiences.

**Survey Launch:** Be part of the launch of a new research survey on family engagement.

**Stay Informed:** Get an overview of upcoming symposiums and opportunities to stay involved.

We hope to see you all there!

**Chairs:** Sara Rowaert and Ellen Boldrup Tingleff

**Meeting:** Tuesday, June 24, 5:45 PM, Meet at Registration Desk

---

## Forensic Mental Health Nurses

Although the roles and responsibilities vary across countries, Forensic Mental Health Nurses (FMHN) play a key role in assessing, managing and treating mentally disordered offenders. IAFMHS is committed to increasing the involvement and contribution of FMHNS in the organisation in order to learn from their experiences, improve dialogue and collaboration between professionals working in forensic services, and to promote the valuable work of FMHNS.

**Chair:** Tella Lantta

**Meeting:** Wednesday, June 25, 4:00 PM, Meet at Registration Desk

---



## FORNEUROTECH

The mission statement of this SIG is to create a transdisciplinary platform to bring together academics, practitioners, policy makers, and other professionals to build a foundation for research, training, education, and the exchange of knowledge on (neuro)technological innovations to advance forensic mental healthcare.

The SIG FORNEUROTECH is open to any member of IAFMHS with a shared interest in forensic neuroscience, forensic neuropsychology, technological innovations (i.e. Virtual/Augmented/Extended Reality, Artificial Intelligence), and legal-ethical matters related to the use of those innovations in a forensic mental health context.

As a group, this SIG will provide a platform for members to meet and share research and evidence-based practices on (neuro)technological innovations and legal-ethical perspectives in a forensic mental health context. Aiming to (1) establish a framework for research, training, education, support, and knowledge exchange; (2) promote an international and transdisciplinary dialogue about (neuro)technological advances; (3) promote international research collaboration on the topics of forensic neuroscience, technological innovations, and legal-ethical perspectives on these topics; (4) impact the quality of care and treatment of forensic mental health services; (5) impact science and support and create membership, leadership, and research opportunities; and (6) produce practice guidelines and promote education and training on forensic (neuro)technology.

We invite everybody interested to attend the meeting of this SIG. During the lunch we will discuss how this SIG will be formed to achieve the above-mentioned goals.

**Chairs:** Josanne van Dongen and Maaïke Kempes

**Meeting:** Wednesday, June 25, 4:30 PM, Meet at Registration Desk

## Long-Term Forensic Psychiatric Care

The purpose of this special interest group is to establish an ongoing forum where issues and best practices regarding Long-term Forensic Psychiatric Care (LFPC) can be discussed and shared. LFPC will concern itself with patients who do not profit enough from treatment to return safely to society. After years of various treatment attempts, some patients remain too dangerous or disruptive, and are still in need of substantial care. The seriousness and complexity of their problems, the strong societal response they evoke, the ethical considerations about the proportionality between their offences and the length of their

custody, as well as the daily issues professionals on LFPC wards have to deal with will be subjects of this forum.

**Chairs:** Sandrine Mikkers and Hilde Wijma

**Meeting:** Wednesday, June 25, 12:45 PM, Meet at Registration Desk

## Mental Health Courts and Diversion Programs

This SIG brings together professionals from around the world who are committed to improving how individuals with mental disorders are treated in the justice system. Our focus is on two key approaches that have gained significant momentum over the past decades: mental health courts and diversion programs. These innovative models aim to provide more humane, effective, and rehabilitative alternatives to traditional prosecution and incarceration, offering tailored responses to complex needs. The SIG was founded in recognition of the growing interest in specialized judicial processes for mentally disordered individuals and the corresponding rise in research, policy development, and implementation. As mental health courts and diversion programs continue to evolve and expand across jurisdictions—from Canada and the USA to Australia—there is a clear and ongoing need for a dedicated international forum where professionals can share ideas, insights, and best practices. We invite you to join our discussions and contribute to shaping the future of mental health responses within justice systems.

**Chair:** Krisztina Petra Gula

**Meeting:** Wednesday, June 25, 12:45 PM, via [Zoom](#)

## RISC-TEAM (Risk Information, Support, and Communication - Toward Effective Assessment and Management)

The purpose of the RISC-TEAM SIG is to promote interest, understanding, best practice, and support in all aspects of violence risk assessment and management. The RISC-TEAM aims to be a resource for all disciplines involved in such activities: lawyers and administrators, as well as psychologists, psychiatrists, nurses, social workers, and other involved professionals. It aims to be an international resource on violence risk assessment and management.

Specific aims include:

- To provide an international forum for professionals interested in issues related to clinical risk assessment and management, specifically with respect to clinical practice, research, and policy/administration. The essence of the group is to offer colleagues an opportunity to exchange opinions on legal, methodological, and clinical matters and to offer advice or support from the perspective of similar organizations.
- To discuss standards for clinical and research practice.
- To ensure the knowledge is kept up-to-date, organized, and available to members.
- To ensure that information about risk assessment and management is conveyed accurately and responsibly via training workshops and the like.

We invite all interested professionals, students, and trainees to join the group, which meets annually at the IAFMHS meeting. Hope to see you there!

**Chairs:** Stephanie R. Penney and Brianne Layden

**Meeting:** Wednesday, June 25, 3:00 PM, Meet at Registration Desk

---

## Service Delivery and Development

Across the world models of treatment services for mentally ill or personality disordered offenders differ greatly. This SIG would give an opportunity for those people responsible for running or buying these services to exchange ideas. To date the IAFMHS and many other organisations cater for comparison, study, and research of scientific and clinical matters but there appears to be no opportunity for similar study or research into the management of these organisations. This SIG is a forum for the exchange of experiences and ideas where the participants do not have to represent any formal system but can be open for discussion. In recent years section members have shared ideas and collaborated on subjects such as quality standards, risk management, treatment programs and outcomes, service specifications, and much-much more! We believe that the opportunity to study, compare, and benchmark services will enable us to run our services more effectively—leading to a better quality of care and more efficiently enabling us to provide a better quality service within finite budgets.

**Chair:** Lindsay Thomson

**Meeting:** Wednesday, June 25, 12:45 PM, Meet at Registration Desk

# Awards

## Christopher D. Webster Rising Star Awards

### For Early Career Professionals (ECPs) in Forensic Mental Health

The [Christopher Webster Rising Star Awards](#) honours Dr. Christopher Webster, who passed away February 20, 2024. Dr. Webster was an internationally respected scholar whose pioneering contributions to the field of violence risk assessment are well known to members of the Association and to the broader forensic mental health community. Throughout his distinguished career, Dr. Webster was a valued colleague to professionals across many countries. His publications and lectures have provided enduring insights and have significantly advanced our understanding of risk, violence, and mental health. Of particular relevance to the purpose of this Award, Dr. Webster acted as an exemplary role model and mentor to several scholars and practitioners as they were embarking on their careers.

We honour his generosity of spirit, the quality of his work, and his instrumental role as a mentor by presenting this award at the annual meeting of the Association. IAFMHS awards two Christopher D. Webster Rising Star Awards for Early Career Professionals (ECPs) in Forensic Mental Health each year. These awards acknowledge individuals who have made outstanding contributions to the field at an early stage in their careers.

## Early Excellence in Research

The Christopher D. Webster Rising Star Award for Excellence in Research recognizes an ECP whose contributions to forensic mental health research demonstrate exceptional promise.

We are pleased to announce this year's Christopher Webster Rising Star Early Excellence in Research Award winner is

### Dr. Marichelle Leclair, Canada



**Marichelle Leclair, PhD**, is an assistant professor at the Université du Québec en Outaouais and a researcher at the Institut national de psychiatrie légale Philippe-Pinel. With a background in psychology and public health, her work focuses on addressing systemic violence at the intersection of health and justice. She leads participatory, community-partnered research with Indigenous knowledge keepers and community partners, people with lived experience, families, service providers, and policymakers to help transform systems still shaped by stigma, coercion, and exclusion. Her current research program, *Innovating by, with, and for: Improving mental health services for justice-involved people*, is

supported by a provincial Junior 1 Research Scholar Award. She has secured over \$1.5 million in competitive national and provincial research funding as principal investigator or co-investigator. Through collaborations in Canada, Aotearoa New Zealand, and Scotland, Marichelle conducts fieldwork and helps design new models of care that can inform policy, practice, and system reform. Across all her projects, she's committed to research that doesn't just describe systems but works to change them.

## Early Excellence in Clinical or Policy Work

The Christopher D. Webster Rising Star Award for Excellence in Clinical or Policy Work recognizes an ECP whose contributions have had a meaningful impact on forensic mental health practice, service delivery, and/or policy development.

We are pleased to announce the inaugural award winner for this year's Christopher Webster Rising Star Early Excellence in Policy Work is

### Dr. Samantha Zottola, United States



criminal legal system. She has collaborated with state and local governments across the United States on efforts to implement and reform a range of court and jail policies.

**Samantha A. Zottola, PhD**, is a Senior Research Associate at Policy Research Associates, Inc. (PRA), USA. Dr. Zottola earned a PhD in Psychology from North Carolina State University and an MA in Clinical Psychology from Cleveland State University. Prior to joining PRA, she worked as a postdoctoral research scholar with the Center for Family and Community Engagement at North Carolina State University. She recently completed a four-year term as assistant editor and editor of the IAFMHS newsletter. Dr. Zottola works on issues related to court processes, bail reform, pretrial risk assessments, and the behavioral health outcomes of people involved with the



## Rüdiger Müller-Isberner Award

Dr. Rüdiger Müller-Isberner retired from the Board of the IAFMHS in 2014, before presenting as keynote speaker at the IAFMHS conference in Manchester in 2015. His contributions to the IAFMHS have been significant, both in supporting the association from its inception and as a role model for others in the field, particularly with respect to integrating science and practice.

The [Rüdiger Müller-Isberner Award](#) is intended to celebrate his contributions to the field and the Association, by honoring a long-standing member of the association whose career epitomizes the fusion of clinical practice, scholarly research, and mentorship. The awardee can come from any discipline, and can be either a primary researcher who focuses on clear clinical applications (e.g., treatment or assessment of forensic populations) or a clinician who has made substantial research contributions to the implementation of best practices.

We are pleased to announce this year's Rüdiger Müller-Isberner Award winner is

### Professor Anne Crocker, Canada



**Anne Crocker, PhD**, Canada Research Chair in Mental Health, Justice and Safety is Full professor at the department of psychiatry & addictions and at the School of criminology of the Université de Montréal, Director of Research and Academics at the Philippe-Pinel Institute, Guest professor at the University of Gothenburg, Sweden and past-president of the International Association of Forensic Mental Health Services. In 2023, she was inducted as fellow to the Canadian Academy of Health Sciences. She holds a Ph.D. in psychology from the Université de Montréal and a post-doctoral degree in mental health services from Dartmouth Medical School, New Hampshire, U.S.A. She has been a member of the

IAFMHS since its inception in 2001. She sits on many forensic mental health policy advisory committees, has presented a parliamentary commissions and coroners' inquests. Professor Crocker's research program, continuously funded through Federal and Provincial grants for the past 25 years, focuses on circumscribing issues and specific needs related persons with mental illness' interactions with the justice system; characterizing their use of services; analyzing the effects of legislative mechanisms related to the access to, organization and delivery of services; and documenting the barriers and facilitators of post-criminalisation community integration. Over the past 15 years, Professor Crocker has been leading the



Canadian National Trajectory Project of individuals found not criminally responsible on account of mental disorder.

# Seeking Donations

Please note that IAFMHS is a registered non-profit organization (not a charity organization) and is not able to issue official donation receipts/charitable tax credit.

## Derek Eaves Student Research Grant

We are seeking donations to support [The Derek Eaves Student Research Grant](#). This Grant was set up in 2017 to honor Dr. Derek Eaves' bursary and academic contributions to the International Association of Forensic Mental Health Services. Grants are awarded twice per academic year to deserving students to aid them in their research. You can choose to include a small donation with your registration. Please contact [iafmhs@sfu.ca](mailto:iafmhs@sfu.ca) for further information or if you wish to donate other amounts.

## Christopher Webster Rising Star Awards

If you wish to make a donation to the [Christopher Webster Rising Star Awards](#), you can do so by completing the form below and making the donation online. Alternatively, you can reach out to [iafmhs@sfu.ca](mailto:iafmhs@sfu.ca).

## Next Year's (2026) Conference



## Follow IAFMHS on Social Media



**#iafmhsconference2025**

# Full Listing of Abstracts

## Supplemental Pages 1 to 354

[Jump to Authors Index](#)

## Clinical judgement and therapeutic decision-making in the context of family trauma

---

Tuesday, 24th June - 14:00: [Symposium] From Family Conflict to the Trauma Family: Therapeutic Jurisprudence in the Family and Children's Courts - The Design of Good Practices in Family Court Processes (J.M. Synge Theatre (Room 2039)) - Panel Contribution

---

***Dr. Eliseo Secli<sup>1</sup>, Prof. Felice Francesco Carabellese<sup>1</sup>, Dr. Lia Parente<sup>2</sup>***

*1. University of Bari Aldo Moro, 2. University of Rome Sapienza*

This study explores the interaction between clinical and legal settings in family trauma cases within the Italian justice system, focusing on the role of forensic experts. It illustrates recent civil and criminal legal reforms, including the 'Codice Rosso' and Legislative Decree 149/2022, which streamline family trials, broaden the competences of OTCs and impose coordination between the criminal and civil sectors. Therapeutic interventions in the Italian public services, the protected listening of the voice of the child and the multidisciplinary approach are crucial to ensure the psychophysical well-being of minors and to promote healthy family relationships

## Psychopathological aspects of family trauma in forensic contexts

---

Tuesday, 24th June - 14:00: [Symposium] From Family Conflict to the Trauma Family: Therapeutic Jurisprudence in the Family and Children's Courts - The Design of Good Practices in Family Court Processes (J.M. Synge Theatre (Room 2039)) - Panel Contribution

---

***Dr. Lia Parente<sup>1</sup>, Prof. Felice Francesco Carabellese<sup>2</sup>, Prof. Harry Kennedy<sup>3</sup>***

*1. University of Rome Sapienza, 2. University of Bari Aldo Moro, 3. Trinity College Dublin*

This study systematically reviews the literature on the psychopathological aspects of family trauma in the Italian forensic context, analysing the consequences of intra-familial conflict and abuse on parents and children. The short- and long-term effects of trauma, including its transgenerational transmission, are explored. The research aims to provide a scientific basis for improving forensic practices, promoting a more trauma-informed approach to judicial decisions involving families in crisis. Evidence for the effects of judicial processes will be sought for review.



---

## Is it possible to study processes and outcomes of medico-legal and judicial processes in therapeutic jurisprudence?

---

Tuesday, 24th June - 14:00: [Symposium] From Family Conflict to the Trauma Family: Therapeutic Jurisprudence in the Family and Children's Courts - The Design of Good Practices in Family Court Processes (J.M. Synge Theatre (Room 2039)) - Panel Contribution

---

***Ms. Monica Rutigliano<sup>1</sup>, Dr. Mary Davoren<sup>2</sup>, Prof. Harry Kennedy<sup>3</sup>, Dr. Lia Parente<sup>4</sup>***

***1. University of Bari Aldo Moro, 2. Trinity College Dublin, Ireland, Aarhus University, Denmark,, 3. Trinity College Dublin, 4. University of Rome Sapienza***

In this last part of the symposium, the first results obtained from the research work will be presented. In addition to analyzing the main results in relation to non-specific variables investigated by the research activity, the first study hypotheses on childhood and family problems and on any psychopathological evidence rooted in the family contest will be assessed.

## Family courts and therapeutic jurisprudence: what works

---

Tuesday, 24th June - 14:00: [Symposium] From Family Conflict to the Trauma Family: Therapeutic Jurisprudence in the Family and Children's Courts - The Design of Good Practices in Family Court Processes (J.M. Synge Theatre (Room 2039)) - Panel Contribution

---

***Ms. Monica Rutigliano*<sup>1</sup>, *Dr. Mary Davoren*<sup>2</sup>, *Prof. Felice Francesco Carabellese*<sup>1</sup>,  
*Prof. Harry Kennedy*<sup>3</sup>, *Dr. Lia Parente*<sup>4</sup>**

*1. University of Bari Aldo Moro, 2. Trinity College Dublin, Ireland, Aarhus University, Denmark,, 3. Trinity College Dublin, 4. University of Rome Sapienza*

In this last part of the symposium, the first results obtained from the research work will be presented. In addition to analyzing the main results in relation to non-specific variables investigated by the research activity, the first study hypotheses on childhood and family problems and on any psychopathological evidence rooted in the family contest will be discussed from the point of view of scientific feasibility.

---

## Clinical Advancement: Brief Admission for Re-initiation of Medication (BARM) Protocol

---

Tuesday, 24th June - 14:00: [Papers] Interventions (Robert Emmet Theatre (Room 2037)) - Paper

---

**Ms. Ranielle Yumul<sup>1</sup>, Mrs. Nicola Moore<sup>1</sup>, Mrs. Sharon Price<sup>1</sup>, Dr. Krishna Pillai<sup>1</sup>**

*1. Auckland Regional Forensic Psychiatry Services (Mason Clinic)*

*Innovative processes for delivery of mental health care within prisons are needed to respond to systems pressures of increasing need. Despite best efforts of forensic in-reach services there is an increasing burden of serious mental illness (SMI) within prisons in Aotearoa, New Zealand. The BARM facilitates a legal framework to provide very short secure forensic admissions of people with SMI in order to administer treatments to prevent relapse. While this improves access to care, controversially this process brings in-reach mental health teams one step closer to compulsory treatment inside prisons.*

---

## Implementing speech pathology in forensic mental health care: lessons from practice

---

Tuesday, 24th June - 14:00: [Papers] Interventions (Robert Emmet Theatre (Room 2037)) - Paper

---

***Ms. Kate Fanning<sup>1</sup>, Ms. Raya Lantin<sup>2</sup>, Prof. Lucio Naccarella<sup>2</sup>, Dr. Trentham Furness<sup>3</sup>***

*1. Forensicare, 2. University of Melbourne, 3. Centre for Forensic Behavioural Science, Swinburne University of Technology and Forensicare*

This formative evaluation examined the introduction of a speech pathology service into a high-security psychiatric hospital in Victoria, Australia. Interviews with senior management and hospital staff were held to understand their experiences and perceptions of speech pathology in the hospital and identify associated organizational factors influencing implementation of speech pathology. How staff understand the present and future role of forensic speech pathologists is described, and the factors influencing implementation were examined in the context of the hospital. Findings offer insights for practice, policy, and research, supporting the integration of speech pathology and other allied health disciplines expanding into forensic settings.

## **Do unconditional cash transfers reduce criminal justice involvement and improve mental health?**

---

Tuesday, 24th June - 14:00: [Papers] Interventions (Robert Emmet Theatre (Room 2037)) - Paper

---

***Dr. Alexander (Sandy) Simpson<sup>1</sup>, Ms. Anjena Inthiran<sup>2</sup>***

*1. Centre for Addiction and Mental Health, 2. University of Toronto*

Unconditional cash transfers have been studied as a possible solution to structural poverty, mental health and crime. We conducted a scoping review and narrative analysis of studies with mental health and criminal justice (CJ) outcomes with unconditional cash transfer interventions.

Income supplements appear to have a strong positive effect on mental health, a moderate positive effect on CJ outcomes and may reduce homelessness. Reducing homelessness improves mental health and reduces CJ involvement.

A Denver, Colorado study of a homeless, CJ involved group with high rates of mental health and substance use problems is showing positive outcomes in all these domains.

---

# **Preliminary Outcomes of a Treatment Program for Violent Seriously Mentally Ill Forensically Committed Patients: Insights into Program Implementation and Evaluation.**

---

Tuesday, 24th June - 14:00: [Papers] Interventions (Robert Emmet Theatre (Room 2037)) - Paper

---

***Dr. Andrea Bauchowitz<sup>1</sup>, Mr. Jared Williams<sup>1</sup>, Dr. Maria Ventura<sup>1</sup>, Dr. Katherine Warburton<sup>1</sup>***

*1. California Department of State Hospitals*

The California Department of State Hospitals developed a treatment program to meet the needs of patients at highest risk of violent behavior. This Enhanced Treatment Program is set in a highly structured and secure treatment environment within a forensic inpatient hospital setting. This paper will briefly review the patient population and unique aspects of the program and describe preliminary post-discharge outcomes including reduction of frequency and severity of assaultive behavior, as well as restraint utilization. Patient and program specific factors that contribute to successful reintegration into less restrictive treatment environments and how to expand conceptualization of outcomes will be discussed.

---

## Economic data of interventions to reduce violence and restrictive measures in psychiatric settings: A systematic review

---

Tuesday, 24th June - 14:00: [Papers] Interventions (Robert Emmet Theatre (Room 2037)) - Paper

---

***Ms. Arianne Imbeault<sup>1</sup>, Mrs. Mimosa Luigi<sup>2</sup>, Dr. Éric Latimer<sup>1</sup>, Prof. Anne G. Crocker<sup>1</sup>***

*1. Université de Montréal, 2. Department of Psychiatry, McGill University, Montréal, Québec*

This systematic review appraised economic evaluations of non-pharmacological interventions designed to reduce aggression and restrictive measures in psychiatric inpatient settings. Sixteen studies met inclusion criteria, with most conducted in general or acute psychiatric wards. Eleven studies reported the gross cost of interventions. Three studies reported savings, while three others provided cost analysis data, with two interventions demonstrating clinical benefits and net savings. However, methodological limitations, particularly in economic evaluation rigor, were prevalent. Findings suggest that current evidence provides limited guidance for organizational decision-making. Future research should focus on robust cost-effectiveness analyses to inform the development and implementation of sustainable interventions.



## **Towards a revised SAPROF for adults: the development and initial validation of new protective factors for intensive care and for sexual offending**

---

Tuesday, 24th June - 14:00: [Symposium] New Developments in Protective Factors, Combining Professional Assessment With Self-Assessment (Thomas Davis Theatre (Room 2043)) - Panel Contribution

---

***Dr. Leen Cappon<sup>1</sup>, Mr. Armin Jentsch<sup>2</sup>, Dr. Michiel de Vries Robbé<sup>3</sup>***

*1. PC Sint-Jan-Baptist and ScienceForCare, 2. University of Oslo, 3. Amsterdam University Medical Center*

The SAPROF has been in widespread use in adult forensic psychiatric services for almost two decades. Experiences from practical application in different settings and diverse empirical validation studies led to novel insights regarding protective factors in general and for specific populations. This new knowledge feeds into a forthcoming SAPROF revision. This presentation will showcase the new SAPROF-Extended Version, which incorporates additional factors tailored to individuals with learning disabilities and in long-term care. Furthermore, the SAPROF-Sexual Offending addition will be shared. Results from pilot studies with these new tools in Belgian inpatient forensic practice and lessons learned will be discussed.

---

## Mastering the balancing act of youth violence risk assessment: risk and protective factors of justice involved youth

---

Tuesday, 24th June - 14:00: [Symposium] New Developments in Protective Factors, Combining Professional Assessment With Self-Assessment (Thomas Davis Theatre (Room 2043)) - Panel Contribution

---

***Dr. Anneke Kleeven<sup>1</sup>, Dr. Michiel de Vries Robbé<sup>1</sup>, Prof. Eva Mulder<sup>2</sup>, Prof. Arne Popma<sup>1</sup>***

*1. Amsterdam University Medical Center, 2. University of Amsterdam*

Risk assessment tools are crucial for guiding interventions and managing risks. Despite progress in strength-based theories, juvenile risk assessments traditionally remain predominantly risk-focused. This presentation highlights the importance of protective factors, advocating for a balanced approach integrating both risks and strengths. A large-scale validation study in the Netherlands, involving 354 youth released from juvenile justice institutions, explored the psychometric properties of the SAVRY and SAPROF-YV. Key findings regarding subgroups, assessment trajectories, and transitions to adulthood will be discussed. Clinical implications include recommendations for enhancing strength-based assessments, such as incorporating self-assessment tools to engage youth and improve practices in juvenile justice.

---

## Introduction of the Structured Assessment of Protective Factors for serious problem behavior - Child Version (SAPROF-CV)

---

Tuesday, 24th June - 14:00: [Symposium] New Developments in Protective Factors, Combining Professional Assessment With Self-Assessment (Thomas Davis Theatre (Room 2043)) - Panel Contribution

---

***Dr. Ed Hilterman<sup>1</sup>, Dr. Michiel de Vries Robbé<sup>2</sup>***

*1. Expertise Centre of Forensic Psychiatry, 2. Amsterdam University Medical Center*

The demand is rapidly growing for evaluating risks and strengths of children aged 6-15, particularly those displaying serious problem behaviors like aggression. While risk assessment for children has traditionally been risk focused, clinicians recognize the importance of protective factors in risk assessment. The development of the Structured Assessment of Protective Factors for serious problem behavior-Child Version (SAPROF-CV) emerged from clinicians' requests for a protective factor focused tool. This checklist includes 16 strength-based items across four scales: Resilience, Motivational, Relational, and External. The SAPROF-CV will be introduced in combination with a prototypical case of a 12-year-old child displaying severe behavioral problems.

---

## Self-assessment: Involving the client in strength-based assessment

---

Tuesday, 24th June - 14:00: [Symposium] New Developments in Protective Factors, Combining Professional Assessment With Self-Assessment (Thomas Davis Theatre (Room 2043)) - Panel Contribution

---

***Dr. Michiel de Vries Robbé<sup>1</sup>, Dr. Anneke Kleeven<sup>1</sup>, Dr. Ed Hilterman<sup>2</sup>***

*1. Amsterdam University Medical Center, 2. Expertise Centre of Forensic Psychiatry*

Self-assessment of one's own risk and protective factors can motivate service users to become more involved in their own risk assessment and intervention trajectory. It may increase insight, inspire hope and enhance treatment alliance. Moreover, it facilitates conversations between professional and client regarding risks and strengths. Protective factors in particular offer a useful way of positive self-evaluation and treatment involvement. This can be done through an interview where the professional engages the client in a conversation about their protective factors using a self-assessment version of the SAPROF. This presentation discusses the potential use of protective factors self-assessment in forensic practice.

---

## **To Admit or Not Admit: The utility of structured decision-making tools in forensic mental health services in Aotearoa New Zealand.**

---

Tuesday, 24th June - 14:00: [Papers] Diversion (Jonathan Swift Theatre (Room 2041A)) - Paper

---

***Dr. James Chaffe<sup>1</sup>, Prof. Brian McKenna<sup>1</sup>, Mr. Rajan Gupta<sup>1</sup>, Dr. Krishna Pillai<sup>1</sup>, Dr. Nick Garrett<sup>2</sup>***

*1. Mason Clinic, 2. Auckland University of Technology*

We will present a naturalistic, retrospective, whole-cohort design study on all service users who were presented to an admissions panel at a public forensic mental health service in Auckland, Aotearoa New Zealand, for consideration of an admission to an extended forensic care and rehabilitation (EFCR) pathway, over a six year period (n=146). Comparisons were made between those offered an admission to an EFCR pathway, and those not, to determine key socio-demographic, clinical, cultural and offense related variables including the use of the DUNDRUM-1 triage security scale.

## Understanding barriers to accessing mental health court diversion, including for First Nations peoples

---

Tuesday, 24th June - 14:00: [Papers] Diversion (Jonathan Swift Theatre (Room 2041A)) - Paper

---

***Prof. Kimberlie Dean*** <sup>1</sup>

*1. University of New South Wales*

Mental health court diversion is a strategy employed in many jurisdictions internationally to improve outcomes for those with mental illness who have contact with the criminal justice system. A key challenge in implementing this strategy relates to the access barriers experienced by many, particularly those from priority groups such as First Nations peoples. Utilising data from a large record-linkage-based cohort of people deemed eligible for diversion in New South Wales (NSW), Australia, factors associated with access to diversion have been identified and analyses repeated for First Nations people.

---

# Implementation of a new Forensic ACT team in Montreal

---

Tuesday, 24th June - 14:00: [Papers] Diversion (Jonathan Swift Theatre (Room 2041A)) - Paper

---

***Dr. Julie Bérubé-Fortin<sup>1</sup>, Dr. Myriam Le Blanc<sup>1</sup>***

*1. Institut national de psychiatrie légale Philippe-Pinel & Université de Montréal*

The general ACT model has been adapted to a Forensic ACT team model. In Canada, only two teams currently exist, both very recent, having launched over the past year. One is in British Columbia and the other one is in Montreal, Quebec. We will discuss the latter and the implementation process of said team. We will review the specific elements that are essential in a Forensic ACT Team, the current composition of the Montreal team, the current clientele, the risk assessment tools that were selected and are used by the team, as well as the team's vision for the future.



---

# The Role of Treatment Compliance in Alternative to Incarceration Clients

---

Tuesday, 24th June - 14:00: [Papers] Diversion (Jonathan Swift Theatre (Room 2041A)) - Paper

---

***Ms. Isabelle Reeder<sup>1</sup>, Ms. Ashia Islam<sup>1</sup>, Ms. Maya Dawson<sup>1</sup>, Dr. Barry Rosenfeld<sup>1</sup>***

*1. Fordham University*

Alternative to incarceration (ATI) programs were designed to provide psychological and social services to individuals in place of being incarcerated. The proposed study aims to investigate whether treatment compliance mediates the relationship between treatment completion and recidivism. It is hypothesized that treatment compliance for psychotropic medication and substance abuse treatment will mediate this relationship. Utilizing data obtained from an ATI program through the EAC Network in Bronx, NY, the authors will analyze different types of treatment compliance in a sample of 151 adults and examine the study hypotheses with a series of logistic regression models.

---

## Anti-Racism and Forensic Mental Health: Learning From an Implementation Project to Address Institutional Racism in a London-Based Service

---

Tuesday, 24th June - 14:00: [Round Table] Anti-Racism and Forensic Mental Health: Learning from an Implementation Project to Address Institutional Racism in a London-Based Service (Teatar M. Ui Chadhain Theatre (Room 2041B)) - Round Table

---

***Dr. Gerard Drennan<sup>1</sup>, Mrs. Tanya-Louise Matt<sup>2</sup>, Mr. Alimamy Kargbo<sup>1</sup>***

*1. South London & Maudsley NHS Foundation Trust, 2. Service User & Carer Advisory Group, Secure Services, South London & Maudsley NHS Foundation Trust*

The over-representation of racially minoritised communities in mental health services that legally detain service users, and in forensic mental health services in particular, has been increasingly recognised in the United Kingdom as untenable, and necessitating urgent reform. A review of the Mental Health Act in England & Wales in 2018 made recommendations for the establishment of the Patient & Carer Race Equality Framework (PCREF), first in pilot sites, and then for national rollout across the National Health Service. This paper will present the process of the development and implementation at a pilot site London-based forensic mental health service.

---

## Participation, verbal and social interaction and care environment for female inpatients in forensic psychiatric care

---

Tuesday, 24th June - 14:00: [Papers] Inpatient Settings (Room 4050A) - Paper

---

***Ms. Jessica Revelj<sup>1</sup>, Prof. Ulrica Hörberg<sup>1</sup>, Dr. Märta Wallinius<sup>2</sup>, Dr. Mikael Rask<sup>1</sup>***

*1. Linnaeus University, 2. Lund university*

Women constitute a minority among patients in forensic psychiatric care and patient care participation in these settings might be complex. This presentation will describe how female patients and caregivers (N=108) perceive patient participation, verbal and social interactions and care environment for female patients in forensic psychiatric care. In the results, differences between caregivers and patients concerning perceived occurrence of threatening situations during the care was noted. For patients, level of perceived participation was associated with the following caregiver behaviors: establishing a care relationship, showing interest in patients' feelings and helping the women to structure in their everyday lives.

---

# An Examination of the Acceptability and Feasibility of the Experience Sampling Method in an Inpatient Forensic Mental Healthcare Setting

---

Tuesday, 24th June - 14:00: [Papers] Inpatient Settings (Room 4050A) - Paper

---

**Ms. Shreya Jagtap<sup>1</sup>, Dr. Stephanie Penney<sup>1</sup>, Dr. Alexander (Sandy) Simpson<sup>1</sup>, Dr. Cory Gerritsen<sup>1</sup>**

*1. Centre for Addiction and Mental Health*

This paper discusses the acceptability and feasibility of the experience sampling methodology (ESM) as a measurement tool to assess dynamic fluctuations in emotion, stress, and symptom severity among inpatients with schizophrenia spectrum disorders in forensic inpatient settings. Feasibility will be evaluated across multiple study domains (e.g., regulatory, recruitment, ESM protocol adherence, device usage, and symptom severity/risk). Acceptability will be assessed using an inductive approach by examining participant feedback. Strengths and challenges of this approach, as well as areas for future improvement and evaluation, will also be discussed.

## Registered Practitioners' Perspectives on Trauma-Informed Care within a High Secure Hospital, Scotland – A Qualitative Study

---

Tuesday, 24th June - 14:00: [Papers] Inpatient Settings (Room 4050A) - Paper

---

***Mrs. Samantha Munoz<sup>1</sup>, Dr. Adam Mahoney<sup>2</sup>, Dr. Helen Walker<sup>1</sup>***

*1. The State Hospital, 2. Edinburgh Napier University*

The research study examined trauma-informed care (TIC) practices in a Scottish high-secure hospital through interviews with nine practitioners. Research revealed five key themes: TIC's importance in secure settings, implementation status, challenges, staff experiences and support needs, and improvement recommendations. Findings emphasised TIC's significance whilst highlighting difficulties in embedding its principles. Recommendations include mandatory training, policy reviews, enhanced staff support and organisation-wide advocacy for TIC implementation.

---

# The navigation of good care for forensic psychiatric inpatients who face mandatory repatriation from the Netherlands: An ethnographic study

---

Tuesday, 24th June - 14:00: [Papers] Inpatient Settings (Room 4050A) - Paper

---

***Ms. Anniek van Weeghel<sup>1</sup>, Ms. Charlotte Clous<sup>2</sup>, Dr. Else Vogel<sup>3</sup>, Dr. Hannah Jongsma<sup>2</sup>, Dr. Wim Velting<sup>4</sup>***

*1. University of Amsterdam / ARQ International, 2. University Medical Centre Groningen / Centre for Transcultural Psychiatry Veldzicht, 3. University of Amsterdam, 4. University Medical Centre Groningen*

This paper examines the challenges associated with the care provision for forensic inpatients with a migration background, referred to as “TBS foreigners,” in a Dutch centre for transcultural psychiatry. Due to their criminal offenses, these patients have lost previously granted residency rights and face repatriation to their countries of origin. Based on three months of ethnographic fieldwork, the study explores how the legal and institutional framework curtails care possibilities for TBS foreigners, how socio-therapists perceive and address cultural differences with their patients, and how they find professional purpose in this complex context where transcultural, forensic, and psychiatric care goals converge.

---

## Guiding patients to suitable forensic care: Opportunities and challenges in the Dutch system

---

Tuesday, 24th June - 14:00: [Papers] Experiences of Care (Room 4050B) - Paper

---

***Dr. Andreas Burger<sup>1</sup>, Dr. Katy de Kogel<sup>1</sup>, Dr. Patrick Statsch<sup>1</sup>***

*1. Research and Data Centre, Ministry of Justice en Security, The Netherlands*

To facilitate a timely start of forensic care that matches patients' needs, a standardized procedure of assessment and placement of forensic patients was adopted in the Netherlands. We evaluated this procedure using a mixed methods study, conducting interviews with professionals and analyzing registration data between 2017-2021. Various factors, including scarcity of care capacity and an outdated supporting IT system, are detrimental to the assessment and placement process. In order to place patients despite these obstacles, professionals frequently deviate from intended procedures. As a result, placement sometimes seems less about 'the right place' and more about 'the best available place'.



---

# Policing Mental Health: Adult Persons Experiencing a Mental Health Crisis and the Nature and Outcomes of Police Response

---

Tuesday, 24th June - 14:00: [Papers] Experiences of Care (Room 4050B) - Paper

---

***Dr. Ron Hoffman<sup>1</sup>, Dr. Gregory Brown<sup>2</sup>***

*1. Associate Professor, Nipissing University, 2. Professor (ret.), interRAI Fellow*

The Brief Mental Health Screener (BMHS) is used in 39 police services across Canada, and soon province-wide in British Columbia. The screener is completed on a cell phone over a secure network and provides officers with information about persons they are responding to in real time. Currently, there are 245,639 completed BMHS assessments in the database.

This paper provides an overview of the characteristics of adult persons experiencing a mental health crisis responded to by police, an analysis of embedded risk scales that support police decision-making, and analysis of the outcomes of police interventions recorded by the BMHS.

---

## How do people with lived expertise experience health care services in British Columbia Provincial correctional centres? A focus on recovery-oriented care

---

Tuesday, 24th June - 14:00: [Papers] Experiences of Care (Room 4050B) - Paper

---

***Ms. Hilary Tsui<sup>1</sup>, Mr. James Avery<sup>1</sup>, Dr. Alicia Nijdam-Jones<sup>2</sup>, Dr. Tonia L. Nicholls<sup>3</sup>***

*1. Department of Psychiatry, Faculty of Medicine, University of British Columbia, and BC Mental Health and Substance Use Services, 2. University of Manitoba, 3. University of British Columbia*

Recovery from mental illness, substance use, and criminal justice involvement is achievable and sustainable. Recovery-oriented care provides clients with hope that successful recovery and a good quality of life is possible. We conducted semi-structured interviews with people with lived experiences of incarceration and conducted a reflexive thematic analysis of participants' responses relevant to recovery-oriented care. Participants revealed that although they often felt that staff believed they would not successfully recover, they occasionally encountered forward-thinking, compassionate staff who made them feel supported by providing individualized care. Participants recommended service improvements include providing immediate, available, and accessible support.

---

# Views of People Living with Mental Health and Substance Use Issues in Nova Scotia, Canada About Crisis Response Services

---

Tuesday, 24th June - 14:00: [Papers] Experiences of Care (Room 4050B) - Paper

---

***Dr. Jamie Livingston*** <sup>1</sup>

*1. Saint Mary's University*

A survey conducted in early 2024 gathered the views of Nova Scotians with lived experience of mental health or substance use issues regarding crisis response services. Of the 137 completed surveys, 67% (n = 85) identified police involvement as a barrier to seeking help, and 89% (n = 116) expressed discomfort with police officers in crisis services. In contrast, 88% (n = 106) preferred civilian-only crisis response teams. These results highlight the need to move away from using police as primary first responders to crisis situations and instead prioritize services that reflect the preferences and needs of those experiencing crises.

# Mental illness amongst people in prison: is the burden greater than we thought?

---

Tuesday, 24th June - 15:30: [Papers] Burdens and Barriers (J.M. Synge Theatre (Room 2039)) - Paper

---

***Prof. Kimberlie Dean*** <sup>1</sup>

*1. University of New South Wales*

The high rate of mental illness amongst those in prison settings is well established but many questions about the basic epidemiology of this phenomenon have been poorly explored and evidence is emerging to suggest that the scale of the problem may have been underestimated. Utilising data from a series of prison-based studies conducted in New South Wales, and elsewhere, in Australia, the prevalence of mental illness in prison has been considered in terms of temporal patterns, variation across settings and key subgroups, and longitudinal patterns during and after periods of imprisonment.

---

## Consequences of long-time incarceration on forensic psychiatric treatment of mentally ill offenders.

---

Tuesday, 24th June - 15:30: [Papers] Burdens and Barriers (J.M. Synge Theatre (Room 2039)) - Paper

---

***Ms. Daan Donninger<sup>1</sup>, Dr. Marleen Nagtegaal<sup>1</sup>***

*1. Dutch Research and Data Centre*

In the Netherlands it's possible to appoint mandatory hospitalization and treatment in a forensic psychiatric hospital (art. 37a.1 Dutch Criminal Code), hereinafter 'tbs-order' (in Dutch: *terbeschikkingstelling*) to offenders that are considered partially criminally insane, as well as imprison them. These offenders first serve their time in prison, and then get psychiatric treatment. However, long-term incarceration may have a negative impact on psychiatric treatment and chances of reintegration. This study strives to give an overview of these possible negative consequences as identified in the literature.

---

## **‘You always remain that monster’. Barriers to recovery in forensic mental health care.**

---

Tuesday, 24th June - 15:30: [Papers] Burdens and Barriers (J.M. Synge Theatre (Room 2039)) - Paper

---

***Dr. Nienke Verstegen*<sup>1</sup>, *Prof. Vivienne de Vogel*<sup>2</sup>**

***1. Van Der Hoeven Kliniek, Forensic Care Specialists; Utrecht University, 2. Van Der Hoeven Kliniek, Forensic Care Specialists; University of Applied Sciences Utrecht; Maastricht University***

The present study aims to increase insight into the challenges that arise when working from a recovery perspective in FMHC. Semi-structured interviews were held with eleven professionals and nine service users from six different organizations. Respondents describe recovery as a positive attitude with a focus on hopes and strengths. This holds the risk, however, that recovery-oriented principles are not applied under difficult circumstances. Furthermore, stigma is seen as a barrier that greatly impedes rehabilitation and the recovery of identity. The findings illustrate the importance of clear policies that enhance recovery and reduce stigma in forensic mental health care.

---

## Plenty of free time: the burden of leisure and recreation in forensic outpatients

---

Tuesday, 24th June - 15:30: [Papers] Burdens and Barriers (J.M. Synge Theatre (Room 2039)) - Paper

---

**Dr. Yvonne Bouman** <sup>1</sup>

*1. Transfore*

Most forensic psychiatric outpatients are unable to maintain employment, leaving them with significant free time. This can hinder recovery, as leisure activities may involve *deviant leisure* (Williams, 2006), increasing the risk of recidivism. Risk assessment tools like the LSI-R and SAPROF consider leisure as either a criminogenic need or a protective factor, though evidence largely stems from adolescent studies. A scoping review explored leisure in forensic psychiatric treatment, highlighting its impact on recovery. We aim to discuss the findings with clinicians and researchers to emphasize the importance of addressing this critical aspect of patients' lives.

---

## Nurse and consumer consultant perspectives to enhance application of the DASA+APP

---

Tuesday, 24th June - 15:30: [Symposium] Enhancing Application and Implementation of the DASA+APP (Robert Emmet Theatre (Room 2037)) - Panel Contribution

---

***Dr. Tess Maguire<sup>1</sup>, Prof. Michael Daffern<sup>1</sup>, Prof. Brian McKenna<sup>2</sup>, Dr. Trentham Furness<sup>3</sup>***

*1. Centre for Forensic Behavioural Science, Swinburne University of Technology, 2. Auckland University of Technology, 3. Centre for Forensic Behavioural Science, Swinburne University of Technology and Forensicare*

Implementation of DASA+APP has been shown to reduce incidents of aggression and use of coercive practices. However, a critical task is to ensure the DASA+APP is recovery-oriented, includes consumer input and nurses can action the interventions, some of which are complex clinical activities. Determining how the DASA+APP might be applied and what support might be necessary to support nurses may further enhance adoption of DASA+APP. This paper will present findings from a study exploring application of DASA+APP with nurses and consumer consultants via focus groups and one-to-one interviews. Suggestions for supporting nurses and consumers will be presented and implementation/integration suggestions.



---

## eDASA+APP in Finland: is there any impact on nurses' attitudes towards violence risk assessment?

---

Tuesday, 24th June - 15:30: [Symposium] Enhancing Application and Implementation of the DASA+APP (Robert Emmet Theatre (Room 2037)) - Panel Contribution

---

***Dr. Tella Lantta*<sup>1</sup>, *Dr. Tiina Talja*<sup>2</sup>, *Dr. Jaakko Varpula*<sup>3</sup>, *Dr. Maria Ameen*<sup>4</sup>**

*1. Department of Nursing Science, University of Turku, Finland; Centre for Forensic Behavioural Sciences, Swinburne University of Technology, Australia,, 2. Department of Psychiatry, Helsinki University Hospital and University of Helsinki, Finland, 3. Department of Nursing Science, University of Turku, 4. Department of Psychiatry, Helsinki University Hospital and University of Helsinki; Department of Nursing Science, University of Turku*

In Finland's largest university hospital system, a project was launched to implement the eDASA+APP in adult inpatient units (n=23) to support violence prevention. A pre-post survey evaluated nurses' attitudes towards violence risk assessment instruments. In 2023, 142 responses were collected and 146 in 2024 (data collection ongoing). The pre-survey showed that over 50% of respondents either had no opinion or felt that the instruments did not recognise patients at risk of violence. Similarly, they preferred their own assessment over validated scales. During the symposium, we will present the impact of the eDASA+APP project on attitudes.

---

## Implementation of a dynamic aggression prevention method in a government-run psychiatric hospital system

---

Tuesday, 24th June - 15:30: [Symposium] Enhancing Application and Implementation of the DASA+APP (Robert Emmet Theatre (Room 2037)) - Panel Contribution

---

***Mr. Steve Love<sup>1</sup>, Dr. Rachel Love<sup>1</sup>***

*1. Dynamic Aggression Prevention LLC*

Patient aggression in the healthcare setting is a hazard to both patients and staff. Despite what is known about aggression, effective aggression prevention strategies remain limited, especially in the United States.

Our study takes a novel approach implementing the Dynamic Appraisal of Situational Aggression and the Aggression Prevention Protocol via highly trained psychiatric aides functioning as unit Aggression Prevention Coordinators.

Data were analyzed via repeated measures hierarchical linear modeling. Treatment effect, at the hospital level, was detected for the rate of seclusion and restraint episodes. Findings and implementation processes will be presented.

---

## Care in the Shadow of Exclusion: A Legal, Clinical and Ethical Perspective on Forensic Clients Who Face Repatriation

---

Tuesday, 24th June - 15:30: [Round Table] Care in the Shadow of Exclusion: A Legal, Clinical and Ethical Perspective on Forensic Clients who Face Repatriation (Thomas Davis Theatre (Room 2043)) - Round Table

---

***Mrs. Marjolein De Pau*<sup>1</sup>, *Ms. Charlotte Clous*<sup>2</sup>, *Ms. Anniek van Weeghel*<sup>3</sup>, *Dr. Inga Markiewicz*<sup>4</sup>, *Dr. Jack Tomlin*<sup>5</sup>, *Dr. Matina Shafti*<sup>5</sup>, *Dr. Birgit Völlm*<sup>6</sup>**

*1. Ghent University, 2. University Medical Centre Groningen / Centre for Transcultural Psychiatry Veldzicht, 3. ARQ International, 4. Department of Forensic Psychiatry, Institute of Psychiatry and Neurology, 5. University of Greenwich, 6. University of Rostock*

This roundtable will examine the growing group of forensic clients facing repatriation, focusing on the legal, clinical, and ethical challenges that shape their care. Despite the increasing prevalence of these cases, (academic) discussions and literature remain limited. Legal and policy constraints often hinder a human rights-based approach, posing questions about how professionals align ethical and clinical standards. Presenting case studies from Belgium, the Netherlands, and Poland, we will explore international differences in repatriation practices and encourage participants to share insights and effective strategies for supporting these clients within forensic settings.

---

## Addressing detainees' mental health problems: The feasibility of the Problem Management Plus intervention

---

Tuesday, 24th June - 15:30: [Papers] Management of Risk or Other Needs (Jonathan Swift Theatre (Room 2041A)) - Paper

---

***Ms. Mathilde van Oudenaren<sup>1</sup>, Dr. Anke Witteveen<sup>1</sup>, Prof. Anja Dirkzwager<sup>1</sup>, Prof. Marit Sijbrandij<sup>1</sup>***

*1. Vrije Universiteit Amsterdam*

Mental health problems are overrepresented in prisons. Detainees experience barriers to accessing psychological support, such as stigma and staff shortages. Psychological support in the form of a brief scalable psychological intervention – such as World Health Organization's Problem Management Plus (PM+) - could address these obstacles and help to reduce mental health problems. This study evaluates the feasibility of PM+ in the correctional setting by doing a pilot randomised controlled trial in two remand prisons in the Netherlands. A first overview of the experiences conducting a randomised controlled trial in remand prison and the characteristics of participants will be given.

# Clinical Risk Management in Forensic Mental Health Services: 10 Principles for Best Practice

---

Tuesday, 24th June - 15:30: [Papers] Management of Risk or Other Needs (Jonathan Swift Theatre (Room 2041A)) - Paper

---

***Prof. Michael Doyle***<sup>1</sup>

*1. University of Huddersfield*

Risk assessment and management are a fundamental part of clinical practice globally within forensic mental health services. In the United Kingdom (UK), the evidence to support the effectiveness of structured risk assessment and management remains limited, and the most recent UK wide guidance was published in 2009, while international guidance for the assessing and management of service user risks also appears sparse. This paper reports on a consultation and co-production project to provide up-to-date best practice principles in clinical risk management to enhance the consistency, quality and safety of mental health practice in forensic mental health services.

# Development of a Model for a National Consultation Service to MAPPA & PREVENT

---

Tuesday, 24th June - 15:30: [Papers] Management of Risk or Other Needs (Jonathan Swift Theatre (Room 2041A)) - Paper

---

***Dr. Liz Flynn***<sup>1</sup>

*1. Forensic Network*

In the early 2000's new legislation introduced in the UK placed a legal duty on agencies to contribute to the assessment and management of high risk offenders being managed in the community. Health is one of these agencies. The Scottish Forensic Network, in conjunction with the Police Service of Scotland, have developed a proposal for a national service which offers advice and consultation on both mental disorders and risk management to those working with high risk offenders being managed via MAPPA & PREVENT. This session will discuss the development of this proposal up to funding of the service being agreed.

---

# The ERM-risk management strategy challenging the context of risk management heading being the context.

---

Tuesday, 24th June - 15:30: [Papers] Management of Risk or Other Needs (Jonathan Swift Theatre (Room 2041A)) - Paper

---

***Dr. Frans Fluttert***<sup>1</sup>

*1. Van Mesdag NL, Molde University College, Norway,*

Forensic mental health nurses often encounter inpatient aggressive episodes and require effective risk management strategies. While current risk management strategies often focus on patients' aggressive behaviors, the identification early warning signs have proven to be highly effective in preventing aggression. The Early Recognition Method (ERM), which has been studied internationally for the past two decades, has shown promising results.

This paper explores the underlying psychological processes of ERM by utilizing self psychology concepts through the lens of symbolic interactionism. By shedding light on these processes, a deeper understanding of the effectiveness of ERM can be gained and discussed.

---

# Trauma-Informed Interventions for Justice-Involved Women: A Scoping Review

---

Tuesday, 24th June - 15:30: [Papers] Women's Mental Health (Teatar M. Ui Chadhain Theatre (Room 2041B)) - Paper

---

***Ms. Ekatrina Kiddie<sup>1</sup>, Ms. Cassia McIntyre<sup>1</sup>, Dr. Shelley Brown<sup>2</sup>, Dr. Stephen Hart<sup>1</sup>***

*1. Simon Fraser University, 2. Carleton University*

Justice-involved women in Canada, particularly Indigenous women, face disproportionately high rates of trauma, substance use, and mental health issues, with trauma influencing their pathways to the criminal justice system. Despite the growing recognition of the importance of trauma-informed interventions, research on their application in Canada is limited. This scoping review aims to document trauma-informed interventions for justice-involved women in Canada and evaluate their Canadian validation. By identifying gaps in current practices and exploring alternative approaches, this research will offer recommendations to improve clinical practice, promote culturally safe care, and contribute to the development of more effective and equitable trauma-informed approaches.



## Developing an Inclusive Model of Care Pathway for Women in a Forensic Mental Health Program

---

Tuesday, 24th June - 15:30: [Papers] Women's Mental Health (Teatar M. Ui Chadhain Theatre (Room 2041B)) - Paper

---

***Dr. Ipsita Ray***<sup>1</sup>

*1. Assistant Professor, Department of Psychiatry, University of Toronto*

Women form a small but significant group within the wider and largely male population in the forensic mental health system. This study aims to describe the co-creation of a care pathway model that addresses the needs of women. A planning committee was created with content experts from a range of healthcare professionals, program leaders and quality assurance leads, as members. The process involved in developing the pathway and care model will be shared. The care model will define how women in the forensic system will be cared for, both in the range of services provided and delivery of care.

## **What are the unique mental health needs of women in correctional and forensic mental health settings? A virtual community of practice model**

---

Tuesday, 24th June - 15:30: [Papers] Women's Mental Health (Teatar M. Ui Chadhain Theatre (Room 2041B)) - Paper

---

***Dr. Ipsita Ray<sup>1</sup>, Dr. Stephanie Penney<sup>2</sup>***

*1. Assistant Professor, Department of Psychiatry, University of Toronto, 2. Centre for Addiction and Mental Health*

Women involved in the forensic mental health and criminal justice systems present with a range of mental health and substance use problems, have often experienced trauma, socioeconomic marginalization, and structural racism. This presentation will describe design and implementation of a national virtual community of practice (CoP) that focuses on knowledge co-creation and mobilization to advance the care of justice-involved women. Our team will create a hub that will follow a knowledge generation and synthesis approach, combining diverse and interdisciplinary expertise. This presentation will discuss the feasibility and forecasted utility of establishing a national hub of experts and a virtual CoP.

---

## MATERNAL MENTAL HEALTH AND QUALITY OF CHILD NURTURING PRACTICE IN ADDIS ABABA, ETHIOPIA

---

Tuesday, 24th June - 15:30: [Papers] Women's Mental Health (Teatar M. Ui Chadhain Theatre (Room 2041B)) - Paper

---

***Dr. Habtamu Kurmane<sup>1</sup>, Dr. Moges Yigezu<sup>2</sup>***

*1. Jimma University, 2. Addis Ababa University*

This study explores the relationship between maternal common mental disorders and child nurturing practices in Addis Ababa, Ethiopia, a topic with limited evidence from sub-Saharan Africa and no prior studies in the Ethiopian context. Using a cross-sectional design, 250 mothers were assessed with culturally validated tools, including the WHO Self-Reporting Questionnaire and Parenting Style and Morale Index. The prevalence of maternal CMD was 29.6%, significantly associated with poor child nurturing practices in both crude (AOR 2.52; 95% CI 1.35, 4.68) and adjusted models. Findings highlight the need for early maternal mental health interventions to improve child nurturing and holistic development.

---

## Child Forensic Interviewing in the USA: Current Practices and Developments

---

Tuesday, 24th June - 15:30: [Round Table] Child Forensic Interviewing in the USA: Current Practices and Developments (Room 4050A) - Round Table

---

**Dr. Kevin Richards<sup>1</sup>, Dr. David Thompson<sup>2</sup>, Dr. Jamie Dickson<sup>1</sup>, Dr. Jullie Brovko<sup>3</sup>**

*1. Forensic Specialty Group, 2. Clinical Psychology Associates, 3. Gold Standard Forensics*

Since the advent of Child Forensic Interviewing, several relatively similar systems of conducting child forensic interviews have been developed. This roundtable, conducted by a panel of Forensic Psychologists, will outline the current trends in CFI in the United States and how these have been impacted by developments in the relevant research in such areas as memory and language. These will be compared and contrasted with current practices and developments in other parts of the world.

# How Do You Feelee? Results of an Emoji-Based Smartphone Intervention to Enhance Emotional Awareness in Adolescents in Forensic Outpatient Treatment

---

Tuesday, 24th June - 15:30: [Symposium] Technology in Forensic Mental Health Care: Innovations and Insights for Enhanced Treatment of Transforming Forensic Mental Health Care With Wearables, VR, and Apps? (Room 4050B) - Panel Contribution

---

**Ms. Merel Leijse**<sup>1</sup>

*1. Amsterdam UMC*

Today, adolescents spend considerable time on their smartphones during which they frequently use emojis to express their online emotions. However, offline they often struggle to communicate these feelings, particularly in forensic mental health settings. This difficulty in emotion recognition and expression often leads to disruptive behaviors. Integrating emoji-based smartphone data, such as that provided by the Feelee app, could potentially improve emotional awareness and behavior regulation. This study evaluates the use of Feelee in addition to treatment as usual in forensic outpatient settings, presenting results on its effectiveness in enhancing emotional wellbeing in adolescents.

---

## Anti-Social Behaviour in Context: Comparing Trait and State Self-Regulation Using Experience Sampling Methods

---

Tuesday, 24th June - 15:30: [Symposium] Technology in Forensic Mental Health Care: Innovations and Insights for Enhanced Treatment of Transforming Forensic Mental Health Care With Wearables, VR, and Apps? (Room 4050B) - Panel Contribution

---

**Ms. Elyan Aarts**<sup>1</sup>

*1. University of Amsterdam*

The general theory of crime (Gottfredson & Hirshi, 1990) states that low self-regulation underlies criminal behavior and remains relatively stable throughout life. However, other models, e.g., the ego depletion model of self-control (Baumeister & Vohs, 2007) and the cybernetic control model (Carver & Scheier, 1998), suggest that self-regulation also operates as a dynamic, temporary state that fluctuates over time. This raises the question of how state and trait self-regulation differ in their influence on anti-social behavior. To investigate this, we will use a mixed-method intensive longitudinal design, incorporating the experience sampling method (ESM) to capture the moment-to-moment fluctuations in state self-regulation.

## **Virtual reality-based retrospective think aloud (VR-RTA): a novel method for studying offender decision-making**

---

Tuesday, 24th June - 15:30: [Symposium] Technology in Forensic Mental Health Care: Innovations and Insights for Enhanced Treatment of Transforming Forensic Mental Health Care With Wearables, VR, and Apps? (Room 4050B) - Panel Contribution

---

***Dr. Carmen-Silva Sergiou***<sup>1</sup>

*1. Amsterdam UMC*

This study introduces and evaluates a novel approach to studying decision-making: Virtual Reality-Based Retrospective Think-Aloud (VR-RTA). Designed to capture offenders' perspectives, VR-RTA enhances memory recall and information elicitation by combining immersive technology with retrospective reporting.

---

# Identified characteristics of forensic psychiatric patients that use alcohol and narcotics in Sweden

---

Tuesday, 24th June - 16:45: [Papers] Addictions (J.M. Synge Theatre (Room 2039)) - Paper

---

***Ms. Charlotta Svensson<sup>1</sup>, Mr. christopher Holmberg<sup>2</sup>, Dr. Malin Hildebrand Karlén<sup>3</sup>, Ms. Sepideh Olausson<sup>4</sup>, Ms. Eirini Alexiou<sup>5</sup>***

*1. Ph.D student, RN Institution of health and care science, Gothenburg University, Department of forensic psychiatric care, Sahlgrenska University Hospital, Sweden, 2. Associate Professor, RN, Christopher Holmberg, Institute of Health and Care Sciences, University of Gothenburg, Department of Psychotic Disorders, Sahlgrenska University Hospital, Gothenburg, Mölndal, Sweden, 3. Associate Professor, Department of Psychology, University of Gothenburg, Department of Psychiatry and Neurochemistry, Centre for Ethics, Law and Mental Health (CELAM), Sweden, 4. Associate Professor, RN, Sepideh Olausson, Institute of Health and Care Sciences, University of Gothenburg. Department of Anaesthesiology and Intensive Care, Sahlgrenska University Hospital, Gothenburg, Gothenburg, Sweden, 5. Forensic psychiatrist, Eirini Alexiou. Head of the department of forensic psychiatry at Sahlgrenska University Hospital, Senior researcher. Centre for Ethics, Law and Mental Health (CELAM), Sweden*

70% of forensic psychiatric patients in Sweden suffer not only of a severe mental illness, violent behaviour but of comorbid substance use disorder SUD. SUD affect patients' ability to move through the forensic psychiatric system, as well as their risk for aggressive behaviour, criminality, impaired psychiatric and physical health and well-being. This study aim to identify characteristics and eventual subgroups by assessing and comparing demographic and clinical characteristics of patients with SUD, being able to provide a solid ground for a more person-centred care program based on subgroups' specific needs.



---

## Exploring the prevalence of problematic gambling behavior among forensic psychiatric patients in Sweden

---

Tuesday, 24th June - 16:45: [Papers] Addictions (J.M. Synge Theatre (Room 2039)) - Paper

---

***Dr. Natalie Laporte***<sup>1</sup>

*1. Department of Clinical Sciences Lund, Lund university*

Risk behaviors such as problematic gambling are related to recidivism in prison populations but there is limited knowledge, however, of the extent of problematic gambling in the forensic psychiatric population. This study examines and describes the occurrence of problematic gambling in a sample of forensic psychiatric patients. Data from 200 forensic psychiatric inpatients at a large high security forensic psychiatric clinic in Sweden and was collected by reviewing patients' screenings of gambling behavior documented in medical files. Preliminary results with clinical implications will be presented.

---

# Identifying subpopulations in forensic addiction care: A latent class analysis

---

Tuesday, 24th June - 16:45: [Papers] Addictions (J.M. Synge Theatre (Room 2039)) - Paper

---

***Ms. Ilse Luteijn*** <sup>1</sup>

*1. Tactus Addiction Care*

This study analyzed data of forensic patients with substance use disorder (SUD) to identify subgroups based on psychiatric diagnoses (including mild intellectual disability, MID) and historic risk factors using Latent Class Analysis. Four classes were identified: one with high psychopathology (including MID) and risks, one with severe past substance use, and two with lower risks. In the overall sample a high prevalence of MID (38%) was found. These data suggest that though subgroups of forensic addiction patients are identifiable, historic risks do not predict variations in treatment outcomes, and that co-occurring MID might be clinically more relevant.

---

## Crossing The Line: Factors Associated With Escalating Pornography Use

---

Tuesday, 24th June - 16:45: [Papers] Addictions (J.M. Synge Theatre (Room 2039)) - Paper

---

***Dr. Melissa de Roos<sup>1</sup>, Ms. Elza Veldhuizen-Ochodničanová<sup>1</sup>***

*1. Department of Psychology, Education and Child Studies, Erasmus University Rotterdam*

This study explores escalating pornography use in men aged 18-35, including its association with viewing illegal content such as Child Sexual Abuse Material (CSAM). Escalation, defined as consuming content not found arousing, was linked to problematic use characterised by diminished impulse control and sensation-seeking. A small proportion of participants reported seeking CSAM, whereas others encountered it incidentally, with mixed emotional responses. Cognitive distortions about child sexual abuse modestly predicted seeking CSAM. These findings suggest that interventions targeting self-regulation, sensation-seeking, and harmful beliefs could reduce risks of escalation and CSAM offending, emphasizing the need for prevention, education, and accessible support resources.

---

## Forensic vigilance: A training program for professionals

---

Tuesday, 24th June - 16:45: [Papers] Forensic Staff (Robert Emmet Theatre (Room 2037)) - Paper

---

***Dr. Maartje Clercx<sup>1</sup>, Ms. Joyce Brenkman<sup>1</sup>***

*1. Forensic Psychiatric Centre De Rooyse Wissel*

Forensic professionals have a unique role due to the precarious balance between providing care and enforcing control. In the Netherlands, the term “forensische scherpste”, which we translated as ‘forensic vigilance’, is widely used to indicate a core competency professionals require during work in forensic psychiatric settings. Despite the importance of this competency, no education programs currently provide training in forensic vigilance. Based on the first studies, a training program in forensic vigilance has now been developed. In this presentation the training program will be explained and some results are discussed.

---

## Evaluating Student's Readiness for Forensic Social Work: Confidence, Competence and Calibration.

---

Tuesday, 24th June - 16:45: [Papers] Forensic Staff (Robert Emmet Theatre (Room 2037)) - Paper

---

***Ms. Dimi Lattas<sup>1</sup>, Prof. Cindy Davis<sup>1</sup>, Dr. Catherine Creamer<sup>1</sup>, Dr. Gerard Jefferies<sup>1</sup>***

*1. University of the Sunshine Coast*

Forensic social workers must be confident in conducting risk and psychosocial assessments, developing intervention strategies, and navigating the justice system. The readiness of generalist-trained social work graduates for forensic positions is poorly understood. Using a quantitative, non-randomised pre-experimental design with a pre-and-post survey, this study explored student readiness for forensic social work by assessing their confidence, competency, and calibration via simulation-based learning. Findings revealed poor calibration with a disconnect between students' confidence and performance abilities. This gap was most evident in trauma-informed practice and managing ethical dilemmas, highlighting difficulties in operationalising generalist and theoretical knowledge into discernible forensic skills.

---

## Effective forensic care: first steps in a data-driven approach.

---

Tuesday, 24th June - 16:45: [Papers] Forensic Staff (Robert Emmet Theatre (Room 2037)) - Paper

---

***Mr. Stefan van Bokkem*<sup>1</sup>, *Dr. Robert Schulte*<sup>2</sup>, *Ms. Seline Muchall*<sup>1</sup>**

*1. Custodial Institutions Agency, 2. Custodial insInstitutions Agency*

In order to better predict what and how much care is needed for a group of patients ‘care demand characterization’ has been introduced into the Dutch system for providing forensic care. This characterization leads to a score and aims to support appropriate use of forensic care. When declaring the forensic care, health-care providers also provide substantive information like the security level, diagnostic category, intensity of care, criminal title and which profession provides the care. As a first step in data-driven work on effective forensic care the relationship between ‘care demand characterization’, substantive information and average costs was researched.

---

# Resilience and Wellbeing among Correctional Workers: A Systematic Review

---

Tuesday, 24th June - 16:45: [Papers] Forensic Staff (Robert Emmet Theatre (Room 2037)) - Paper

---

***Ms. Sarah Lalji-Mawji<sup>1</sup>, Ms. Paige Harris<sup>1</sup>, Ms. Monica Ahedor<sup>2</sup>, Mr. Wesley Tomlin<sup>2</sup>, Prof. Britta Ostermeyer<sup>2</sup>, Prof. Andrew Olagunju<sup>3</sup>***

*1. Michael G. Degroote School of Medicine, McMaster University, Hamilton, ON, Canada, 2. Department of Psychiatry and Behavioral Sciences, Oklahoma City, University of Oklahoma, USA, 3. Forensic Psychiatry Program, St Joseph's Healthcare Hamilton, Hamilton, ON, Canada*

This review investigates the role of resilience as a key mitigator of occupational stress among correctional workers according to the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) guidelines. Across 51 studies, resilience was highlighted as important in managing stress, reducing burnout, promoting psychosocial well-being, and recommended strategies to foster it. Factors that help to develop resilience include strong support systems, a sense of purpose and optimism. On the other hand, workplace adversity increased occupational stress and decreased psychosocial wellbeing. Future research needs to adopt standardized measures for resilience and robust populations to enhance validity and a broader application.

---

# **“The First Thing They’ll Do Is Take A Huge Deep Breath In”: Exploring the use of Nature Based Interventions in Forensic Inpatient Services**

---

Tuesday, 24th June - 16:45: [Papers] Forensic Staff (Robert Emmet Theatre (Room 2037)) - Paper

---

***Dr. Kathryn Rowsell*<sup>1</sup>, *Ms. Thea Gordon-Rawlins*<sup>2</sup>, *Dr. David F Hunt*<sup>3</sup>**

***1. Oxford Health Foundation Trust, 2. The Natural Academy, 3. University of Exeter***

Nature Connectedness is a psychological construct that attempts to capture our “emotional connection with nature” (Richardson, 2024, P57). Although there is growing evidence that nature connectedness has positive impacts on mental health, the efficacy of such approaches in forensic inpatient settings is unknown due to the paucity of available research. Our research explores the experiences of forensic staff who participated in a nature-based training programme (NatureWell). Using a qualitative approach, and thematic analysis, we have identified three superordinate themes; (i) Experience of the training, (ii) Benefits for service users, and (iii) Putting it into practice. Implications for practice are outlined.



---

## Pathways to Absolute Discharge and Desistance in Forensic Mental Health: A Qualitative Analysis of Clinicians, Patients, and Personal Support Perspectives

---

Tuesday, 24th June - 16:45: [Papers] Discharge and Reintegration (Thomas Davis Theatre (Room 2043)) - Paper

---

***Mrs. Julia Fraser<sup>1</sup>, Mr. Benjamin Presta<sup>2</sup>, Ms. Lauren Stirpe<sup>1</sup>, Dr. Mini Mamak<sup>3</sup>, Dr. Gary Chaimowitz<sup>3</sup>, Dr. Heather Moulden<sup>3</sup>***

*1. McMaster University, 2. Carleton University, 3. Forensic Psychiatry Program, St Joseph's Healthcare Hamilton, Hamilton, ON, Canada*

This study assesses pathways to absolute discharge and desistance for individuals in the forensic mental health (FMH) system. Clinicians, patients, and personal supports within the FMH system were interviewed to describe their perception of factors contributing to FMH patients receiving an absolute discharge and the process of desisting from crime. The perspectives identified by these different stakeholders in the FMH system outline the different pathways both to and from receiving an absolute discharge and desisting from crime. The results of this study emphasize the risk and protective factors and therefore have the potential to offer new avenues for intervention.

## The new life “Outside”

---

Tuesday, 24th June - 16:45: [Papers] Discharge and Reintegration (Thomas Davis Theatre (Room 2043)) - Paper

---

**Mr. Ralf Steck**<sup>1</sup>

*1. Vitos Klinik für forensische Psychiatrie Haina*

The particular challenge in the release and transition process into forensic aftercare for adolescents and young adults lies in socialization. Many of the life paths have not experienced this before or have only had to perceive it in a disturbed manner. The freedom is then linked for adolescents to many obligations, which only require open custody but also the new life. The tasks that arise for the primary therapists during the process are primarily focused on the transition to adulthood rather than on re-socialization. The presentation aims to explain specific features in the criminal preventive release process for young adults.

---

# Developing a decision-making toolkit to inform the process of discharging forensic community patients to community mental health teams in England and Wales

---

Tuesday, 24th June - 16:45: [Papers] Discharge and Reintegration (Thomas Davis Theatre (Room 2043)) - Paper

---

***Dr. Jack Tomlin<sup>1</sup>, Dr. Matina Shafti<sup>1</sup>, Dr. Sarah Kilbane<sup>1</sup>, Ms. Clarissa Evertz<sup>1</sup>, Dr. Faisal Mudathikundan<sup>2</sup>, Dr. Harneet Hundal<sup>2</sup>, Dr. Bianca Igna<sup>2</sup>, Dr. Christopher Collins<sup>2</sup>***

*1. University of Greenwich, 2. Oxleas NHS Foundation Trust*

Forensic community teams often face dilemmas when discharging patients to general community mental health teams. Will the community team, with greater caseloads, be able to respond as quickly if the need arises? How will the change affect patient outcomes?

This project aims to develop a discharge decision-making toolkit to inform the process of discharging forensic community patients to general psychiatric services. This will be used by discharging and receiving services, and the patient. This toolkit will be developed following a survey, expert consensus event, and feedback round. We will describe preliminary findings and present a first draft of the toolkit.

---

# Forensic psychiatric patients on conditional release: factors related to success and failure as measured by recidivism rates

---

Tuesday, 24th June - 16:45: [Papers] Discharge and Reintegration (Thomas Davis Theatre (Room 2043)) - Paper

---

***Dr. Marleen Nagtegaal***<sup>1</sup>

*1. Dutch Research and Data Centre*

In the Netherlands, conditional release of forensic patients is a judicial order involving release from a forensic psychiatric hospital into the community (FPCR). The patient then has to abide by certain conditions and is supervised by probation services. Previous studies into FPCR have shown that recidivism rates are much higher for patients who have been released against hospital staffs' advice. Hospital staff and judges can also be cautious about releasing these patients, sometimes resulting in long-term FPCR. A study was set up to examine factors relating to FPCR success or failure comparing long-term and short-term FPCR on recidivism rates.

---

## Pathways through Scotland's forensic mental health services: Challenges in moving patients on from high security care

---

Tuesday, 24th June - 16:45: [Papers] Discharge and Reintegration (Thomas Davis Theatre (Room 2043)) - Paper

---

***Dr. Lindsey Gilling<sup>1</sup>, Ms. Cheryl Rees<sup>1</sup>, Dr. Gavin third<sup>2</sup>, Prof. Lindsay Thomson<sup>1</sup>***

*1. University of Edinburgh, 2. NHS Lothian*

Security stepdown is an important part of the rehabilitation and recovery process for forensic mental health patients. However, extended delay in finding an available and suitable bed can stunt patients' rehabilitation and lead to disillusionment and perceived lack of control, potentially jeopardising recovery gains made prior to referral. This study explored referrals over a two-year period from high-security care in Scotland, and aimed to describe the transfer process and identify determinants of successful referrals as well as contributors to transfer delays.

---

## Is Mind Reading Possible After All? – Introducing the New Ambiguous Intentions Hostility Questionnaire (AIHQ) Mentalizing Index

---

Tuesday, 24th June - 16:45: [Papers] Cognitive and Affective Processing (Jonathan Swift Theatre (Room 2041A))  
- Paper

---

***Mr. Leo Kuutti<sup>1</sup>, Prof. Raimo Lappalainen<sup>2</sup>, Dr. Alice Keski-Valkama<sup>1</sup>, Dr. Katariina Keinonen<sup>2</sup>***

*1. Vanha Vaasa Hospital, 2. University of Jyväskylä*

In the original AIHQ validation study, AIHQ BLAME scores showed high sensitivity to the situational conditions of the AIHQ situation categories among healthy students. But is this so for everyone? The current paper presents a new AIHQ Mentalizing Index (MI) that accounts for the ability to differentiate between different behavioral cues. Based on results from an ongoing study, the MI score is associated with multiple forms of psychological functioning, for example, paranoia, violence, emotion recognition, and executive functioning. Overall, the Mentalizing Index could improve precision in assessing social cognition. It could also provide supplementary information when performing violence risk assessments.

---

## A systematic review of measurements of emotion regulation in forensic settings

---

Tuesday, 24th June - 16:45: [Papers] Cognitive and Affective Processing (Jonathan Swift Theatre (Room 2041A))  
- Paper

---

***Mr. Adam Meddeb<sup>1</sup>, Dr. Märta Wallinius<sup>1</sup>, Dr. Steven Gillespie<sup>2</sup>, Dr. Josanne D. M. van Dongen<sup>3</sup>, Dr. Malin Hildebrand Karlén<sup>4</sup>, Dr. Carlo Garofalo<sup>5</sup>***

*1. Lund university, 2. Department of Primary Care and Mental Health, University of Liverpool, 3. Department of Psychology, Education and Child Studies, Erasmus University Rotterdam,, 4. Associate Professor, Department of Psychology, University of Gothenburg, Department of Psychiatry and Neurochemistry, Centre for Ethics, Law and Mental Health (CELAM), Sweden, 5. Department of Philosophy, Social Sciences and Education, University of Perugia, Perugia, Italy*

Emotion regulation (ER) has gained traction as a covariate to antisocial and aggressive behaviors. There is substantial heterogeneity in how ER is measured across the literature. This systematic review aimed to provide an overview of ER measurements and their psychometric properties. Our results show that ER is most widely assessed through self-report measures with the Difficulties in emotion regulation scale (DERS) being the most widely used measure. Reliability estimates vary across studies with poor to excellent estimates of internal consistency. Evidence for criterion validity is found across studies, yet more psychometric work is needed to assess measurement properties.

---

# Does Metacognitive Training (MCT) Reduce Forensic Patients' Tendency to Jump to Conclusions? – Preliminary Results and a Description of the Research Protocol

---

Tuesday, 24th June - 16:45: [Papers] Cognitive and Affective Processing (Jonathan Swift Theatre (Room 2041A))  
- Paper

---

***Mr. Leo Kuutti<sup>1</sup>, Prof. Raimo Lappalainen<sup>2</sup>, Dr. Alice Keski-Valkama<sup>1</sup>, Dr. Katariina Keinonen<sup>2</sup>***

*1. Vanha Vaasa Hospital, 2. University of Jyväskylä*

Previous studies argue that metacognitive training (MCT) reduces the tendency of psychotic patients to jump to conclusions. The current study uses the randomized beads task to evaluate the effect of a group MCT program in reducing forensic patients' tendency to jump to conclusions. The study design is three-legged and non-randomized. Preliminary results indicate that participating in the MCT group might be associated with a larger-than-random change in the randomized beads task result. The results regarding whether there is an optimal balance between jumping to conclusions and the detrimental effect of overthinking are mixed. The meaning of these results is discussed.



---

## Understanding Emotional Processing in Subtypes of Callous-Unemotional Traits

---

Tuesday, 24th June - 16:45: [Papers] Cognitive and Affective Processing (Jonathan Swift Theatre (Room 2041A))  
- Paper

---

***Mr. Thomas Cassart*** <sup>1</sup>

*1. Ghent University*

Youth with callous-unemotional (CU) traits are impaired in their processing of emotions. Because these youth constitute a heterogeneous group it has been theorized that primary (without anxiety) and secondary (with anxiety) variants of CU traits exist. Previous findings suggest that both variants differ in their emotional processing abilities. However, only a few studies tested this theory in a sample of criminal justice-involved youth. To fill this void, the current study will test if detained youth with CU traits can be classified into primary and secondary variants, and if these variants differ in different indices of emotion processing.

---

## Mentalization-based treatment for sex-offenders, what were they thinking?

---

Tuesday, 24th June - 16:45: [Papers] Cognitive and Affective Processing (Jonathan Swift Theatre (Room 2041A))  
- Paper

---

**Mr. Bastiaan Sligter<sup>1</sup>, Dr. Gretha Boersma<sup>1</sup>, Dr. J. Karsten<sup>2</sup>, Mr. Karel 't Lam†<sup>1</sup>, Prof. Marike Lancel<sup>3</sup>**

*1. Forensic Psychiatric Hospital, GGZ Drenthe, Mental Health Institute, Assen, Netherland, 2. Department of Clinical Psychology and Experimental Psychopathology, University of Groningen, Groningen, Netherlands, 3. Forensic Psychiatric Hospital, GGZ Drenthe, Mental Health Institute, Assen, Netherlands*

Sex-offenders often show problems in their mentalizing ability and are therefore (uniquely) treated with mentalization-based treatment (MBT) in our forensic psychiatric hospital. Here we report the effects of and experiences with MBT. Patients completed four questionnaires at the start, after 6 and 12 months of MBT. From the questionnaires only scores on Reading the Mind in the Eyes changed significantly over one year, indicating improved emotion recognition. Clinician-rated sexual recidivism risk significantly declined over this period. Qualitative evaluation of interviews with staff and patients is still ongoing. The quantitative study provides limited evidence for effectiveness of MBT in sex-offenders.

---

## Coaching Influence on the Robustness of the Thai Symptom Validity Scale-Revised in Detecting Simulated Psychopathological Malingering

---

Tuesday, 24th June - 16:45: [Papers] Competence and Criminal Responsibility (Teatar M. Ui Chadhain Theatre (Room 2041B)) - Paper

---

***Dr. Natthawut Arin<sup>1</sup>, Ms. Pornpan Meerit<sup>2</sup>***

*1. Department of Psychology, Chiang Mai University, 2. Galya Rajanagarindra Institute, Mental health Department*

Malingering assessment is critical in forensic mental health services. In Thailand, the Symptom Validity Test-Thai (SVT-Th), initially developed in 2019 based on Rogers' malingering detection strategies and revised in this 2024 project. Analysis of SVT-Th-Revised demonstrated strong internal consistency, with second-order confirmatory factor analysis (CFA) confirming construct validity through two factors aligned with Rogers' model: Unlikely Presentation (Rare Symptoms, Symptom Combinations) and Amplified Presentation (Symptom Amplifier, Over-Reported Observations). Classification accuracy was evaluated by comparing forensic patients (control group) with three coaching-influenced simulated malingering conditions (Feigning, Symptom Coaching, Test Coaching). Findings on the robustness of classification efficiency will be discussed.

---

## Are Malingering Screens Competent to Stand Trial?

---

Tuesday, 24th June - 16:45: [Papers] Competence and Criminal Responsibility (Teatar M. Ui Chadhain Theatre (Room 2041B)) - Paper

---

***Mr. Nishant Krishnan***<sup>1</sup>

*1. Centre for Forensic Behavioural Science, Swinburne University of Technology*

Feigning is a concern within competency to stand trial evaluations. However, there remains no consensus regarding which malingering screening tools most effectively discriminate between honest responders and feigners. This study meta-analysed the extent to which two widely recognised tools - Atypical Presentation (ATP) Scales and Miller Forensic Assessment of Symptoms Test (M-FAST) differentiate honest responders from feigners. 13 studies yielding 18 effect sizes were identified. Findings showed that the ATP Scales and M-FAST are effective at ruling out individuals who do not require further symptom validity testing. However, considering the high false positive rate, positive results necessitate careful follow-up evaluation.

---

# Mental Health Discussions in Plea Courts: Observations from Ottawa, Canada

---

Tuesday, 24th June - 16:45: [Papers] Competence and Criminal Responsibility (Teatar M. Ui Chadhain Theatre (Room 2041B)) - Paper

---

***Dr. Evelyn Maeder<sup>1</sup>, Mr. Saad Waqas<sup>2</sup>, Ms. Erin Thomsen<sup>2</sup>***

*1. Carleton University, 2. University of Regina*

Despite the prevalence of guilty pleas in criminal cases, to our knowledge, research has not examined Canadian plea courts. We investigated whether/how mental health emerges as a topic. As part of a larger ethnographic study, four researchers observed plea courts in Ottawa for one year, taking notes on approximately 500 plea hearings. We developed a list of keywords related to mental health. Using these keywords, computational topic modeling will be used to extract themes, which will be reviewed by researchers to further contextualize/understand these discussions. The paper will discuss these themes, as well as the strengths/limitations of the computational analysis.

---

# Not Criminally Responsible on Account of a Mental Disorder for a Homicide: Examining Gender Differences to Identify Opportunities for Prevention

---

Tuesday, 24th June - 16:45: [Papers] Competence and Criminal Responsibility (Teatar M. Ui Chadhain Theatre (Room 2041B)) - Paper

---

**Mrs. Mimosa Luigi<sup>1</sup>, Dr. Marichelle Leclair<sup>2</sup>, Dr. Félicia Deveaux<sup>3</sup>, Ms. Arianne Imbeault<sup>4</sup>, Mr. Cédric Beauchamp<sup>3</sup>, Dr. Andrew Gray<sup>5</sup>, Dr. Mathieu Dufour<sup>6</sup>, Prof. Tonia L. Nicholls<sup>7</sup>, Dr. Michael C. Seto<sup>8</sup>, Prof. Anne G. Crocker<sup>4</sup>**

*1. Department of Psychiatry, McGill University, Montréal, Québec, 2. Université du Québec en Outaouais, 3. Department of Psychology, University of Montreal, 4. Université de Montréal, 5. Department of Psychiatry and Addictions, University of Montreal, 6. Institut national de psychiatrie légale Philippe-Pinel & Université de Montréal, 7. Department of Psychiatry, Faculty of Medicine, University of British Columbia, 8. Forensic Research Unit, University of Ottawa's Institute of Mental Health Research at The Royal*

To explore opportunities for preventing homicide by persons with a severe mental illness, this study compared the characteristics and health service trajectories of 98 men and 29 women found not criminally responsible on account of mental disorder (NCRMD) for a homicide in Canada. Analyzing data from Criminal Review Boards and police reports, as well as health administrative databases for a subsample ( $n = 51$ ), significant gender differences in the nature and circumstances of homicide-related offenses were identified. We discuss potential biases leading to these differences, along with implications for involving non-forensic health services and relatives in prevention strategies.

---

## Length of stay for forensic psychiatric clients with fully diminished responsibility.

---

Tuesday, 24th June - 16:45: [Papers] Competence and Criminal Responsibility (Teatar M. Ui Chadhain Theatre (Room 2041B)) - Paper

---

***Ms. Andrea Pol<sup>1</sup>, Dr. Hannah Jongsma<sup>2</sup>, Dr. Diederik Tenback<sup>1</sup>***

*1. Centre for Transcultural Psychiatry Veldzicht, 2. University Medical Centre Groningen / Centre for Transcultural Psychiatry Veldzicht*

In the Dutch forensic psychiatric system clients may face mandatory inpatient treatment for an average duration of 7-8 years. Using case records from 2000 -2020, we investigated if those with fully diminished criminal responsibility faced longer treatment and if crime severity, known victim (yes/no), diagnosis, comorbidity and previous criminal record were associated with duration. From 368 records we used 158 (43%) to determine a mean length of stay of 9 years and 179 days (SD: 3y170d). While full results will be presented at the conference, it appears that length of stay is longer for those with fully diminished criminal responsibility.

---

# Profiles in forensic inpatients and the role of Acquired Brain Injury

---

Tuesday, 24th June - 16:45: [Papers] Physical and Neurological Functioning (Room 4050A) - Paper

---

***Ms. Sterre De Geus<sup>1</sup>, Dr. Siri Noordermeer<sup>1</sup>***

*1. Vrije Universiteit Amsterdam*

Acquired Brain Injury (ABI) is a considerable problem within adult forensic populations, with estimated prevalence between 40-60% and post-ABI neuropsychological impairments, such as problems with working memory and inhibition, are frequently seen. In the current study patient profiling is used to try to categorize a sample of forensic inpatients into specific profiles. It is expected that in addition to the presence of ABI, age of first offense, type of offense, and type of psychiatric disorders will be important in differentiating profiles. These profiles can be used for indicating appropriate treatment and adequate risk assessment, and therewith may reduce recidivism risk.



---

# Determinants of Weight Gain in Forensic Psychiatric Care: A Systematic Review and Meta-Analysis

---

Tuesday, 24th June - 16:45: [Papers] Physical and Neurological Functioning (Room 4050A) - Paper

---

***Dr. Justine Anthony*<sup>1</sup>, *Dr. Joseph Davies*<sup>2</sup>, *Dr. Maria Goodwin*<sup>3</sup>**

***1. University of Leicester, 2. Cardiff Metropolitan University, 3. Aston University***

Individuals with Severe and Enduring Mental Illness (SMI), such as schizophrenia or bipolar disorder, experience significantly reduced life expectancy, largely due to non-communicable diseases like cardiovascular conditions and type II diabetes, which are often linked to obesity. Despite the heightened prevalence of obesity among those with SMI, limited evidence exists on factors influencing weight gain in forensic inpatient settings. This systematic review and meta-analysis will explore demographic, psychological, environmental, and pharmacological determinants of weight gain in this population. Findings will inform targeted interventions to address weight gain in secure psychiatric settings, improving health outcomes for individuals with SMI.

---

# Nutritional considerations for the wellbeing of incarcerated persons: evidence for the use of dietary supplements in correctional settings

---

Tuesday, 24th June - 16:45: [Papers] Physical and Neurological Functioning (Room 4050A) - Paper

---

***Ms. Paige Harris<sup>1</sup>, Ms. Lori Lai<sup>1</sup>, Ms. Fikayomi Kumapayi<sup>2</sup>, Dr. Yedishtra Naidoo<sup>3</sup>, Dr. Britta Ostermeyer<sup>4</sup>, Dr. Gary Chaimowitz<sup>5</sup>, Prof. Andrew Olagunju<sup>6</sup>***

*1. Michael G. Degroote School of Medicine, McMaster University, Hamilton, ON, Canada, 2. Irving K. Barber Faculty of Arts and Social Sciences, The University of British Columbia, British Columbia, Canada, 3. Department of Psychiatry and Behavioural Neurosciences, McMaster University, Hamilton, Canada, 4. Department of Psychiatry and Behavioral Sciences, University of Oklahoma, Oklahoma City, USA, 5. McMaster University, 6. Forensic Psychiatry Program, St Joseph's Healthcare Hamilton, Hamilton, ON, Canada*

The present review examines nutritional offerings and the use of nutritional supplements in correctional settings. This systematic review was designed according to Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines, and was managed in Covidence. Results from twenty-eight observational studies and five randomized control trials suggest that incarcerated persons may not receive adequate nutrition, and that the implementation of omega fatty acid and/or multivitamin supplements may reduce antisocial and aggressive behaviour while incarcerated. Further studies are needed to replicate findings of supplementation trials, alongside trials involving a broader range of nutritional supplements in varied prison populations.

---

## Adding Insight to Injury: Brain Injury Screening Programs and rehabilitation with forensic populations

---

Tuesday, 24th June - 16:45: [Papers] Physical and Neurological Functioning (Room 4050A) - Paper

---

***Dr. Jennifer McMahon<sup>1</sup>, Dr. Kim Gorgens<sup>1</sup>***

***1. University of Denver***

Individuals with conditions affecting cognitive functioning, including brain injuries, are overrepresented among persons deemed incompetent to proceed. Brain injury is a major cause of disability associated with behavioral problems that may increase vulnerability to involvement in the legal system. Denver FIRST is piloting a Brain Injury Screening Program serving at-risk populations with suspected brain injuries in Colorado's competency system. The project identifies brain injuries, assesses cognitive functioning, provides recommendations for TBI-informed interventions, and suggests community referrals. This paper will discuss preliminary findings and exemplar cases highlighting the complexity and acuity of clinical presentations and the crucial need for specialized services.

---

# Impact of physical activity on wellbeing while incarcerated: a systematic review

---

Tuesday, 24th June - 16:45: [Papers] Physical and Neurological Functioning (Room 4050A) - Paper

---

***Ms. Paige Harris<sup>1</sup>, Ms. Sarah Lalji-Mawji<sup>1</sup>, Ms. Kairavi Parikh<sup>2</sup>, Dr. Britta Ostermeyer<sup>3</sup>, Prof. Andrew Olagunju<sup>4</sup>***

*1. Michael G. Degroote School of Medicine, McMaster University, Hamilton, ON, Canada, 2. Faculty of Health Sciences, McMaster University, Hamilton, Ontario, Canada, 3. Department of Psychiatry and Behavioral Sciences, University of Oklahoma, Oklahoma City, USA, 4. Forensic Psychiatry Program, St Joseph's Healthcare Hamilton, Hamilton, ON, Canada*

Incarcerated persons face restrictions that limit their ability to exercise, which may impact health and quality of life. This systematic review was designed according to Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines, and examines the relationship between exercise, mental health, and outcomes for those in prison. Preliminary findings suggest that various forms of exercise implemented in prison positively impact mental health and wellbeing. Further research involving an array of exercise forms is needed to replicate findings and determine long-term engagement with and outcomes of exercise-based interventions for the incarcerated population.

---

# The Role of Reported Occupational Stress in Predicting Attitudes Toward Seeking Psychological Help Among Law Enforcement Officers: A Mediation and Moderation Model

---

Tuesday, 24th June - 16:45: [Papers] Professionals and Clients (Room 4050B) - Paper

---

***Ms. Elizabeth Jensen***<sup>1</sup>

*1. Long Island University-Brooklyn*

The current study examined the relationship between law enforcement officers' reported occupational stress and the influence on attitudes toward seeking psychological help. It investigated the relationship between gender and self-stigma on attitudes toward seeking mental health support. A sample of sworn law enforcement officers ( $N = 233$ ) completed questionnaires about occupational stress, self-stigma, and attitudes toward seeking professional psychological help. Results demonstrated that operational stress significantly predicted more positive attitudes toward seeking psychological help. Gender moderated the relationship between operational stress and attitudes, and self-stigma significantly mediated the relationship between organizational stress and help-seeking attitudes.

---

# Exploring Self-Stigmatization Among Individuals in Forensic Care

---

Tuesday, 24th June - 16:45: [Papers] Professionals and Clients (Room 4050B) - Paper

---

***Ms. Maria Schröder-Best*** <sup>1</sup>

*1. Philipps University of Marburg*

This paper addresses a critical research void, investigating self-stigmatization in forensic mental health—a topic largely unexplored in European studies and globally underrepresented. Focusing on individuals at the nexus of criminality and mental health within forensic care, the study pioneers insights into how this highly stigmatized group internalizes societal prejudices. Offering initial glimpses into coping strategies, the research unveils the intricate dynamics of self-stigmatization in this context. This paper highlights the urgent need to understand and address the complexities of stigma within forensic mental health, contributing essential groundwork for future exploration in this under-researched domain.

---

## Self-Reported Perceptions of Patients and Staff on Participation and Verbal and Social Interactions in High-Security Forensic Psychiatric Care in Sweden

---

Tuesday, 24th June - 16:45: [Papers] Professionals and Clients (Room 4050B) - Paper

---

**Dr. Andreas Söderberg<sup>1</sup>**

*1. Linnaeus University*

How different types of staff behaviors impact the degree of perceived patient participation in high security forensic care is investigated in this study. The instruments used were the subscale *Participation* from the questionnaire *Quality in Psychiatric Care-Forensic* and the questionnaire *Verbal and Social Interactions*. Both staff and patients participated. The main findings of this study were that staff and patients rated the frequency of verbal and social interactions differently, while reporting the same perceived degree of participation. The patients' perceived participation appears to depend on behaviors found in the categories '*Showing interest in the patients' feelings, experiences and behavior*'.

# Shared decision making and forensic mental healthcare: strange bedfellows or natural companions?

---

Tuesday, 24th June - 16:45: [Papers] Professionals and Clients (Room 4050B) - Paper

---

***Dr. Johan Berlin*** <sup>1</sup>

*1. Department of Clinical Sciences Lund, Lund university*

Shared decision making has been increasingly advocated and implemented across all sectors of modern Western healthcare systems. However, its progress and foothold in psychiatry and forensic mental healthcare settings has been slower and more tenuous. This presentation will discuss and make some conjectures about what shared decision making may have to offer in forensic mental health settings. It will discuss ways in which the model of shared decision making may have to be adapted to these contexts, and what shared decision making may not be able to achieve for patients as well as staff in these settings.



---

## A definition of relational security within forensic mental health care: a scoping review and concept analysis.

---

Tuesday, 24th June - 16:45: [Papers] Professionals and Clients (Room 4050B) - Paper

---

***Ms. Steffy Greijmans***<sup>1</sup>

*1. Amsterdam UMC / Ministry of Justice and Security*

Violence and aggression towards healthcare workers are a growing concern, especially in forensic psychiatric hospitals. New interventions focus on 'relational security' but the term's definition remains unclear.

In this scoping review on the concept of relational security 34 definitions were found and thematically analyzed. The evidence shows many varieties between existing definitions. However, certain elements such as the relationship between staff and patients, knowledge about the patients and risk assessment were reasonably consistent throughout the definitions. This study highlights the necessity to further explore the term relational security and reach consensus on an overall definition.

---

## Exploring the Working Alliance between Correctional Staff Members and Female Inmates with Experiences in Sex Trading

---

Wednesday, 25th June - 08:30: [Symposium] Female Inmates with Experiences in Sex Trading: Victimological, Criminological, and Intervention Perspectives (J.M. Synge Theatre (Room 2039)) - Panel Contribution

---

***Ms. Teodora Drob<sup>1</sup>, Dr. João Da Silva Guerreiro<sup>1</sup>, Ms. Catherine Champagne<sup>1</sup>, Ms. Sidney Archambault-Wakil<sup>1</sup>, Ms. Maude Payant<sup>1</sup>***

***1. Université du Québec à Montréal***

We examine the challenges and facilitators in building a working alliance (WA) between female inmates and correctional staff in Canada. Drawing on a thematic analysis of 17 interviews, we explore how issues related to the WA apply to inmates with experiences in sex trading. From the inmates' perspective, obstacles include limited access to psychological services and barriers linked to interpersonal issues such as stigmatization. From the staff's perspective, we explore perceptions of a punitive culture within corrections and its impact on their ability to foster a WA. This study offers guidance for correctional practitioners supporting female inmates with these experiences.

---

# Operating within a polarized environment: Mapping service provision in Quebec for women with experiences in sex trading

---

Wednesday, 25th June - 08:30: [Symposium] Female Inmates with Experiences in Sex Trading: Victimological, Criminological, and Intervention Perspectives (J.M. Synge Theatre (Room 2039)) - Panel Contribution

---

***Ms. Catherine Champagne<sup>1</sup>, Dr. João Da Silva Guerreiro<sup>1</sup>, Dr. Sophie Gilbert<sup>1</sup>, Ms. Sidney Archambault-Wakil<sup>1</sup>, Ms. Teodora Drob<sup>1</sup>, Ms. Maude Payant<sup>1</sup>***

*1. Université du Québec à Montréal*

Community organizations (COs) in Quebec offering services to women with experiences in sex trading (EST) operate within a deeply polarized debate regarding the sex industry. CO tend to position themselves either as abolitionist, pro-sex work or neutral. Different ideological stances inform how CO structure and prioritize services offered to EST. This qualitative study analyses online documentation of 16 CO in Quebec. The mapping of service provisions along these three ideological stances will provide insights into the place of ideology in service provision and to discuss whether these services are aligned with the needs of their clienteles documented in the literature.

---

## Descriptive Analysis of Victimization Among Female Inmates with Sex Trading Experiences in Quebec

---

Wednesday, 25th June - 08:30: [Symposium] Female Inmates with Experiences in Sex Trading: Victimological, Criminological, and Intervention Perspectives (J.M. Synge Theatre (Room 2039)) - Panel Contribution

---

***Ms. Sidney Archambault-Wakil<sup>1</sup>, Dr. João Da Silva Guerreiro<sup>1</sup>, Ms. Catherine Champagne<sup>1</sup>, Ms. Maude Payant<sup>1</sup>, Ms. Teodora Drob<sup>1</sup>, Dr. Marie-Pier Vaillancourt-Morel<sup>2</sup>***

*1. Université du Québec à Montréal, 2. Université du Québec à Trois-Rivières*

Women with experiences in sex trading report extensive physical, psychological, and sexual abuse throughout their lives, with significant impacts on their mental health. This study examines the victimization experiences of 115 female inmates with sex trading experiences in Canada. Results indicate that 90% of participants experienced sexual abuse and faced an average of 21 distinct victimization experiences over their lifetimes. These findings underscore the importance of addressing victimization-related needs and integrating trauma-informed approaches to better support these women within the criminal justice system. The discussion will explore targeted strategies for fostering recovery and resilience.

---

## Exploring the Criminality of Female Inmates with Sex Trading Experiences: A Mixed-Methods Study

---

Wednesday, 25th June - 08:30: [Symposium] Female Inmates with Experiences in Sex Trading: Victimological, Criminological, and Intervention Perspectives (J.M. Synge Theatre (Room 2039)) - Panel Contribution

---

***Ms. Maude Payant<sup>1</sup>, Dr. João Da Silva Guerreiro<sup>1</sup>, Ms. Sidney Archambault-Wakil<sup>1</sup>, Ms. Catherine Champagne<sup>1</sup>, Ms. Teodora Drob<sup>1</sup>, Dr. Marie-Pier Vaillancourt-Morel<sup>2</sup>***

*1. Université du Québec à Montréal, 2. Université du Québec à Trois-Rivières*

This mixed-methods study aims to describe the criminality of female inmates (N=110) with experiences in sex trading in Canada and explore their understanding of their behavior. Results indicate a high prevalence of criminal antecedents and probation violations being the most common offense related to their current incarceration. A qualitative thematic analysis reveals five main driving forces behind their offenses: protection of integrity, need for stimulation, relational oppression, financial gains to support substance use and monetary motivation. We discuss practical implications related to the observed victim-offender overlap, the revolving door phenomenon, and the importance of addressing issues related to substance use.

---

## Advancing Secure Care and Recovery: The Forensic Model of Care (FMOC) at CAMH in Toronto

---

Wednesday, 25th June - 08:30: [Symposium] Models of Care: Different Countries, Different Security Levels (Robert Emmet Theatre (Room 2037)) - Panel Contribution

---

***Dr. Treena Wilkie<sup>1</sup>, Dr. Alexander (Sandy) Simpson<sup>2</sup>***

*1. BScH, MD, FRCPC Chief of Forensic Services, Associate Chief Medical Officer, Centre for Addiction and Mental Health (CAMH), Associate Professor, University of Toronto, 2. Centre for Addiction and Mental Health*

We describe the Forensic Model of Care (FMOC) at CAMH in Toronto. The FMOC takes a patient-centred, recovery-oriented approach to forensic patients, within a framework of excellence. The vision, *Advancing Safe & Secure Recovery*, aligns with the hospital-wide strategic vision. The FMOC resulted from extensive external and internal consultation, collaboration with service users and families, and an Equity, Diversity and Inclusion strategy. It informs current provision and the construction of a new forensic facility. Central themes are implementing new assessment and standardized measurement systems, clinical pathways, treatment resourcing, linked passes and privileges framework, integration with digital tools and evaluation.

---

## Functional analysis of the model of care for Italy: is there a need for high security?

---

Wednesday, 25th June - 08:30: [Symposium] Models of Care: Different Countries, Different Security Levels  
(Robert Emmet Theatre (Room 2037)) - Panel Contribution

---

***Dr. Lia Parente<sup>1</sup>, Prof. Harry Kennedy<sup>2</sup>, Dr. Mary Davoren<sup>3</sup>, Dr. Eliseo Seclì<sup>4</sup>, Dr. Monica Rutigliano<sup>4</sup>, Prof. Felice Francesco Carabellese<sup>4</sup>***

*1. University of Rome Sapienza, 2. Trinity College Dublin, 3. Trinity College Dublin, Ireland,, 4. University of Bari Aldo Moro*

We used the Italian translation of the DUNDRUM Toolkit to assess the current working of the model of care for forensic psychiatry in Italy following the reforms of 2015. We hypothesised that the match between a standardised assessment and the decision of the court would be imperfect. We found that a small but important proportion needed high secure places that are not currently available, 3.7% of 604 nationally, 95% Confidence Interval 1.2% to 8.4%, 7 to 50. A greater use of such measures would enable better health gains and safer outcomes.

---

# High security and medium security in forensic psychiatry in Denmark and the pathways between them

---

Wednesday, 25th June - 08:30: [Symposium] Models of Care: Different Countries, Different Security Levels (Robert Emmet Theatre (Room 2037)) - Panel Contribution

---

***Dr. Lisbeth Uhrskov Sørensen*<sup>1</sup>, *Dr. Morten Deleuran Terkildsen*<sup>2</sup>, *Dr. anne mette brandt-christensen*<sup>3</sup>, *Mrs. Tine Woebbe*<sup>4</sup>, *Prof. Harry Kennedy*<sup>5</sup>**

*1. Department of Forensic Psychiatry, Aarhus University Hospital Psychiatry, Department of Clinical Medicine, Health, Aarhus University, 2. DEFACTUM, Social & Health Services, Public Health Research, Central Denmark Region, Department of Forensic Psychiatry, Aarhus University Hospital Psychiatry and Department of Clinical Medicine, Health, Aarhus University, 3. Competence Centre for Forensic Psychiatry, Copenhagen University Hospitals, 4. (Clin. Forensic Research Unit/Institute of Bio.Psych, Sct Hans), 5. Trinity College Dublin*

This presentation explains the legal and national plans for the organisation and structure of Danish medium—and high-secure hospitals, focusing on pathways between them and using Kennedy's Model of Care (MOC) as a framework. Denmark has two forensic psychiatric treatment levels, high secure and medium secure, but no low secure. However, a substantial number of forensic psychiatric patients are treated in general psychiatry as in or outpatients. The legislative and national healthcare planning framework for patient pathways and transitions will be summarised. We conclude by discussing strengths and challenges in the Danish MOC, emphasising pathways.



---

## Examining the need for a high level of therapeutic security at a regional forensic mental health service in Aotearoa New Zealand

---

Wednesday, 25th June - 08:30: [Symposium] Models of Care: Different Countries, Different Security Levels (Robert Emmet Theatre (Room 2037)) - Panel Contribution

---

***Dr. Michael Jewell<sup>1</sup>, Dr. Krishna Pillai<sup>2</sup>, Prof. Brian McKenna<sup>3</sup>***

*1. Bethlem Royal Hospital, 2. Mason Clinic, 3. Auckland University of Technology*

This study identifies a cohort of high-secure patients within a medium-secure forensic mental health service in Aotearoa New Zealand. A retrospective review of admissions over 3.75 years used the Dangerousness Understanding, Recovery, and Urgency Manual Triage Security Scale to identify high-security needs. Findings reveal a significant prevalence (11%) of mixed-gender, culturally diverse patients with psychosis and violent offences, requiring high-security care. There is also an indication that the cohort was subject to more restrictive practice. The study highlights the gap in current therapeutic security provisions and has directly contributed to the design of new facilities commissioned to open in 2025.

## **Risk Screening, a Feasible Alternative When Comprehensive Risk Assessment Is Not (Always) Possible?**

---

Wednesday, 25th June - 08:30: [Round Table] Risk Screening, a Feasible Alternative when Comprehensive risk Assessment is not (always) Possible? (Thomas Davis Theatre (Room 2043)) - Round Table

---

***Dr. Michiel de Vries Robbé<sup>1</sup>, Dr. Anneke Kleeven<sup>1</sup>, Dr. Ed Hilterman<sup>2</sup>***

*1. Amsterdam University Medical Center, 2. Expertise Centre of Forensic Psychiatry*

In many treatment and supervision settings for juveniles and adults the use of comprehensive risk assessment is simply not feasible for all individuals. To offer more simplified risk evaluation opportunities, in recent years novel risk screening methodologies have been developed. These can be used in community services, prisons, and adult or youth supervision. Two examples will be presented: the Risk Screener Violence and Risk Screener Youth. In an interactive session the audience and a panel of forensic experts will discuss the potential benefits and possible downsides of these quick risk screening alternatives. What is risk screening a viable alternative for?

---

## Modernization Project of a High Secure Forensic Hospital in Montreal, Canada: an organizational viewpoint

---

Wednesday, 25th June - 08:30: [Symposium] Redesigning Forensic Mental Health Care: A Collaborative and Evidence-Informed Approach to Infrastructure Transformation (Jonathan Swift Theatre (Room 2041A)) - Panel Contribution

---

***Dr. Mathieu Dufour<sup>1</sup>, Ms. Annie Côté<sup>2</sup>***

*1. Institut national de psychiatrie légale Philippe-Pinel & Université de Montréal, 2. Institut national de psychiatrie légale Philippe-Pinel*

- The modernization of a forensic secure hospital is an important initiative aimed at improving patient care, enhancing safety, and fostering a more effective, collaborative work environment. This project addresses the evolving needs of both the patient population and healthcare providers in the context of increasing demands for safety, rehabilitation, and compliance with legal and ethical standards. The modernization encompasses infrastructure upgrades based on the new evidence from the literature and the optimization of clinical care. This paper will look at the organizational structure of this project with the establishment of specialized committees to ensure seamless governance and operational efficiency.

---

## Hospital Design for inpatient psychiatry: a realist umbrella review

---

Wednesday, 25th June - 08:30: [Symposium] Redesigning Forensic Mental Health Care: A Collaborative and Evidence-Informed Approach to Infrastructure Transformation (Jonathan Swift Theatre (Room 2041A)) - Panel Contribution

---

***Dr. Yuliya Bodryzlova*<sup>1</sup>, *Ms. Ashley J. Lemieux*<sup>1</sup>, *Dr. Mathieu Dufour*<sup>2</sup>, *Ms. Annie Côté*<sup>1</sup>, *Mr. Stéphane Lalancette*<sup>3</sup>, *Prof. Anne G. Crocker*<sup>4</sup>**

*1. Institut national de psychiatrie légale Philippe-Pinel, 2. Institut national de psychiatrie légale Philippe-Pinel & Université de Montréal, 3. LLA architecture, 4. Université de Montréal*

Unlike traditional evaluations centered on outcomes, a realist approach explores how interventions work. This realist umbrella review examines the mechanisms of actions by which architecture and design influence the experiences of patients and staff in psychiatric hospitals. The review analyzed academic (n = 14) and gray literature using three databases, targeting psychiatric hospitals, design, and staff/patient outcomes. We found that key features of architecture and design address patients' stress, boost social interaction, foster patients' autonomy and feelings of control, ensure respect for patient's privacy and dignity, and prevent under- and overstimulation. Theory-driven evaluations can guide future renovations in forensic psychiatric hospitals.

---

## Redesigning a High-Secure Forensic Mental Health Facility: Collaborative Planning Through a Delphi Consultation

---

Wednesday, 25th June - 08:30: [Symposium] Redesigning Forensic Mental Health Care: A Collaborative and Evidence-Informed Approach to Infrastructure Transformation (Jonathan Swift Theatre (Room 2041A)) - Panel Contribution

---

**Ms. Ashley J. Lemieux<sup>1</sup>, Dr. Yuliya Bodryzlova<sup>2</sup>, Dr. Mathieu Dufour<sup>1</sup>, Ms. Annie Côté<sup>2</sup>, Prof. Anne G. Crocker<sup>3</sup>**

*1. Institut national de psychiatrie légale Philippe-Pinel & Université de Montréal, 2. Institut national de psychiatrie légale Philippe-Pinel, 3. Université de Montréal*

As part of a major infrastructure project to redesign a high-secure forensic mental health facility, a Delphi consultation was conducted to prioritize design features that support patient recovery in a safe environment. Based on an umbrella review, 14 themes were identified, including patient rooms, family spaces, and positive distractions. The consultation involved 6 patients and 18 staff members and highlighted the importance of private, calming spaces and family integration. Safety features, such as cameras, were less prioritized. Results will guide a final report, ensuring the redesign aligns with stakeholder needs and promotes evidence-based, patient-centered care in forensic settings.

---

## Legal Perspectives on Forensic Expertise: Why Choose Psychologists or Psychiatrists?

---

Wednesday, 25th June - 08:30: [Papers] Forensic Experts and Staff (Teatar M. Ui Chadhain Theatre (Room 2041B)) - Paper

---

***Ms. Katérine Aminot<sup>1</sup>, Dr. Tara Ryan<sup>2</sup>, Dr. Alicia Nijdam-Jones<sup>1</sup>***

*1. University of Manitoba, 2. Oregon State Hospital*

Dated studies revealed that legal professionals prefer expert testimonies from psychiatrists over psychologists; however, reasons for this preference remain unclear. We surveyed 125 American and Canadian legal professionals to explore their preference for psychiatrists' or psychologists' expert testimony in competency to stand trial evaluations and explore their opinions regarding the fairness of pay discrepancies between these professions. Using reflexive thematic analyses, we found that participants' expert testimony preferences were rooted in three themes: *Formal Training and Education*, *Relevant Experience*, and *Quality of Evaluations*. Furthermore, legal professionals justified or opposed pay discrepancies based on *Educational Hierarchies* and *Expertise and Work Quality*.

---

## Do patient characteristics influence how forensic evaluators support their opinions about fitness restoration?

---

Wednesday, 25th June - 08:30: [Papers] Forensic Experts and Staff (Teatar M. Ui Chadhain Theatre (Room 2041B)) - Paper

---

***Ms. Madison Hardman<sup>1</sup>, Mr. Brandon Burgess<sup>1</sup>, Dr. David Hill<sup>1</sup>, Prof. Anne G. Crocker<sup>2</sup>, Dr. Alicia Nijdam-Jones<sup>1</sup>***

*1. University of Manitoba, 2. Université de Montréal*

We examined how often experts address the issue of fitness to stand trial (FST) in their fitness restoration reports to the review board, and patient characteristics associated with the types of evidence experts use to support their opinions. Preliminary analyses of 34 patient files from Western Canada indicate that FST patients largely identified as male ( $n=23$ , 67.6%) and Indigenous ( $n=21$ , 75.0%). The issue of fitness was addressed in 30 of 34 cases (90.9%). Characteristics significantly associated with type of evidence used include diagnosis (psychotic disorder, neurodevelopmental disorder) and violent index offence. Limitations, future directions, and practice recommendations will be discussed.

---

## Assessment Practices and Expert Judgment Methods by Australian Forensic Psychologists

---

Wednesday, 25th June - 08:30: [Papers] Forensic Experts and Staff (Teatar M. Ui Chadhain Theatre (Room 2041B)) - Paper

---

***Prof. Tess Neal<sup>1</sup>, Prof. Kristy Martire<sup>2</sup>***

*1. Iowa State University, 2. University of New South Wales*

To advance the comparative international body of work about forensic psychological assessment quality in countries with substantively different evidence rules, we report findings from 122 recent forensic evaluations by 61 Australian psychologists. Most referrals were risk-assessment related (63.8%), and most relied on assessment tools (84.4%;  $M=2.06$  per evaluation). A wide variety of tools were used (83 distinct tools, some uniquely Australian but many not), and very few batteries were consistent. The tools varied greatly in their scientific quality, as they do in the U.S. Our materials, data, and analytic code are posted on OSF ([https://osf.io/d4qjg/?view\\_only=afc84e2d6d4e4a9796319a40a1b296c7](https://osf.io/d4qjg/?view_only=afc84e2d6d4e4a9796319a40a1b296c7)).



## **Do you see the gorilla - The role of selective attention in forensic vigilance**

---

Wednesday, 25th June - 08:30: [Papers] Forensic Experts and Staff (Teatar M. Ui Chadhain Theatre (Room 2041B)) - Paper

---

***Dr. Maartje Clercx*** <sup>1</sup>

*1. Forensic Psychiatric Centre De Rooyse Wissel*

Forensic vigilance is an assumed central competency for forensic professionals. Previous research shows that observing the physical and social environment, and perceiving signals of approaching escalation (Clercx et al., 2020; Clercx et al., 2023) is an important aspect of forensic vigilance. In this regard, selective attention (Bater & Jordan, 2019) possibly plays a role. After all, the forensic professional must be able to focus his/her attention on stimuli that may indicate impending escalation of the situation. In this research the relation between forensic vigilance and selective attention was studied. Results will be discussed along with practical and clinical implications.

## **Paper 1: An Overview of the Equilibrium Domestic Abuse Programme**

---

Wednesday, 25th June - 08:30: [Symposium] A Multi-Perspective Evaluation of the Equilibrium Whole Family Intervention for Domestic Abuse (Room 4050A) - Panel Contribution

---

***Mr. Dafydd Thomas<sup>1</sup>, Prof. Jason Davies<sup>2</sup>***

*1. Domestic Abuse Hub, Swansea Council, 2. Swansea University*

This paper describes the development and implementation of a whole family community delivered early intervention approach to DA which is set within a social services setting. Targeting those where concerns have been raised but where an individual is yet to be charged or convicted of a crime, the framework provides voluntary, community-based supports and interventions for those who have engaged in DA, their (ex) partner and their child(ren). Detail of the multiple components of the programme will be given including the Independent Domestic Abuse Advisor role, the Equilibrium Victim / Survivor Programme and the Equilibrium Perpetrator Programme.

---

## Paper 2: Staff experiences and perceived impacts of the Equilibrium Programme

---

Wednesday, 25th June - 08:30: [Symposium] A Multi-Perspective Evaluation of the Equilibrium Whole Family Intervention for Domestic Abuse (Room 4050A) - Panel Contribution

---

***Prof. Jason Davies<sup>1</sup>, Ms. Julia Ilcikova<sup>1</sup>, Mr. Dafydd Thomas<sup>2</sup>***

*1. Swansea University, 2. Domestic Abuse Hub, Swansea Council*

Little is known about the experiences of staff delivering domestic abuse interventions or the impacts they perceive their work may have on those they support. Interviews with seven staff who facilitate or supervise core aspects of the Equilibrium Domestic Abuse Programme were conducted and analysed using Thematic Analysis. Together the three main themes - 'Experience of working in social services', 'Recognising the need for and being ready to change', and 'Enhancing accessibility and early engagement', provided insight into the elements perceived to be important for change and the challenges faced by facilitators. Ideas for programme development will also be shared.

---

## Paper 3: Current and Ex-Partners' Perspectives on the Equilibrium Programme

---

Wednesday, 25th June - 08:30: [Symposium] A Multi-Perspective Evaluation of the Equilibrium Whole Family Intervention for Domestic Abuse (Room 4050A) - Panel Contribution

---

***Ms. Katie Hughes<sup>1</sup>, Prof. Jason Davies<sup>1</sup>, Mr. Dafydd Thomas<sup>2</sup>***

*1. Swansea University, 2. Domestic Abuse Hub, Swansea Council*

This paper explores the personal experiences of current and ex-partners who have been the victim of domestic abuse and have been supported by the Equilibrium Domestic Abuse Programme. Thematic analysis of interviews with six women who accessed the Equilibrium service whilst their partner accessed the Equilibrium Perpetrator Programme revealed four themes, 'Programme Effectiveness', 'Relationship Improvements', 'Child Wellbeing', and 'Intervening Early'. Participants described their growth and development through being validated and empowered, recognising the detrimental effects that witnessing or experiencing domestic violence may have on children and achieving improved relationships with others and greater independence through their contact with the programme.

---

## Paper 4: Learning from a multi-perspective systematic evaluation of Equilibrium Programme

---

Wednesday, 25th June - 08:30: [Symposium] A Multi-Perspective Evaluation of the Equilibrium Whole Family Intervention for Domestic Abuse (Room 4050A) - Panel Contribution

---

***Prof. Jason Davies<sup>1</sup>, Mr. Dafydd Thomas<sup>2</sup>, Ms. Julia Ilcikova<sup>1</sup>, Ms. Katie Hughes<sup>1</sup>***

*1. Swansea University, 2. Domestic Abuse Hub, Swansea Council*

The Equilibrium Domestic Abuse Programme provides a family based approach to working with domestically abusive and harmful behaviour. Integrating findings from four sources provides an examination of the Equilibrium Domestic Abuse Programme. Three qualitative studies examining the views and experience of

- 1) staff delivering or supervising the programme
- 2) women who's (ex) partners engaged in domestic abuse
- 3) men who had accessed the perpetrator programme

provide insight into the shared views and unique perspectives about what works and programme impact. These are explored in the context of routinely collected data from and about those who engaged in the perpetrator programme.

---

## Unraveling the Link: Childhood Trauma and Pathological Personality Traits Through a Transdiagnostic Lens

---

Wednesday, 25th June - 08:30: [Symposium] A Transdiagnostic Perspective on Underlying Mechanisms of Personality and Emotions in Aggression (Room 4050B) - Panel Contribution

---

***Prof. Stefan Bogaerts<sup>1</sup>, Ms. Iris Frowijn<sup>1</sup>, Ms. Deni Tressová<sup>2</sup>, Dr. Marija Jankovic<sup>3</sup>***

*1. Fivoor Research and Treatment Innovation and Department of Developmental Psychology, Tilburg University, 2. Department of Developmental Psychology, Tilburg University, 3. Department of Developmental Psychology, Tilburg University and Fivoor, Fivoor Science & Treatment Innovation*

This study explores the relationship between childhood trauma and pathological personality traits through a transdiagnostic lens. Data from 191 male respondents, including general population ( $n=103$ ) and forensic patients ( $n=88$ ), were analyzed using network analysis. Emotional abuse and neglect emerged as central trauma dimensions, strongly linked to negative affectivity and psychoticism. Forensic patients showed stronger associations between physical abuse, disinhibition, and antagonism, highlighting behavioral issues, while sexual abuse in the community group correlated with internal traits like psychoticism. Emotional abuse was identified as a key mechanism, underscoring the clinical relevance of trauma-focused interventions, such as EMDR, for personalized treatment.

---

# Disentangling the Web of Individual Characteristics and Negative Partner Relationship Events Through Network Analyses

---

Wednesday, 25th June - 08:30: [Symposium] A Transdiagnostic Perspective on Underlying Mechanisms of Personality and Emotions in Aggression (Room 4050B) - Panel Contribution

---

***Ms. Iris Frowijn<sup>1</sup>, Dr. Elien de Caluwé<sup>2</sup>, Prof. Stefan Bogaerts<sup>1</sup>***

*1. Fivoor Research and Treatment Innovation and Department of Developmental Psychology, Tilburg University, 2. Department of Developmental Psychology, Tilburg University*

Intimate Partner Violence (IPV) and stalking are often investigated separately, while there may be overlap in underlying behaviors and risk factors. Hence, the current study aimed to investigate interrelations in childhood trauma, attachment, maladaptive personality traits, and moral disengagement, and IPV and stalking both from the victim and perpetrator perspectives. The results from a network analysis ( $N = 648$ ) indicate that Callous-Unemotional traits have a central role, and while IPV victimization and perpetration were strongly interrelated they were not part of the network. This could indicate the need to include other factors, for example on the relational and contextual level.

---

## Psychopathic Traits and Aggression: The Role of Moral Emotions and Moral Disengagement

---

Wednesday, 25th June - 08:30: [Symposium] A Transdiagnostic Perspective on Underlying Mechanisms of Personality and Emotions in Aggression (Room 4050B) - Panel Contribution

---

***Ms. Valentina Macías Vasileff<sup>1</sup>, Dr. Yasemin Erbaş<sup>1</sup>, Dr. Carlo Garofalo<sup>2</sup>, Dr. Elie de Caluwé<sup>1</sup>, Dr. Jelle Sijtsema<sup>3</sup>, Prof. Stefan Bogaerts<sup>4</sup>***

*1. Department of Developmental Psychology, Tilburg University, 2. Department of Philosophy, Social Sciences and Education, University of Perugia, Perugia, Italy, 3. University of Groningen, 4. Fivoor Research and Treatment Innovation and Department of Developmental Psychology, Tilburg University*

Psychopathic traits (callousness, egocentricity and antisociality) are associated with aggression, but links may depend on aggression type (proactive vs. reactive) and morality. This survey-based study ( $N = 333$ ) tested mediation and moderated mediation models to examine whether guilt and shame explained these relationships, and if associations were contingent on moral disengagement (MD). Callousness and egocentricity were linked to proactive aggression, with MD strengthening associations. These traits were related to reactive aggression primarily at high MD levels. Antisociality was related to aggression subtypes, with MD strengthening the proactive aggression link. Mostly shame mediated these relationships. These findings highlight potential intervention targets.



---

# Feelings Matter: A Systematic Review of Emotional Processes and Skills in Adolescents with Externalizing Behavior

---

Wednesday, 25th June - 08:30: [Symposium] A Transdiagnostic Perspective on Underlying Mechanisms of Personality and Emotions in Aggression (Room 4050B) - Panel Contribution

---

***Ms. Lotte Bant<sup>1</sup>, Dr. Yasemin Erbaş<sup>1</sup>, Prof. Stefan Bogaerts<sup>2</sup>, Dr. Elien de Caluwé<sup>1</sup>***

*1. Department of Developmental Psychology, Tilburg University, 2. Fivoor Research and Treatment Innovation and Department of Developmental Psychology, Tilburg University*

Developing emotional skills is an important task in early adolescence, persisting in late adolescence. Simultaneously, adolescence is a high-risk developmental period for the onset of severe psychopathology, such as externalizing behavior, in which emotional difficulties play a central role. Within our study, we aim to systematically review emotional processes and skills in externalizing youth to 1) better understand why externalizing behavior persist chronically in some children, but resolve for others, 2) to aid in diagnostic differentiation by not focusing only on the observable behavior but also possibly underlying emotional mechanisms, and 3) to advance targeted prevention of externalizing behavior.

---

## Relational Care in Forensic Psychiatry: What Is It, What Are the Experiences, and How Can It Be Implemented?

---

Wednesday, 25th June - 09:45: [Round Table] Relational Care in Forensic Psychiatry: What is it, what are the Experiences, and how can it be Implemented? (J.M. Synge Theatre (Room 2039)) - Round Table

---

**Ms. Michelle Ruhe<sup>1</sup>, Ms. Steffy Greijmans<sup>2</sup>, Dr. Petra Schaftenaar<sup>3</sup>, Dr. Yolande Voskes<sup>4</sup>**

*1. Amsterdam UMC, 2. Amsterdam UMC / Dienst Justitiële Inrichtingen, 3. Metis Zorg, 4. Amsterdam UMC / Tranzo, Tilburg University / GGZ Breburg*

In Dutch clinical forensic care, there is an ongoing shift from control-based to contact-based care. Various initiatives are being implemented to foster relational care in forensic psychiatry. One example is the Forensic High and Intensive Care (FHIC) model, developed to provide intensive, contact-based care in crisis situations. What do concepts such as relational care or relational safety actually mean? What can or should they bring to forensic psychiatry? And what is needed to achieve this? We invite you to this round table session with experts on FHIC and relational safety to discuss this principle.

---

## Examining Gender-Related Measurement Invariance in Actuarial Risk Assessment With the Static-99R

---

Wednesday, 25th June - 09:45: [Papers] Diversity and Forensic Assessment (Robert Emmet Theatre (Room 2037)) - Paper

---

***Mrs. Vera Creemers<sup>1</sup>, Dr. Wineke Smid<sup>2</sup>, Prof. Vivienne de Vogel<sup>3</sup>***

*1. Forensic Psychiatric Centre De Rooyse Wissel, 2. Van Der Hoeven Kliniek, Forensic Care Specialists, 3. Van Der Hoeven Kliniek, Forensic Care Specialists; University of Applied Sciences Utrecht; Maastricht University*

This study examined the measurement invariance of the Static-99R for men and women convicted of sexual offenses. While the tool shows basic configural invariance, more stringent invariances are unsupported, indicating different relationships between risk factors for genders. Notably, items reflecting general criminality perform similarly across sexes, but sexual criminality factors show substantial differences. Many women may offend for non-antisocial reasons, often in male-coerced scenarios. This suggests the Static-99R is inadequate for assessing women's sexual recidivism risk, highlighting the need for tailored assessment approaches that consider unique gender-specific motivations and behaviors.

---

# Indigenous Peoples in Forensic Mental Health: How Colonial Factors are Discussed in Expert Reports

---

Wednesday, 25th June - 09:45: [Papers] Diversity and Forensic Assessment (Robert Emmet Theatre (Room 2037)) - Paper

---

***Ms. McKenna Claeys<sup>1</sup>, Ms. Sarah Brown<sup>1</sup>, Mr. Brandon Burgess<sup>1</sup>, Dr. Jeremy Patzer<sup>1</sup>, Dr. Sabrina Demetrio<sup>1</sup>, Dr. David Hill<sup>1</sup>, Dr. Alicia Nijdam-Jones<sup>1</sup>***

*1. University of Manitoba*

The present study explores how forensic experts contextualize the impacts of colonization and systemic racism on Indigenous individuals found Unfit to Stand Trial or Not Criminally Responsible in a Western Canadian province. Thirty-seven reports to the Criminal Code Review Board were reviewed, coding 17 variables reflecting Gladue factors tied to systemic and historical inequities affecting Indigenous individuals. Preliminary results indicate that factors including mental health, education, family circumstances, substance use, and employment were commonly documented, while factors such as direct or intergenerational influence of involvement with residential schools were rarely discussed. The implications of these findings will be discussed further.

---

## Racial Bias in Perceptions of Risk, Sentencing and Child Custody Eligibility for Justice-Involved Black Women

---

Wednesday, 25th June - 09:45: [Papers] Diversity and Forensic Assessment (Robert Emmet Theatre (Room 2037)) - Paper

---

***Ms. Sarah Hitchcock<sup>1</sup>, Ms. Nikendra Webber<sup>1</sup>, Dr. Rosie Phillips-Davis<sup>1</sup>, Dr. Ashley Batastini<sup>2</sup>***

*1. University of Memphis, 2. Centre for Forensic Behavioural Science, Swinburne University of Technology*

Racial disparities in the legal system can be a consequence of cognitive bias among legal decision-makers. Black women are disproportionately represented in the criminal justice and child welfare systems and are at particular risk of poor outcomes in the legal system. Minimal research to date has examined the impact of a defendant's race on perceptions of their risk for reoffending during sentencing. Further, scant research has focused on intersectional issues for women of color in legal settings. This study examines the impact of racial bias on decisions about sentencing, risk for reoffending, and child custody for legally involved women.

---

# Cross-Cultural Forensic Assessment: The Question of Validity and Safety

---

Wednesday, 25th June - 09:45: [Papers] Diversity and Forensic Assessment (Robert Emmet Theatre (Room 2037)) - Paper

---

***Dr. Beate Eusterschulte*<sup>1</sup>**

*1. Vitos Forensic Hospital Giessen*

In Germany patients with a foreign cultural background are overrepresented in forensic psychiatry. A culturally valid risk assessment is of particular importance since risk assessments influence all decisions in forensic psychiatry.

This contribution will give an overview of previous research with respect to common risk assessment tools, explain critical points in the assessment process of this patient group and present approaches on how to deal with the problem in practice.

Whether the validity of risk assessment tools developed in Euro-American countries generalizes especially across the different cultural subgroups which make up the current migrant groups in Germany will be elaborated.

## Prison mental health services: needs, challenges and gaps

---

Wednesday, 25th June - 09:45: [Symposium] Service Development in Forensic Mental Health Settings (Thomas Davis Theatre (Room 2043)) - Panel Contribution

---

***Dr. Daniel Whiting<sup>1</sup>***

*1. University of Nottingham & Nottinghamshire Healthcare NHS Foundation Trust*

Prisons are challenging environments in which to provide effective mental health treatment, and this is even harder to sustain post-release in a cohesive manner. This talk will focus on two specific areas of need, around managing self-harm in prison, and linking more effectively to community services on release. Examples of local work to meet these difficulties will be set in the context of the overarching challenges of improving services in high volume, multi-agency pathways.

## **Service Development in Forensic Mental Health Services: a living example**

---

Wednesday, 25th June - 09:45: [Symposium] Service Development in Forensic Mental Health Settings (Thomas Davis Theatre (Room 2043)) - Panel Contribution

---

***Prof. Lindsay Thomson***<sup>1</sup>

*1. University of Edinburgh*

This presentation will focus on a living example of extensive service development across forensic mental health services (FMHS) in Scotland. It will describe the reasons, methods and nature of change in provision of secure health care, outpatient and prison services.



---

# Measuring Outcomes in Inpatient Forensic Psychiatry using the Composite Index of Inpatient Mental Health Status (CIIMHS): Validation in Ontario Forensic Inpatient Data

---

Wednesday, 25th June - 09:45: [Papers] Examining Outcomes (Jonathan Swift Theatre (Room 2041A)) - Paper

---

***Dr. Gregory Brown<sup>1</sup>, Prof. Howard Barbaree<sup>2</sup>***

*1. Professor (ret.), interRAI Fellow, 2. Professor Emeritus (Psychiatry, Status Only), University of Toronto*

Few measures of outcomes have been developed to assess inpatient mental health care status, and virtually none have been used with forensic inpatients. The Composite Index of Inpatient Mental Health Status (CIIMHS) is a recently constructed index of inpatient mental health status that has been validated to monitor changes in inpatient mental health status over the course of hospitalization, making possible treatment outcome comparisons across different patient groups.

This paper uses the CIIMHS to measure changes in outcomes among forensic inpatient groups in Ontario, Canada 2023 mental health system data based on interRAI MH inpatient psychiatry assessments.

---

# Unauthorized Absence and Recidivism during Leave from Forensic Treatment: The Law of Small Numbers

---

Wednesday, 25th June - 09:45: [Papers] Examining Outcomes (Jonathan Swift Theatre (Room 2041A)) - Paper

---

***Prof. Vivienne de Vogel*<sup>1</sup>, *Dr. Erik Bulten*<sup>2</sup>, *Dr. Wim van Kordelaar*<sup>3</sup>**

***1. Van Der Hoeven Kliniek, Forensic Care Specialists; University of Applied Sciences Utrecht; Maastricht University, 2. Pompestichting, 3. AVT***

Leaves are an essential part of forensic treatment, with the goal of gradually and safely returning to society. However, such leaves may lead to public safety concerns. The aim of this study was to examine how often forensic patients do not return from leave (on-time), how often they commit an offense during this Unauthorized Absence (UA) and whether patient characteristics predict (recidivism during) an UA. We studied 15.050 applications for leave granted by the Dutch Advisory Board on Review of Leave between 2009 and 2020. Analyses showed that 375 (2.5%) involved an UA and 23 (0.15%) an UA with recidivism.

---

# Offending outcomes for individuals experiencing contact with outpatient mental health services from childhood to early adulthood in an Australian birth cohort

---

Wednesday, 25th June - 09:45: [Papers] Examining Outcomes (Jonathan Swift Theatre (Room 2041A)) - Paper

---

***Dr. James Ogilvie<sup>1</sup>, Dr. Belinda Crissman<sup>1</sup>, Dr. Carleen Thompson<sup>1</sup>, Dr. Emily Hurren Paterson<sup>1</sup>***

*1. Griffith University*

This study applies Group Based Trajectory Modelling (GBTM) to identify patterns of outpatient MHS contacts over the early life-course, and then explores differences in offending outcomes across identified trajectory groups. We analysed longitudinal (age ≈10 to 23 years) outpatient MHS contact data for an Australian birth cohort (N = 5,359) using GBTM. Four distinct trajectories of MHS contacts were identified, including escalating, low, adolescent limited, and childhood peak declining trajectories. The escalating contacts trajectory group contained the fewest individuals but accounted for the highest proportion of MHS contacts. More extensive offending outcomes were observed for the escalating contacts group.

# The nature of avoidable harm in prison in England: staff and prisoner perspectives

---

Wednesday, 25th June - 09:45: [Papers] Reflective, Restorative, and Harm Avoidance Practices (Teatar M. Ui Chadhain Theatre (Room 2041B)) - Paper

---

***Dr. Verity Wainwright***<sup>1</sup>

*1. University of Manchester*

People in prison are a vulnerable population with complex needs and healthcare provision can be challenging. Avoidable harm refers to instances where harm or negative health outcomes are experienced that could have been prevented or mitigated with appropriate care, but little is known about the experience of avoidable harm in prisons. Fifty-five individual interviews were conducted with commissioners, staff and people in prison across five prisons in England to explore experiences of avoidable harm, contributing and protective factors, and the impact of such incidents. This talk will present data from this work thinking about the implications for policy and practice.

## Reflective practice groups in forensic settings

---

Wednesday, 25th June - 09:45: [Papers] Reflective, Restorative, and Harm Avoidance Practices (Teatar M. Ui Chadhain Theatre (Room 2041B)) - Paper

---

***Dr. Oluyemisi Ajeh***<sup>1</sup>

*1. Southern Alberta Forensic Psychiatry centre*

This presentation examines the theoretical basis and implementation of a psychodynamically - oriented reflective practice group in a forensic mental health service. Survey data from 18 multidisciplinary team members working with Not Criminally Responsible on Account of Mental Disorder (NCR-MD) patients reveals strong support for structured staff reflective practice group despite significant implementation barriers. The discussion integrates psychodynamic theory, particularly object relations and attachment concepts, drawing from seminal works including Main's "The Ailment," the presentation offers evidence-based recommendations for supporting staff wellbeing while maintaining clinical effectiveness in forensic settings.

---

# Facilitator and Participant Perception of Reflective Practice Groups

---

Wednesday, 25th June - 09:45: [Papers] Reflective, Restorative, and Harm Avoidance Practices (Teatar M. Ui Chadhain Theatre (Room 2041B)) - Paper

---

***Dr. Helen Walker*<sup>1</sup>, *Dr. Adam Polnay*<sup>2</sup>**

*1. Forensic Network, 2. The State Hospital (Carstairs); University of Edinburgh*

Reflective Practice Groups (RPG) are deemed essential for the safe and sustainable running of forensic hospitals (Craissati et al., 2015; Patrick et al., 2018; RCPsych CCQI, 2012; Russell et al., 2017, 2018). Given the importance of this activity, it seems logical to capture staff's perception following engagement in RPGs. A qualitative study was conducted across four Scottish sites, capturing data from facilitators and participants who had engaged in RPGs for the duration of one year. Themes and sub-themes generated from the data analysis will be presented.

---

## Restorative Practice in medium secure and community mental health services, opportunity, challenge and outcomes to address harm in secure and community mental health services

---

Wednesday, 25th June - 09:45: [Papers] Reflective, Restorative, and Harm Avoidance Practices (Teatar M. Ui Chadhain Theatre (Room 2041B)) - Paper

---

***Mr. Michael Power<sup>1</sup>, Dr. Senthil Muthuswamy<sup>2</sup>, Ms. Catriona Harwood<sup>3</sup>, Ms. Christine Handy<sup>4</sup>***

*1. Director, Queensland Health Victim Support Service, Metro North Mental Health, Metro North Hospital and Health Service, 2. Operations Director, Mental Health Services, The Prince Charles Hospital, 3. former Restorative Practice Lead, Queensland Health Victim Support Service, Metro North Mental Health, Metro North Hospital and Health Service, 4. Restorative Practice Lead, Queensland Health Victim Support Service, Metro North Mental Health, Metro North Hospital and Health Service*

Restorative Practice has been implemented at The Prince Charles Hospital, Brisbane, Australia in a medium secure mental health service with consumers on forensic orders, as well as in five community mental health services. This work commenced in December 2019 with the aim of responding to violence and threats of violence. The model includes a continuum of Restorative Practices from those used daily to more formal Restorative Meetings facilitated by an external Restorative Practitioner.

This paper provides an overview of the model, successful implementation strategies, challenges, outcomes of an external mixed methods evaluation and extension using an implementation science approach.

---

## Bridging Gaps: Mental Health Care for Justice-Involved Individuals in Rural Appalachia

---

Wednesday, 25th June - 09:45: [Round Table] Bridging Gaps: Mental Health Care for Justice-Involved Individuals in Rural Appalachia (Room 4050A) - Round Table

---

***Dr. Jesse Gilreath<sup>1</sup>, Dr. Kelly Kahle<sup>1</sup>, Dr. Julie Taylor Hopkins<sup>1</sup>, Ms. Amber Ball<sup>1</sup>***

*1. East Tennessee State University*

This roundtable examines the intersection of mental health care and social determinants of health (SDOH) for justice-involved individuals in southern rural Appalachia. Focusing on integrating behavioral health into primary care, leveraging Veteran Affairs programs, and addressing juvenile justice needs, it explores barriers such as poverty, stigma, and limited access to services. Using the person-in-environment perspective, the discussion will highlight how social, economic, and environmental factors influence mental health outcomes. The session will foster interdisciplinary collaboration between social work and medicine, addressing structural challenges, offering strategies for improving access to care, and emphasizing integrated care, interprofessional teamwork, and community-based solutions.



---

# Limited Cognitive Capacity Test vs. Meaningful Participation and Meaningful Presence at Trial: A Critical Review of the Canadian Jurisprudence on Fitness to Stand Trial from a Medical Perspective

---

Wednesday, 25th June - 09:45: [Round Table] Limited Cognitive Capacity Test vs. Meaningful Participation and Meaningful Presence at Trial: A Critical Review of the Canadian Jurisprudence on Fitness to Stand Trial from a Medical Perspective (Room 4050B) - Round Table

---

**Dr. Julie Bérubé-Fortin<sup>1</sup>, Dr. Yu Chen Yue<sup>2</sup>, Dr. Priya Khalsa<sup>3</sup>, Dr. Mathieu Dufour<sup>1</sup>**

*1. Institut national de psychiatrie légale Philippe-Pinel & Université de Montréal, 2. Institut national de psychiatrie légale Philippe-Pinel, 3. University of Calgary*

This presentation provides a critical review of the evolving Canadian jurisprudence surrounding the concept of “unfit to stand trial” from a medical perspective, specifically focusing on Section 2 of the Criminal Code and its interpretation through landmark cases such as Taylor, Morrissey, and Bharwani. Through cases of unfitness missed by earlier legal standards, and the concomitant shift from the “limited cognitive capacity test” to the purposive interpretation of the law to ensure meaningful presence and participation at trial, the authors demonstrate the importance of integrating both the medical and the legal perspectives in the fitness analysis to ensure trial fairness.

---

## Family Support and Involvement in Forensic Mental Healthcare Settings

---

Wednesday, 25th June - 10:45: Poster Session 1 (Viewing During Coffee Break) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

Wednesday, 25th June - 12:45: Poster Session 1 (Viewing During Lunch) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

Wednesday, 25th June - 16:00: Poster Session 1 (Viewing During Coffee Break) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

---

***Ms. Sofie Aslerin<sup>1</sup>, Dr. Rikke Jørgensen<sup>2</sup>, Dr. Sara Rowaert<sup>3</sup>, Dr. Ellen Tingleff<sup>1</sup>***

*1. University of Southern Denmark & Forensic Mental Health Research Unit Middelfart, 2. Aalborg University hospital, 3. Ghent University*

Several interventions to support and involve family members in mental healthcare have been developed. However, these interventions do not address the obstacles within forensic settings or the challenges faced by family members in forensic mental healthcare. This PhD project aims to enhance our understanding of family-involved interventions in adult forensic mental healthcare and explore the experiences of service users and their families with these interventions. The project includes three sequential studies: a review identifying interventions for family involvement in forensic mental healthcare, qualitative interviews with service users, and a national survey of adult family members.

---

## Smoke-free forensic psychiatric centres in Germany: recording the current status

---

Wednesday, 25th June - 10:45: Poster Session 1 (Viewing During Coffee Break) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

Wednesday, 25th June - 12:45: Poster Session 1 (Viewing During Lunch) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

Wednesday, 25th June - 16:00: Poster Session 1 (Viewing During Coffee Break) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

---

**Mr. Tom Hölters<sup>1</sup>, Dr. Deniz Cerci<sup>1</sup>**

*1. University of Rostock*

The harmful effects of smoking and the challenges of providing smoking cessation treatment are well-known. Nicotine dependence is more prevalent and harder to treat in individuals with mental health problems. In Germany, legal constraints hinder implementing smoking bans in forensic psychiatric wards. For instance, a ban in Haina in central Germany was overturned by the Higher Regional Court in Frankfurt. Given the vulnerability of the patient group and legal limitations, promoting smoking cessation in forensic psychiatry is challenging. This study uses a standardized international questionnaire to assess attitudes towards smoke-free policies in German forensic psychiatry and compares the results.

---

## Differences between restrictive practices applied to men and women in UK Secure Mental Health Services

---

Wednesday, 25th June - 10:45: Poster Session 1 (Viewing During Coffee Break) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

Wednesday, 25th June - 12:45: Poster Session 1 (Viewing During Lunch) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

Wednesday, 25th June - 16:00: Poster Session 1 (Viewing During Coffee Break) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

---

***Mr. Daniel Lawrence<sup>1</sup>, Dr. Joseph Davies<sup>1</sup>, Mr. Shane Mills<sup>2</sup>, Dr. Andrew Watt<sup>1</sup>***

*1. Cardiff Metropolitan University, 2. NHS Wales*

Restrictive practices (RPs) are intentional interventions used by mental health professionals with the aim of managing risk of harm posed by service users but have been associated with harmful consequences for those who experience them. The current study aimed to explore differences in how restrictive interventions and RPs more broadly were used between men and women who had been detained in secure mental health services in the UK. Results from a sample of 249 service users detained in low, medium, and high secure services revealed significant differences in the way in which restrictive practices were used with men and women.

---

## **Race, restriction, risk, and reconviction: Findings from an England and Wales medium secure cohort.**

---

Wednesday, 25th June - 10:45: Poster Session 1 (Viewing During Coffee Break) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

Wednesday, 25th June - 12:45: Poster Session 1 (Viewing During Lunch) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

Wednesday, 25th June - 16:00: Poster Session 1 (Viewing During Coffee Break) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

---

***Ms. Ellie Brooks<sup>1</sup>, Mr. Daniel Lawrence<sup>1</sup>, Dr. Ruth Bagshaw<sup>2</sup>, Dr. Charlotte Hill<sup>1</sup>, Prof. Jason Davies<sup>3</sup>,  
Dr. Joseph Davies<sup>1</sup>, Dr. Andrew Watt<sup>1</sup>***

*1. Cardiff Metropolitan University, 2. NHS Wales, 3. Swansea University*

The over-representation of Black people in psychiatric admissions is a long-standing issue, but it is unclear if this group is at higher risk for post-discharge legal restrictions. We examined links between restriction order status, reoffending risk, offence severity, psychosis, and substance abuse. Models were created for Black vs Other Medium Secure patients discharged in 1997/8 from England and Wales services. Black people were restricted more often than Others. In Others, restrictions were based on psychosis and violent offences, while in Black patients, they were linked to psychosis and drug use. Reconviction rates were similar between groups. Implications are discussed.

---

## The role of trauma in treating female IPV offenders

---

Wednesday, 25th June - 10:45: Poster Session 1 (Viewing During Coffee Break) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

Wednesday, 25th June - 12:45: Poster Session 1 (Viewing During Lunch) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

Wednesday, 25th June - 16:00: Poster Session 1 (Viewing During Coffee Break) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

---

**Dr. Jessica Mueller-Coyne<sup>1</sup>, Dr. Amanda Romero<sup>2</sup>, Dr. Jessica Silsby<sup>2</sup>, Dr. Shannon McHugh<sup>2</sup>, Dr. Robert Geffner<sup>2</sup>**

*1. Department of Corrections, 2. Institute on Violence, Abuse, and Trauma*

Female intimate partner violence (IPV) remains challenging for society, agencies, and clinicians to identify, assess risk, and develop treatment pathways. This presentation provides an overview of best practice research and reviews treatment considerations for female IPV offenders. Recommendations and strategies are highlighted for trauma-informed practice. This is particularly important given the high rates of trauma in childhood and adulthood in IPV offenders.

---

## Trauma and neuropsychological impairment as mitigating factors in criminal cases.

---

Wednesday, 25th June - 10:45: Poster Session 1 (Viewing During Coffee Break) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

Wednesday, 25th June - 12:45: Poster Session 1 (Viewing During Lunch) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

Wednesday, 25th June - 16:00: Poster Session 1 (Viewing During Coffee Break) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

---

***Dr. Jessica Mueller-Coyne<sup>1</sup>, Dr. Jessica Silsby<sup>2</sup>, Dr. Shannon McHugh<sup>2</sup>, Dr. Robert Geffner<sup>2</sup>, Dr. Amanda Romero<sup>2</sup>***

*1. Department of Corrections, 2. Institute on Violence, Abuse, and Trauma*

Mitigating factors in criminal cases include circumstances or facts about an offense or the defendant that persuades the judge to impose a less harsh sentence. One aspect is whether the defendant was suffering from a mental health condition that significantly reduced culpability for the crime. This presentation examines the current research on mitigating factors associated with trauma and neuropsychological impairment. International approaches and trauma-informed sentencing are discussed

---

## Compassion-focused therapy with virtual reality for callous-unemotional youth: A clinical case study on the therapy process of a young offender

---

Wednesday, 25th June - 10:45: Poster Session 1 (Viewing During Coffee Break) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

Wednesday, 25th June - 12:45: Poster Session 1 (Viewing During Lunch) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

Wednesday, 25th June - 16:00: Poster Session 1 (Viewing During Coffee Break) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

---

***Ms. Mirva Heikkilä<sup>1</sup>, Ms. Jenni Kaunomäki<sup>1</sup>, Dr. Diana Ribeiro da Silva<sup>2</sup>, Dr. Marko Manninen<sup>3</sup>, Prof. Nina Lindberg<sup>1</sup>***

*1. University of Helsinki, 2. University of Coimbra, 3. Finnish Institute for Health and Welfare*

Antisocial and aggressive behavior in adolescents, combined with psychopathic traits, is associated with a severe and chronic trajectory of antisocial behavior, including criminality. Recent research has demonstrated that compassion-focused therapy (CFT), adapted for young offenders with psychopathic traits, is an effective treatment. Additionally, virtual reality (VR) shows significant potential in forensic settings. The ongoing Finnish CFT+VR study combines CFT with VR-exposure therapy to treat 15–20-year-old adolescents (n=72) residing in Finnish prisons or state reform schools. This poster presents results from a case study exploring the changes in psychopathic traits and the overall therapy process of a single adolescent.



---

## Comparing psychiatric classifications (DSM-IV) assigned in forensic psychiatric assessments with those in forensic mental health services: A case study in the medium-security unit of Zelzate (Belgium)

---

Wednesday, 25th June - 10:45: Poster Session 1 (Viewing During Coffee Break) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

Wednesday, 25th June - 12:45: Poster Session 1 (Viewing During Lunch) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

Wednesday, 25th June - 16:00: Poster Session 1 (Viewing During Coffee Break) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

---

**Mr. Wout De Ruyck<sup>1</sup>, Dr. Leen Cappon<sup>2</sup>, Mrs. Maite Van Berlamont<sup>3</sup>, Mrs. Lisa Marie Lauwers<sup>3</sup>**

*1. policy psychiatrist, PC Sint-Jan-Baptist, 2. postdoctoral researcher, PC Sint-Jan-Baptist and ScienceForCare, 3. student psychology VUB*

The mandatory forensic psychiatric assessment has a large impact in court on the subsequent decision-making on sentencing and the treatment of mentally disordered offenders. An important part of this assessment is the diagnostic process. This poster investigates the differences between DSM-IV classifications assigned by court experts and those assigned by treating psychiatrists in a forensic psychiatric setting. Little agreement was found, especially regarding personality disorders. Possible explanations and solutions for this disagreement are suggested to augment the quality of forensic psychiatric assessments.

---

## Emerging synergistic epidemic of houselessness, mental illness, substance use, and criminality: A literature review

---

Wednesday, 25th June - 10:45: Poster Session 1 (Viewing During Coffee Break) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

Wednesday, 25th June - 12:45: Poster Session 1 (Viewing During Lunch) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

Wednesday, 25th June - 16:00: Poster Session 1 (Viewing During Coffee Break) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

---

***Ms. Katrina Boctor<sup>1</sup>, Dr. Maryana Kravtsenyuk<sup>2</sup>, Dr. Kathryn Dong<sup>3</sup>***

***1. University of Galway, 2. University of Toronto, 3. University of Alberta***

This literature review applies syndemic theory to highlight the interactions between houselessness, mental illness, substance use, and criminality. A review of 21 studies (2008-2024) has identified gaps in understanding and addressing these interconnected issues. Findings show high rates of mental illness, substance use, and recidivism among incarcerated individuals, compounded by inadequate housing and mental health support. Homelessness and untreated psychiatric conditions increase risks of violent offenses and substance-related harm. This study advocates for person-centered, treatment-focused solutions over punitive measures, emphasizing the potential use of homeless shelters and prisons as comprehensive intervention methods.

## Dual Diagnosis within a Forensic Mental Health setting; An Irish perspective.

---

Wednesday, 25th June - 10:45: Poster Session 1 (Viewing During Coffee Break) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

Wednesday, 25th June - 12:45: Poster Session 1 (Viewing During Lunch) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

Wednesday, 25th June - 16:00: Poster Session 1 (Viewing During Coffee Break) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

---

**Mr. Frank Lynch<sup>1</sup>, Mrs. Amy Cornelia<sup>2</sup>**

**1. National Forensic Mental Health Service, HSE, 2. NFMHS**

The co-occurrence of substance misuse and psychiatric disorders is now recognised as a common complicating factor in the treatment of people with a psychiatric illness and is associated with significantly poorer outcomes for psychiatric patients and high rates of violence (Ogloff *et al.* 2004). The National Forensic Mental Health service meets the needs of this patient group by delivering a bespoke hybrid graded approach to Dual Diagnosis.

---

## **Preventing mechanical restraint in forensic mental health: Preliminary results from an interview study with patients, caregivers, nursing assistants and nurses**

---

Wednesday, 25th June - 10:45: Poster Session 1 (Viewing During Coffee Break) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

Wednesday, 25th June - 12:45: Poster Session 1 (Viewing During Lunch) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

Wednesday, 25th June - 16:00: Poster Session 1 (Viewing During Coffee Break) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

---

***Prof. Frederik Gildberg<sup>1</sup>, Dr. Ellen Tingleff<sup>1</sup>, Ms. Camilla Lindekilde<sup>1</sup>, Mr. Jonas Kerring<sup>1</sup>***

*1. University of Southern Denmark & Forensic Mental Health Research Unit Middelfart*

In Denmark, the use of mechanical restraint (MR) remains a significant issue, despite the implementing interventions like the Safewards Model and Six Core Strategies. Exploring the perceptions of patients, caregivers, staff is essential for developing effective, ethical, and sustainable interventions to manage conflict situations and reduce MR in forensic mental health settings. However, there is limited research existing on this topic. Therefore, the aim of this interview study is to investigate patients, caregivers, nursing assistants and nurses perceptions of what factors influences staffs' management of conflict situations and which interventions they would recommend for preventing the potential use of MR.

## A pragmatic approach to developing an action plan on mental health and criminal justice in Canada

---

Wednesday, 25th June - 10:45: Poster Session 1 (Viewing During Coffee Break) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

Wednesday, 25th June - 12:45: Poster Session 1 (Viewing During Lunch) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

Wednesday, 25th June - 16:00: Poster Session 1 (Viewing During Coffee Break) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

---

***Mrs. Krystal Kelly <sup>1</sup>, Ms. Sandra Koppert <sup>2</sup>***

*1. MHCC, 2. Mental Health Commission of Canada*

The Mental Health Commission of Canada will soon be releasing an action plan to support the mental health of individuals who interact with the criminal justice system in Canada, including justice involved individuals and those working within the system. The development of the action plan is occurring across four phases, and it is grounded in lived experience and informed by national and international research and engagement. This poster presentation will provide an overview of the phased approach to develop the action plan from inception to release, as well as a summary of the scope and key areas of action identified.

---

## IMPLEMENTATION OF TRAINING FOR STAFF MEMBERS ON THE SENSORY APPROACH IN A FORENSIC PSYCHIATRY FACILITY – A CLINICAL PRACTICE PERSPECTIVE

---

Wednesday, 25th June - 10:45: Poster Session 1 (Viewing During Coffee Break) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

Wednesday, 25th June - 12:45: Poster Session 1 (Viewing During Lunch) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

Wednesday, 25th June - 16:00: Poster Session 1 (Viewing During Coffee Break) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

---

***Mrs. camille st-louis<sup>1</sup>, Mr. Charles-Étienne Roy<sup>1</sup>***

***1. Philippe-Pinel National Institute of Forensic Psychiatry***

At the Philippe-Pinel National Institute of Forensic Psychiatry, we have tailored the sensory approach to ensure it is both applicable and safe for our patients; however, its availability has largely been limited to those receiving occupational therapy follow-ups. However, for an approach to be truly effective, it must be implemented accurately and consistently on a daily basis, necessitating the training of unit staff.

How to do that? Drawing on both clinical experience and literature, we created a dynamic training program. Initial feedback highlighted the program's practicality and relevance to clinical practice, inspiring staff to incorporate sensory strategies into their routines.

---

## Dementia in Forensic Psychiatric Institutions: Challenges and the Impact of Legal Frameworks on Nursing Practice

---

Wednesday, 25th June - 10:45: Poster Session 1 (Viewing During Coffee Break) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

Wednesday, 25th June - 12:45: Poster Session 1 (Viewing During Lunch) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

Wednesday, 25th June - 16:00: Poster Session 1 (Viewing During Coffee Break) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

---

***Ms. Mandy Ernst<sup>1</sup>, Dr. Prof. Dr. Ruth Anna Weber<sup>2</sup>***

*1. Vitos Clinic for Forensic Psychiatry Haina (Kloster), 2. Steinbeis Hochschule Marburg*

The increasing number of patients with dementia in forensic psychiatric settings presents significant challenges for nursing staff, especially under the strict legal requirements of the Forensic Psychiatric Law. This study examines how legal frameworks influence nursing care and what institutional changes are needed to improve the care of this vulnerable patient group. Using qualitative methods, including expert interviews and non-standardized surveys. The focus will be on ethical dilemmas, emotional burdens, and structural barriers. The goal is to develop practical strategies that better support nursing staff and enhance the quality of care in forensic institutions.

---

# How to Conduct a National Survey in Forensic Mental Health Hospitals – Challenges and Obstacles in Forensic Mental Health Research in Germany

---

Wednesday, 25th June - 10:45: Poster Session 1 (Viewing During Coffee Break) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

Wednesday, 25th June - 12:45: Poster Session 1 (Viewing During Lunch) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

Wednesday, 25th June - 16:00: Poster Session 1 (Viewing During Coffee Break) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

---

***Dr. Katja Köppen<sup>1</sup>, Dr. Jan Bulla<sup>2</sup>, Prof. Thomas Ross<sup>2</sup>, Dr. Birgit Völm<sup>3</sup>***

*1. University Medical Centre Rostock, 2. Reichenau Centre of Psychiatry (Clinic of Psychiatry and Psychotherapy) and Ulm University (Clinic of Forensic Psychiatry and Psychotherapy), 3. University of Rostock*

This paper addresses the development and implementation of a national annual reference date survey of forensic mental health patients. We discuss the advantages of a national survey, identify relevant interest groups, examine the necessary planning steps, and address the potential obstacles and challenges of the survey. One area of focus will be on necessary data protection measures that research with personal health data entails, as well as the handling of sensitive patient information. Furthermore, we examine the practical implementation of data entry in hospitals. What are the challenges and what resources are required to overcome them?



---

## Factors associated with changes in the risk of threat to public safety among older adults in the Ontario forensic psychiatry system: A Retrospective Analysis

---

Wednesday, 25th June - 10:45: Poster Session 1 (Viewing During Coffee Break) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

Wednesday, 25th June - 12:45: Poster Session 1 (Viewing During Lunch) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

Wednesday, 25th June - 16:00: Poster Session 1 (Viewing During Coffee Break) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

---

***Dr. Mark Kaggwa<sup>1</sup>, Dr. Gary Chaimowitz<sup>1</sup>, Dr. Andrew Olagunju<sup>1</sup>, Dr. John Bradford<sup>1</sup>, Dr. Mini Mamak<sup>1</sup>, Ms. Precious Agboinghale<sup>1</sup>***

*1. St Josephs healthcare hamilton*

As advancements in technology and medicine extend lifespans, the population of older adults, particularly those in forensic psychiatry, is increasing. This group presents unique challenges due to aging, comorbid health issues, and cognitive decline, influencing their risk profiles and management. This study aims to identify determinants of changes in public safety risk among older forensic psychiatric patients. Utilizing a retrospective analysis of the Ontario Review Board database for 161 patients, we applied hierarchical linear regression to assess the impact of various factors. The findings of this study will be discussed.

---

## Weapon use during the index offense: A study among forensic psychiatry patients in Ontario, Canada

---

Wednesday, 25th June - 10:45: Poster Session 1 (Viewing During Coffee Break) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

Wednesday, 25th June - 12:45: Poster Session 1 (Viewing During Lunch) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

Wednesday, 25th June - 16:00: Poster Session 1 (Viewing During Coffee Break) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

---

**Dr. Mark Kaggwa<sup>1</sup>, Dr. Gary Chaimowitz<sup>1</sup>, Dr. Andrew Olagunju<sup>1</sup>, Dr. John Bradford<sup>1</sup>, Dr. Mini Mamak<sup>1</sup>, Ms. Precious Agboinghale<sup>1</sup>**

*1. St Josephs healthcare hamilton*

We explored the prevalence and factors associated with weapon use during index offenses among individuals with mental illness in the forensic system. Using data from Ontario Review Board reports, both patient and victim characteristics linked to weapon use were investigated. This study aimed to fill a critical gap in understanding how these factors influence weapon-related offenses. By examining these dynamics, our study provides valuable insights for developing strategies to address weapon use among forensic patients. In this session we would discover how patient and victim characteristics shape weapon use in forensic offenses—key insights for better risk management strategies.

## **An Occupational Therapy Approach to Supporting Patients with Intellectual Disability to use their Coping Skills in Practice – an Outcome from Anger Management Group**

---

Wednesday, 25th June - 10:45: Poster Session 1 (Viewing During Coffee Break) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

Wednesday, 25th June - 12:45: Poster Session 1 (Viewing During Lunch) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

Wednesday, 25th June - 16:00: Poster Session 1 (Viewing During Coffee Break) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

---

**Ms. Vanessa Hilton**<sup>1</sup>

*1. Mason Clinic*

Care recipients (whaiora) with Intellectual Disability (I.D.) and documented histories of violent and criminal offending may present with impulsive behaviour and can often have a difficult time controlling their anger. This is especially true when being detained in a forensic environment/setting, as this limits their freedom and affects their autonomy and independence. Through group therapy such as Anger Management Group and one-on-one therapeutic coaching and support, Occupational Therapy supports the care recipient to change certain patterns of negative behaviour in order to live more emotionally stable lives with healthier relationships and ultimately less frequent Criminal and Violent Offending.

---

## Evaluation of a token economy program to improve daily functioning of forensic psychiatric in-patients

---

Wednesday, 25th June - 10:45: Poster Session 1 (Viewing During Coffee Break) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

Wednesday, 25th June - 12:45: Poster Session 1 (Viewing During Lunch) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

Wednesday, 25th June - 16:00: Poster Session 1 (Viewing During Coffee Break) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

---

***Dr. Gretha Boersma*<sup>1</sup>, *Ms. Mirjam van Enthoven*<sup>2</sup>, *Ms. Wieke Huisman*<sup>2</sup>, *Prof. Marike Lancel*<sup>2</sup>**

*1. Forensic Psychiatric Hospital, GGZ Drenthe, Mental Health Institute, Assen, Netherland, 2. Forensic Psychiatric Hospital, GGZ Drenthe, Mental Health Institute, Assen, Netherlands*

The aim of this pilot study is to evaluate the feasibility and effectivity of a token economy (TE) program to improve daily functions for forensic psychiatric in-patients with schizophrenia spectrum disorder using a mixed method approach. There was a significant increase in target behaviors achieved during the TE, however the behavioral alterations did not last during the follow-up. Staff and participants spoke positively about their experience with TE, but there were concerns over declining motivation over time and the lack of persisting effects. Overall, the TE thus seems feasible for this population, however its effectivity needs further investigation.

## The “hopeless patient” – When the forensic psychiatric system encounters its limits

---

Wednesday, 25th June - 10:45: Poster Session 1 (Viewing During Coffee Break) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

Wednesday, 25th June - 12:45: Poster Session 1 (Viewing During Lunch) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

Wednesday, 25th June - 16:00: Poster Session 1 (Viewing During Coffee Break) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

---

**Mr. Johannes Schmidt**<sup>1</sup>

**1.** *Vitos Clinic for Forensic Psychiatry Haina (Kloster)*

Ward G6.2 is a specialized therapeutic ward for patients with a more chronified schizophrenic illness. We continue to see patients that are difficult to treat and deemed as “hopeless”. Some of these patients have been treated in different hospitals and with a variety of methods. They present a completely different challenge with a focus on negative symptoms (e.g. anhedonia, social withdrawal, emotional disorders such as alogia and affective flattening). This case study tries to find some of these often overlooked patients and shed light on their situation with the goal of getting a better understanding of the factors at work.

---

## Knowledge users' Perspectives on Implementing the DUNDRUM Toolkit in Denmark- A qualitative exploration

---

Wednesday, 25th June - 10:45: Poster Session 1 (Viewing During Coffee Break) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

Wednesday, 25th June - 12:45: Poster Session 1 (Viewing During Lunch) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

Wednesday, 25th June - 16:00: Poster Session 1 (Viewing During Coffee Break) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

---

**Mr. Christian Delcomyn<sup>1</sup>, Dr. Jacob Christian Hvidhjelm<sup>1</sup>, Dr. Lisbeth Hybholt<sup>2</sup>, Prof. Lene Lauge Berring<sup>2</sup>**

*1. Department for Forensic Psychiatry, Region Zealand Psychiatry, 2. Psychiatric Research Unit, Region Zealand Psychiatry, Department of Regional Health Research, University of Southern Denmark*

Engaging stakeholders in implementing the DUNDRUM Toolkit within medium and high-secure forensic psychiatric services is crucial for success. Guided by the iPARIHS framework, the project emphasises understanding stakeholder perceptions, expectations, and goals through interviews and continuous engagement with staff, leaders, and other stakeholders. The initiative aims to identify barriers and facilitators critical to sustainable implementation. The process fosters consensus and relevance by addressing diverse perspectives and aligning the Toolkit with clinical realities, ensuring that the implementation is context-sensitive and responsive to stakeholder needs.

---

## Working towards a forensic patient-oriented research toolkit: A Canadian example

---

Wednesday, 25th June - 10:45: Poster Session 1 (Viewing During Coffee Break) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

Wednesday, 25th June - 12:45: Poster Session 1 (Viewing During Lunch) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

Wednesday, 25th June - 16:00: Poster Session 1 (Viewing During Coffee Break) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

---

**Ms. Kristy Allen<sup>1</sup>, Dr. Christopher Canning<sup>1</sup>, Ms. Sevil Deljavan<sup>1</sup>, Dr. Cara Evans<sup>1</sup>**

*1. Waypoint Centre for Mental Health Care*

This poster will explore a Canadian Institutes of Health Research funded implementation project focused on forensic patient-oriented research (fPOR). We will describe the steps we have taken towards creating an fPOR toolkit, including relationship-building with staff and patients, qualitative research exploring the implementation context, as well as team processes, and an innovative collaborative dialogue event. This poster will highlight the opportunities for participatory methods, integrated knowledge translation, and implementation science and practice in forensic mental health research. Our hope is to pilot and scale the toolkit to other similar forensic environments.

---

## Development of a Low-Intensity Psychoeducation Programme through the PDSA Cycle as a Quality Improvement Initiative in the National Forensic Mental Health Service

---

Wednesday, 25th June - 10:45: Poster Session 1 (Viewing During Coffee Break) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

Wednesday, 25th June - 12:45: Poster Session 1 (Viewing During Lunch) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

Wednesday, 25th June - 16:00: Poster Session 1 (Viewing During Coffee Break) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

---

**Mrs. Amy Cornelia<sup>1</sup>, Ms. Rachel Clooney<sup>1</sup>, Mr. Frank Lynch<sup>1</sup>**

**1. NFMHS**

The multi-modal model of care for the National Forensic Mental Health Service(NFMHS) delivers treatments and therapies across seven pillars: (i) physical health care; (ii) mental health; (iii) substance misuse; (iv) problem behaviors; (v) self-care and activities of daily living; (vi) education, occupation, and creativity; (vii) family and social networking. The Stream Project was developed as part of the hybrid graded approach of the Pillar (iii) pathway. The Stream Project aims to provide psychoeducation to service users in the High Secure Unit of the NFMHS and increase service users' awareness of the relationship between substance use, mental illness and violence.



---

## A Tobacco Free Campus: An Irish Forensic Mental Health service journey.

---

Wednesday, 25th June - 10:45: Poster Session 1 (Viewing During Coffee Break) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

Wednesday, 25th June - 12:45: Poster Session 1 (Viewing During Lunch) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

Wednesday, 25th June - 16:00: Poster Session 1 (Viewing During Coffee Break) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

---

**Mr. Frank Lynch<sup>1</sup>, Mrs. Amy Cornelia<sup>2</sup>**

***1. National Forensic Mental Health Service, Central Mental Hospital, Dublin, Ireland, 2. NFMHS***

Tobacco consumption rates among the general population continue to fall, however, they have remained disproportionately high among people with lived experience of mental health challenges. Smoking and smoking-related illnesses are overrepresented among people with mental illness, contributing substantially to the reduced life expectancy of mental health services observed in this group (Lawrence et al 2013). Within the Irish Forensic Mental Health Service, a successful Tobacco Free Campus was implemented by adapting the HSE's "How to implement a tobacco-free campus policy" and underpinned by existing therapeutic security processes.

---

## **Associations between parental cognitive and affective schemata with the risk of or the perpetration of child psychological maltreatment – A Systematic Review.**

---

Wednesday, 25th June - 10:45: Poster Session 1 (Viewing During Coffee Break) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

Wednesday, 25th June - 12:45: Poster Session 1 (Viewing During Lunch) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

Wednesday, 25th June - 16:00: Poster Session 1 (Viewing During Coffee Break) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

---

**Ms. Lara Schwarz<sup>1</sup>, Ms. Jelena Zumbach-Basu<sup>1</sup>, Ms. Ute von Düring<sup>2</sup>**

***1. Basel University, 2. Carl von Ossietzky Universität Oldenburg***

Child psychological maltreatment (CPM) is a widespread but under-researched form of maltreatment. Parental cognitive and affective schemata are crucial in social information processing for parents at risk of physical abuse and neglect, yet their role in CPM remains unexplored. This systematic review synthesizes literature on maladaptive parental schemata, such as dysfunctional beliefs and emotional dysregulation, and their association with the perpetration of CPM. The results emphasize the need (1) to study parental schemata as predictors for CPM, (2) for forensic practitioners to address these schemata when assessing at-risk parents and (3) to inform decision-making in family court proceedings.

---

## Virtual reality assisted Compassion Focused Therapy for callous-unemotional youth: preliminary results from Finnish sample

---

Wednesday, 25th June - 10:45: Poster Session 1 (Viewing During Coffee Break) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

Wednesday, 25th June - 12:45: Poster Session 1 (Viewing During Lunch) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

Wednesday, 25th June - 16:00: Poster Session 1 (Viewing During Coffee Break) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

---

***Ms. Jenni Kaunomäki <sup>1</sup>, Ms. Mirva Heikkilä <sup>1</sup>, Dr. Marko Manninen <sup>2</sup>, Dr. Diana Ribeiro da Silva <sup>3</sup>, Prof. Nina Lindberg <sup>1</sup>***

*1. University of Helsinki, 2. Finnish Institute for Health and Welfare, 3. University of Coimbra*

Conduct disorder (CD) and callous-unemotional (CU) traits are common among detained youth, and considered difficult to treat. Thus, there is a need for new effective interventions. Compassion focused therapy (CFT) has been shown efficacy among this population. Using virtual reality (VR) offers a possibility to practice new skills in safe environments. This study aims to explore if CFT with VR-exposure training (CFT+VR) decreases self-reported CD-symptoms and CU-traits among 15 to 20 yo males in Finnish prisons and state reform schools. Preliminary results of first interventions on the CFT+VR program will be presented.

---

# True Colours and New Colours: Fostering Self-Expression and Connection Through Art Therapy in a High-Secure Forensic Setting

---

Wednesday, 25th June - 10:45: Poster Session 1 (Viewing During Coffee Break) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

Wednesday, 25th June - 12:45: Poster Session 1 (Viewing During Lunch) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

Wednesday, 25th June - 16:00: Poster Session 1 (Viewing During Coffee Break) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

---

***Ms. Katherine Collins<sup>1</sup>, Ms. Olwen Evans<sup>1</sup>***

***1. Justice Health and Forensic Mental Health Network***

Art therapy offers a unique healing experience, stemming from both the therapeutic relationship and the artistic process. This poster will highlight observations from art therapy groups inside a high secure forensic hospital. In this context, we observe the benefits of safe expression, the ability to narrate one's own story, and the power of choice. Outcomes have included fostering connections, encouraging self-expression, promoting a positive sense of self, and strengthening identity within a system that can often strip this away.

# Optimizing Nursing Physical Assessments on Forensic Medium Secure Inpatient Units: a Quality Improvement Initiative

Wednesday, 25th June - 10:45: Poster Session 1 (Viewing During Coffee Break) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

Wednesday, 25th June - 12:45: Poster Session 1 (Viewing During Lunch) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

Wednesday, 25th June - 16:00: Poster Session 1 (Viewing During Coffee Break) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

***Mrs. Jennifer Anderson<sup>1</sup>, Mrs. Satinder Kaur<sup>2</sup>, Mr. Brett Morris<sup>3</sup>***

*1. RN, MScN, CPMHN(C), Centre for Addiction and Mental Health (camh) & Adjunct Lecturer, Lawrence S. Bloomberg Faculty of Nursing, University of Toronto, 2. RN, MScN, Med(HPE), PhD(N), CPMHN(C), Centre for Addiction and Mental Health (camh) & Adjunct Lecturer, Lawrence S. Bloomberg Faculty of Nursing, University of Toronto, 3. RN, BScN, CPMHN(C), Nurse Educator, Centre for Addiction and Mental Health (camh)*

## Background:

Review of the data from the 2022-2023 Integrated Care Monthly Report for two forensic medium-secure inpatient units, reveals that the Nursing Physical Health Assessment (NPHA) is not consistently completed according to the organization's documentation standard.

## Purpose:

To improve the completion, quality and frequency of NPHAs performed by forensic mental health nurses.

## Methods:

A multi-pronged approach has been utilized to help improve the quality and frequency of NPHAS.

## Discussion and Conclusion:

- Increased understanding of patient's physical health status
- Identifying areas for continued monitoring, focused assessments and targeted health promotion and disease prevention
- Implications for changes to organizational education and policies

## Biomarkers of impulsiveness – preliminary study of forensic schizophrenia patients

Wednesday, 25th June - 10:45: Poster Session 1 (Viewing During Coffee Break) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

Wednesday, 25th June - 12:45: Poster Session 1 (Viewing During Lunch) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

Wednesday, 25th June - 16:00: Poster Session 1 (Viewing During Coffee Break) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

***Dr. Inga Markiewicz<sup>1</sup>, Mr. Filip Tomczuk<sup>2</sup>, Dr. Ewelina Elert-Dobkowska<sup>2</sup>, Dr. Przemysław Cynkier<sup>1</sup>, Dr. Grzegorz Kudlak<sup>3</sup>, Prof. Janusz Heitzman<sup>1</sup>, Prof. Anna Sulek<sup>4</sup>***

*1. Department of Forensic Psychiatry, Institute of Psychiatry and Neurology, 2. Department of Genetics, Institute of Psychiatry and Neurology, 3. Institute of Social Prevention and Resocialisation,, 4. Faculty of Medicine, Lazarski University*

This study investigates the genetic determinants of impulsivity in forensic patients with schizophrenia, focusing on the role of microRNAs (miRNAs). These small non-coding RNAs regulate gene expression and are implicated in processes disrupted in schizophrenia, including neurodevelopment, synaptic plasticity, and neuroinflammation. Key miRNAs, such as miR-137, miR-132, and miR-34a, influence pathways like dopamine signaling and immune responses, impacting schizophrenia-associated genes like CACNA1C and ZNF804A. Altered miRNA profiles may serve as biomarkers and therapeutic targets. Patients undergo psychiatric assessments and environmental analyses further explore impulsivity and aggression. This innovative study uniquely examines the genetic basis of impulsivity in forensic schizophrenia patients.

---

## Experiences of forensic mental health patients and professionals with shared violence risk assessment and management: A meta-aggregation of qualitative studies

---

Wednesday, 25th June - 10:45: Poster Session 1 (Viewing During Coffee Break) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

Wednesday, 25th June - 12:45: Poster Session 1 (Viewing During Lunch) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

Wednesday, 25th June - 16:00: Poster Session 1 (Viewing During Coffee Break) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

---

***Mrs. Mimosa Luigi<sup>1</sup>, Ms. Laurie-Anne Martinez<sup>2</sup>, Dr. Laurence Roy<sup>3</sup>, Prof. Anne G. Crocker<sup>4</sup>***

*1. Department of Psychiatry, McGill University, Montréal, Québec, 2. Department of Psychology, University of Montreal, 3. Ph.D., Associate Professor, School of Rehabilitation, Université de Montréal, 4. Université de Montréal*

Person-centered care and shared decision-making have become guiding principles for mental health care, yet their integration in forensic services remains limited. Emerging models of shared violence risk assessment (RA) and management (RM) could transform forensic patients' experience of, engagement in, and satisfaction with care. We conducted a scoping review and meta-aggregation to understand the experiences of forensic inpatients and professionals in implementing shared approaches for violence RA and RM. Results highlight benefits to both patients and professionals, the interpersonal-, intervention-, and organizational-level barriers to effectively influencing decision-making, and some improvements suggested by patients. Practice and research implications are discussed.

---

## Navigating Constraints : Daily Challenges of Applying the RNR Model with Young Offenders

---

Wednesday, 25th June - 10:45: Poster Session 1 (Viewing During Coffee Break) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

Wednesday, 25th June - 12:45: Poster Session 1 (Viewing During Lunch) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

Wednesday, 25th June - 16:00: Poster Session 1 (Viewing During Coffee Break) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

---

***Ms. Kawssar Ajrouche<sup>1</sup>, Prof. Geneviève Parent<sup>2</sup>, Prof. Marie-Pierre Villeneuve<sup>1</sup>, Ms. Diana Micheal<sup>1</sup>***

*1. Université de Sherbrooke, 2. Université du Québec en Outaouais*

The Risk-Need-Responsivity (RNR) model is the most prevalent intervention model promoting social reintegration and reducing recidivism among offenders. Little is known about its daily application by practitioners working with young offenders in Quebec. This study aimed to understand the challenges of assessment and intervention specific to the RNR model. Twelve semi-structured interviews were conducted with youth delegates. Results show that delegates strive to adhere to “best practices” while adapting to the individual. While respecting the RNR model’s principles, they report adaptations in assessment, follow-up intensity, meeting content, and therapeutic strategies based on youth characteristics, delinquency type, and judicial constraints.



---

# Impact of Conflict on the Emotional Development of Children: A Case Study of Mandura District

---

Wednesday, 25th June - 10:45: Poster Session 1 (Viewing During Coffee Break) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

Wednesday, 25th June - 12:45: Poster Session 1 (Viewing During Lunch) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

Wednesday, 25th June - 16:00: Poster Session 1 (Viewing During Coffee Break) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

---

***Dr. Habtamu Kurmane<sup>1</sup>, Mr. Aschalew Terefe<sup>1</sup>, Mr. Tibebe Deressa<sup>1</sup>***

***1. Jimma University***

Conflict significantly disrupts children's emotional and behavioral development, exposing them to traumatic events that can result in long-term psychological impacts. This study investigated the prevalence and effects of conflict on children's emotional and behavioral well-being in Mandura District, Benishangul Gumuz Region, Ethiopia. Using a cross-sectional survey of 218 parents, data were collected with the Strengths and Difficulties Questionnaire (SDQ) and analyzed with STATA 15. Emotional problems affected 67.9% of children, conduct issues 59.5%, hyperactivity 55%, and peer relationship difficulties 66.1%. The findings highlight the urgent need for interventions promoting psychological support, resilience, and peace-building to foster children's holistic development.

---

# The Impact of Segregation in Canadian Correctional Facilities

---

Wednesday, 25th June - 10:45: Poster Session 1 (Viewing During Coffee Break) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

Wednesday, 25th June - 12:45: Poster Session 1 (Viewing During Lunch) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

Wednesday, 25th June - 16:00: Poster Session 1 (Viewing During Coffee Break) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

---

***Mrs. Sundus Ismaeil<sup>1</sup>, Dr. Mayra Lazo<sup>2</sup>, Dr. Sujay Patel<sup>2</sup>***

*1. University of Waterloo, 2. PsycIME*

This systematic review examines the impact of segregation in Canadian correctional facilities between 1990-2022. Segregation, involving isolation for up to 22-23 hours daily, exists in various forms including disciplinary, administrative, and protective custody. Research indicates significant adverse effects on mental health, including increased rates of psychiatric symptoms and suicide risk, particularly among those with pre-existing conditions. Physical health deteriorates due to limited sunlight exposure and restricted activity. The practice also hampers rehabilitation and increases recidivism rates. Indigenous peoples face disproportionate segregation rates. Recommendations include limiting segregation to 15 days maximum, implementing alternative management strategies, and improving mental health services.

---

# Developing Guidance for the Management of Transgender (trans) Patients in Forensic Mental Health Services in Scotland.

---

Wednesday, 25th June - 13:45: [Papers] Diversity Considerations and Care (J.M. Synge Theatre (Room 2039)) - Paper

---

***Dr. Hamish Fulford*** <sup>1</sup>

*1. Forensic Network*

The intersection of forensic mental health services and transgender care presents unique challenges that demand tailored, evidence-based guidance. This paper details the development of Scotland's first comprehensive guidance for supporting transgender patients within forensic mental health settings. By integrating a robust review of existing literature, legal considerations, and clinical insights, this work aims to foster inclusive, equitable care and address the specific needs of transgender patients. The paper will explore the key findings from the literature, the content and scope of the guidance, a case study illustrating its practical application, legal underpinnings, and a discussion of its broader societal impact.

---

## Disparities in Remand: Legal and Mental Health Factors Affecting Incarcerated Indigenous and Non-Indigenous Manitobans

---

Wednesday, 25th June - 13:45: [Papers] Diversity Considerations and Care (J.M. Synge Theatre (Room 2039)) - Paper

---

***Ms. Lauren Waldman<sup>1</sup>, Dr. Jeffrey Waldman<sup>2</sup>, Dr. Sarah Brown<sup>2</sup>***

*1. University of Winnipeg, 2. University of Manitoba*

Indigenous people in Manitoba, Canada are disproportionately overrepresented in pre-trial detention, comprising 77% of the remand population despite representing only 15% of the general population. This study investigates the role of legal representation, mental illness, and sociodemographic factors in shaping pre-trial detention outcomes for Indigenous and non-Indigenous individuals referred for Independent Medical Examinations (IMEs) at a Forensic Psychiatry Clinic between 2017 and 2022. By comparing these factors, the present study aims to highlight systemic inequities that exist and inform culturally appropriate justice practices for Indigenous people in the Criminal Legal System in Manitoba. Preliminary data will be presented.

---

## Indigenous Offenders and Mental Health Review Board Decisions: the Use of Gladue Principles across Canadian Provinces

---

Wednesday, 25th June - 13:45: [Papers] Diversity Considerations and Care (J.M. Synge Theatre (Room 2039)) - Paper

---

***Dr. Sioui Maldonado Bouchard<sup>1</sup>, Dr. Antoine Perreault<sup>2</sup>, Dr. Mathieu Dufour<sup>3</sup>***

*1. Department of Psychiatry, McGill University & Institut national de psychiatrie légale Philippe-Pinel, 2. Department of Psychiatry, McGill University, Montréal, Québec, 3. Institut national de psychiatrie légale Philippe-Pinel & Université de Montréal*

Indigenous people represent 3% of the Canadian population, but up to 25% of the prison population. And yet they are underrepresented among individuals found not criminally responsible due to mental disorders (NCRMD). This reflects, among other things, the long history of colonialism as well as individual and systemic discrimination, which persists today. We offer a comparison Gladue principles use (which call for the consideration of the sociohistorical and cultural context of Indigenous offenders) in three provinces (Québec, British Columbia, and Ontario) in the context of Mental Health Review Board decisions for Indigenous individuals found NCRMD or unfit to stand trial.

---

## Implementing culturally adapted care interventions in a Forensic Mental Health service.

---

Wednesday, 25th June - 13:45: [Papers] Diversity Considerations and Care (J.M. Synge Theatre (Room 2039)) - Paper

---

***Ms. Denise Johnson<sup>1</sup>, Ms. Suraya Faziluddin<sup>2</sup>, Ms. Amanda McIntosh<sup>1</sup>, Mr. Ramish Shahab<sup>1</sup>***

*1. The Centre for Addiction and Mental Health, 2. MSW RSW, Director of Interprofessional Practice, Standards and Measurement, Centre for Addiction and Mental Health, Adjunct Lecturer, University of Toronto*

Forensic mental health services are required to provide treatment interventions to support the recovery of diverse populations of patients. At a major psychiatric hospital setting in Toronto Canada, demographic data revealed an over-representation of Black-identified patients, with younger patients particularly over-represented as compared to the demographics of the Toronto area. Treatments offered to all patients in the forensic program at the time were standardized and not tailored to cultural needs. This paper details a multi-level implementation of culturally adapted treatment programming for Black patients, modifications made over the course of the implementation, and future plans for increased reach and sustainability.

---

# Historical Applications of the HCR-20 in Correctional Settings

---

Wednesday, 25th June - 13:45: [Symposium] Taming the Tide: Managing Risk Amidst Increased Violence in Correctional Facilities (Robert Emmet Theatre (Room 2037)) - Panel Contribution

---

***Dr. Brianne Layden<sup>1</sup>, Dr. Stephen Hart<sup>1</sup>***

*1. Simon Fraser University*

The HCR-20 V3 is a set of Structured Professional Judgment (SPJ) guidelines for the comprehensive, management-oriented assessment of general violence risk (Douglas et al., 2013). Currently, the HCR-20 V3 is considered the best validated and is the most widely used risk assessment instrument for management of general violence and has been implemented within correctional systems for risk management and release planning worldwide (Douglas et al., 2013; Singh, 2013). This presentation will review the historical application of the HCR-20 in correctional settings worldwide and our support in the application of the HCR-20 V3 within the Massachusetts Department of Correction.

---

# What do we do when everyone is high-risk for violence? Concentrated risk in prison populations after significant reductions

---

Wednesday, 25th June - 13:45: [Symposium] Taming the Tide: Managing Risk Amidst Increased Violence in Correctional Facilities (Robert Emmet Theatre (Room 2037)) - Panel Contribution

---

***Dr. Robin Timme***<sup>1</sup>

*1. Falcon Inc.*

The United States (US) has long used mass incarceration as an approach to public safety, identified recently as having the highest incarceration rate of any independent democracy on earth. Massachusetts has responded to this evidence with policy changes and initiatives that have resulted in reductions in the number of people incarcerated, thereby concentrating the population into fewer facilities and creating an unprecedented concentration of high-risk profiles. This presentation will review the current rehabilitative ideal in carceral settings and the creative strategies required to navigate this new chapter in American corrections, with a focus on the Massachusetts Department of Correction.



# **The Massachusetts Model for Eliminating Restrictive Housing: A Risk-Need-Responsivity Approach to Prison Misconduct**

---

Wednesday, 25th June - 13:45: [Symposium] Taming the Tide: Managing Risk Amidst Increased Violence in Correctional Facilities (Robert Emmet Theatre (Room 2037)) - Panel Contribution

---

***Ms. Kyle Pelletier***<sup>1</sup>

*1. Massachusetts Department of Correction*

Prisons in the United States have long relied on restrictive housing to manage threats and punish misconduct; however, as evidence regarding the negative impacts of restrictive housing increases, many U.S. systems seek to limit its use. How can a system humanely evolve and still ensure safety for those who live, work, and visit? In Massachusetts, the answer was a paradigm shift in the conceptualization of human behavior and prison culture. This presentation will review Massachusetts' first-of-its-kind model for applying risk-needs-responsivity principles to misconduct, eliminating the use of restrictive housing and replacing it with assessment, classification, and idiographic and evidence-based programming.

## **Understanding violence beyond the act: Case studies on Massachusetts' use of the HCR-20 V3 to inform risk management in a correctional setting**

---

Wednesday, 25th June - 13:45: [Symposium] Taming the Tide: Managing Risk Amidst Increased Violence in Correctional Facilities (Robert Emmet Theatre (Room 2037)) - Panel Contribution

---

***Ms. Leslie Reed*** <sup>1</sup>

*1. Massachusetts Department of Correction*

The Massachusetts Department of Correction recently implemented structured violence risk appraisals as part of their commitment to mitigating harm in a holistic, management-oriented manner. The need to understand the factors contributing to an individual's engagement in violence, beyond focusing on the act itself, is critical in making decisions about the best way to mitigate risk and promote long-term behavioral improvements. Case studies will be reviewed to show how an expanded appreciation of the needs of these individuals allowed the agency to consider unconventional solutions to manage t risk for continued custodial violence.

---

## The Roles of Psychiatrists in Adjudication in U.S.: Ethical and Practical Challenges

---

Wednesday, 25th June - 13:45: [Round Table] The Roles of Psychiatrists in Adjudication in U.S.: Ethical and Practical Challenges (Thomas Davis Theatre (Room 2043)) - Round Table

---

***Dr. Melissa Piasecki*<sup>1</sup>, *Dr. Leon Ravin*<sup>2</sup>, *Dr. Lorenzo Capannolo*<sup>3</sup>**

***1. University of Nevada, Reno, 2. Nevada Department of Health and Human Services, 3. University of Nevada Las Vegas***

In the U.S. legal process, psychiatrists may play multiple roles. Clinically, they may treat people in custody prior to trial in correctional facilities or in forensic hospitals. Psychiatrists may have non-clinical roles in assessing competency for trial and determinations of criminal responsibility and sentencing factors. In the U.S., psychiatrists may play a role in death penalty proceedings and the treatment and assessment of death row inmates. This round table explores these roles and the potential professional and ethical challenges.

---

# Association of psychotropic medications with recidivism and need for coercive measures during forensic psychiatric care

---

Wednesday, 25th June - 13:45: [Papers] Pharmacological and Genetic Factors (Jonathan Swift Theatre (Room 2041A)) - Paper

---

***Ms. Taalke Maria Sitter*<sup>1</sup>**

*1. Department of Medical Epidemiology and Biostatistics, Karolinska Institutet, Stockholm, Sweden*

There is a lack of evidence in the effectiveness of psychotropic medication in forensic psychiatric care (FPC). This study aimed to estimate the association of psychotropic medication and recidivism and the need for coercive measure during FPC, utilizing data from the Swedish National Forensic Psychiatric Register since 2009. A within-individual design with a conditional generalized estimating equation model was used to estimate the association of major groups of psychotropic medication and different types of antipsychotics with recidivism into criminal behaviour and the need for coercive measures during care.

---

## Terra incognita - Ethnopharmacology

---

Wednesday, 25th June - 13:45: [Papers] Pharmacological and Genetic Factors (Jonathan Swift Theatre (Room 2041A)) - Paper

---

**Mrs. Nicole Erlacher**<sup>1</sup>

*1. Vitos Klinik für forensische Psychiatrie Giessen*

Patients with a migrant background make up a high proportion of the population in forensic psychiatric hospitals in Germany.

In addition to difficult diagnostic assessments and difficult criminal risk assessment there are further challenges with respect to effective (psycho-)pharmacological treatment.

This presentation provides an overview of the ethnic differences in psychopharmacological treatment which is summarized under several topics: ethnopsychopharmacology/intercultural psychopharmacotherapy/transcultural psychopharmacotherapy.

Ethnopharmacology describes the rationale of the selection and dosing of psychotropic drugs in different ethnic groups, and pharmacodynamic and pharmacokinetic causes for (side) effects.

---

## Targeting opioid neurotransmission in borderline personality disorder with self-harming behavior: Preliminary findings of a [11C]NOP-1A positron emission tomography study

---

Wednesday, 25th June - 13:45: [Papers] Pharmacological and Genetic Factors (Jonathan Swift Theatre (Room 2041A)) - Paper

---

***Prof. Nathan Kolla*<sup>1</sup>, *Ms. Foorooogh Raeisi Makiani*<sup>2</sup>, *Dr. Stefan Kloiber*<sup>3</sup>, *Ms. Paria Baharikhoob*<sup>2</sup>, *Prof. Romina Mizrahi*<sup>4</sup>, *Dr. Pablo Rusjan*<sup>4</sup>, *Dr. Kimberly Desmond*<sup>3</sup>, *Ms. Michelle De Pol*<sup>2</sup>**

*1. University of Saskatchewan, 2. Centre for Addiction and Mental Health, 3. University of Toronto, 4. McGill University*

Non-suicidal self-injury (NSSI) is a core symptom of borderline personality disorder (BPD), a diagnosis frequently encountered in forensic systems. The nociceptin/orphanin FQ (N/OFQ) peptide (NOP) receptor is involved in pain transmission. Our study focuses on measuring NOP receptor in BPD with NSSI using positron emission tomography (PET) imaging and the novel radiotracer [11C]NOP-1A. NOP VT levels were 4.9% lower in amygdala (p-value = 0.048) and Brodmann Area 25 (p-value = 0.046) in BPD+NSSI participants compared to healthy controls. Although these results are preliminary, attenuated NOP signaling in limbic regions indicates that an endogenous imbalance may be present.

## **From knowledge generation to adaption of interventions: Support and involvement of family members in forensic mental health care settings**

---

Wednesday, 25th June - 13:45: [Symposium] Promoting Family Engagement in Forensic Mental Health Settings: Initiatives and Interventions (Teatar M. Ui Chadhain Theatre (Room 2041B)) - Panel Contribution

---

***Dr. Ellen Tingleff<sup>1</sup>, Ms. Sofie Aslerin<sup>1</sup>***

*1. University of Southern Denmark & Forensic Mental Health Research Unit Middelfart*

In recent years, qualitative knowledge has been developed in Denmark on the interactions between family members of service users in forensic mental healthcare settings (FMHS) and healthcare professionals. Based on this knowledge, a strong rationale has been identified for developing clinical practices related to family engagement, specifically to implement interventions that support and involve family members. However, most interventions are not developed to accommodate with the unique barriers associated with FMHS. Consequently, this presentation includes an example of how interventions to provide support and facilitate involvement of family members will be adapted to FMHS through a research project.

## Putting family and carers at the centre of care in medium secure forensic settings in the UK: A view from practice

---

Wednesday, 25th June - 13:45: [Symposium] Promoting Family Engagement in Forensic Mental Health Settings: Initiatives and Interventions (Teatar M. Ui Chadhain Theatre (Room 2041B)) - Panel Contribution

---

***Mrs. Victoria Hart<sup>1</sup>, Mrs. Diane Sargent<sup>2</sup>***

*1. Forensic and Neurodevelopmental services - South London and Maudsley NHS Foundation Trust, 2. Family and Friend Carer Liaison and support worker - Sussex partnership NHS Foundation Trust*

Recent developments in both research and policy in England highlight the role and importance of the role and importance of family and carers in forensic mental health settings (FMHS). How you should implement this is often not specified and barriers can pop up in practice. Based on two case approaches, one from Southern England (visiting experiences) and one from South London (family and friend carer liaison and support worker), the tension between policy, research and practice is explored further. These case studies focus on the identified barriers and facilitators in putting family engagement into practice in FMHS in England.



## RAP-Proches: A participatory action research project involving families and loved ones to reduce the experience of violences in mental health

Wednesday, 25th June - 13:45: [Symposium] Promoting Family Engagement in Forensic Mental Health Settings: Initiatives and Interventions (Teatar M. Uí Chadhain Theatre (Room 2041B)) - Panel Contribution

**Mrs. Ashley Lemieux<sup>1</sup>, Mrs. Daniela Perrottet<sup>2</sup>, Mrs. Carolle Brabant<sup>3</sup>, Dr. João Da Silva Guerreiro<sup>4</sup>, Dr. Marichelle Leclair<sup>5</sup>, Dr. Laurence Roy<sup>6</sup>, Dr. Mathieu Dufour<sup>7</sup>, Mrs. Hannah Warren<sup>8</sup>, Prof. Anne G. Crocker<sup>9</sup>**

*1. Ph.D., Planning, programming, and research officer, INPL-Philippe-Pinel; Research Associate, Department of Psychiatry and Addiction, Université de Montréal, 2. M.Sc., Research coordinator, RAP-Proches Project, Observatoire en justice en santé mentale, PhD. student, Public Health and Community Program, Université Laval, 3. Retired professional accountant; Member of the board of directors, Institut national de psychiatrie légale Philippe-Pinel, 4. Université du Québec à Montréal, 5. Université du Québec en Outaouais, 6. Ph.D., Associate Professor, School of Rehabilitation, Université de Montréal, 7. Institut national de psychiatrie légale Philippe-Pinel & Université de Montréal, 8. Social worker, INPL-Philippe-Pinel, 9. Université de Montréal*

Individuals with severe mental illness (SMI) are at higher risk of aggressive behaviors, often impacting family caregivers and loved ones. Despite this, little research addresses caregivers' needs. Developed with community organizations and peer researchers, this participatory action research project seeks to understand these needs and experiences in a context of violence. The study involves a literature review, qualitative interviews, and a provincial survey to explore caregivers' experiences. Outcomes include co-developing a digital guide for caregivers, training resources for professionals, and fostering an intersectoral community of practice.

---

## **“My dad’s head is like the clouds”: The development of a children’s book to empower the relationship of children and parents in forensic mental healthcare**

---

Wednesday, 25th June - 13:45: [Symposium] Promoting Family Engagement in Forensic Mental Health Settings: Initiatives and Interventions (Teatar M. Ui Chadhain Theatre (Room 2041B)) - Panel Contribution

---

***Dr. Leen Cappon<sup>1</sup>, Dr. Sara Rowaert<sup>2</sup>, Mrs. Manon Heyndrickx<sup>3</sup>, Mr. Vincent Ronse De Craene<sup>4</sup>***

*1. PC Sint-Jan-Baptist and ScienceForCare, 2. Ghent University, 3. psychologist PC Sint-Jan-Baptist, 4. PhD-student UGent*

When a parent is placed in forensic mental healthcare, it significantly impacts children across multiple aspects of their life, making them more emotionally and behaviourally vulnerable compared to their peers. Therefore, it is essential to explain these difficult circumstances to children. This is a challenging task, but using a children’s book may offer a valuable tool in explaining this complex issue. The aim of this presentation is to discuss the developmental process of a Belgian children’s book involving three phases: (1) research and preparation, (2) concept development and (3) testing and implementation in clinical practice

---

## Assessing the Risk of Intimate Partner Violence: A Scoping Review

---

Wednesday, 25th June - 13:45: [Symposium] Assessment and Differentiation in Relational and Child Sexual Offending Behaviors (Room 4050A) - Panel Contribution

---

***Ms. Sophie van Lieshout<sup>1</sup>, Dr. Madeleine Rijckmans<sup>2</sup>, Dr. Petra Habets<sup>3</sup>, Prof. Stefan Bogaerts<sup>2</sup>***

*1. Department of Developmental Psychology, Tilburg University, 2. Department of Developmental Psychology, Tilburg University and Fivoor, Fivoor Science & Treatment Innovation, 3. Department of Developmental Psychology, Tilburg University and Knowledge Centre for Forensic Psychiatric Care (KeFor), OPZC Rekem*

Intimate partner violence (IPV) poses severe negative consequences for all those involved. This scoping review aims to identify and map existing risk assessment instruments, focusing on included risk and protective factors and the consideration of relational dynamics and contextual aspects. Furthermore, the review evaluates the practical applicability of these tools within specific subgroups, including all-gender perpetrators and/or victims, same-sex couples, and ex-partners. The objective is to guide clinicians in selecting appropriate risk assessment instruments for specific populations. A comprehensive search was conducted across multiple online databases (i.e., PubMed, Web of Science, and PsycINFO) to identify relevant studies and tools.

## From Deviant to Desired Behaviour: The Future of Blocking Technologies

---

Wednesday, 25th June - 13:45: [Symposium] Assessment and Differentiation in Relational and Child Sexual Offending Behaviors (Room 4050A) - Panel Contribution

---

***Ms. Manon Kleijn<sup>1</sup>, Dr. Elien de Caluwé<sup>2</sup>, Prof. Stefan Bogaerts<sup>1</sup>***

*1. Fivoor Research and Treatment Innovation and Department of Developmental Psychology, Tilburg University, 2. Department of Developmental Psychology, Tilburg University*

The enormous scale and growing demand of child sexual abuse material (CSAM) and the increasing opportunities for individuals to hide their activities via end-to-end encryption, presents a significant challenge for law enforcement agencies. Moreover, individuals struggling with CSAM use often report difficulties in controlling their behaviour, underscoring the need for early intervention strategies aimed at prevention. However, there is lack of evidence-based interventions. The aim of the project was to develop, implement, and evaluate a prevention tool to support individuals in effectively managing their CSAM behaviour. This presentation provides an overview of the project and shares the main findings.

---

# Determining Pedophile Preferences in Child Sexual Offenders Using Eye-Tracking Techniques: A Meta-Analysis

---

Wednesday, 25th June - 13:45: [Symposium] Assessment and Differentiation in Relational and Child Sexual Offending Behaviors (Room 4050A) - Panel Contribution

---

***Ms. Jenthe Mens<sup>1</sup>, Prof. Erik Masthoff<sup>2</sup>, Dr. Pauline Heus<sup>3</sup>, Prof. Stefan Bogaerts<sup>2</sup>***

*1. Department of Developmental Psychology, Tilburg University, 2. Fivoor Research and Treatment Innovation and Department of Developmental Psychology, Tilburg University, 3. Department of Epidemiology & Health Economics, UMC Utrecht*

An important risk factor for child sexual (re-)offending is a diagnosis of paedophilic disorder, which involves, among other things, having a sexual preference for prepubescent boys and/or girls. Traditionally, self-reporting is used to explore sexual deviance. However, this can be unreliable due to its dependence on social desirability. Research has examined more objective assessment methods for sexual deviance, such as eye-tracking. This meta-analysis aimed to gain insight into the strength of the existing evidence on the ability of eye-tracking assessments to determine pedophile preferences in child sexual offenders. Seven databases were searched and data were extracted from four full-text articles.

---

## Strengthening Connections: The Role of Crisis Intervention Teams in Policing and Mental Health

---

Wednesday, 25th June - 13:45: [Round Table] Strengthening Connections: The Role of Crisis Intervention Teams in Policing and Mental Health (Room 4050B) - Round Table

---

***Ms. Mercedes Tibollo*<sup>1</sup>, *Dr. Maryana Kravtsenyuk*<sup>2</sup>, *Mr. Adam Tedesco*<sup>3</sup>, *Ms. Narot Kabasakal*<sup>4</sup>**

*1. Memorial University of Newfoundland, 2. University of Toronto, 3. York Regional Police, 4. Social Worker, Centre for Addiction and Mental Health*

Individuals experiencing mental health crises often encounter law enforcement, highlighting the need for specialized approaches to de-escalate situations and connect individuals with appropriate care. Crisis Intervention Teams (CITs) were developed to equip officers with the training and tools needed to respond effectively and compassionately. This review examines the impact of CITs on police encounters with individuals experiencing mental health challenges, focusing on diversion from the criminal justice system, and enhanced community safety.

---

## Presentation of a short screening tool to assess violence risk among youths who were acutely admitted to child welfare institutions

---

Wednesday, 25th June - 15:00: [Papers] Youth in the Legal System (J.M. Synge Theatre (Room 2039)) - Paper

---

***Dr. John Olav Roaldset*<sup>1</sup>, *Ms. Anniken Lucia Willumsen Laake*<sup>2</sup>, *Ms. Carina Chudiakow Gustavsen*<sup>3</sup>,  
*Ms. Sara Grenabo*<sup>4</sup>, *Dr. Stål Bjørkly*<sup>5</sup>, *Dr. Øyvind Lockertsen*<sup>6</sup>**

*1. Oslo University Hospital, Oslo, Norway, 2. Faculty of Health Sciences, Department of Nursing and Health Promotion, Oslo Metropolitan University; and Oslo University Hospital, Centre for Research and Education in Forensic Psychiatry, 3. Department of Child and Adolescent Psychiatry, Division of Mental Health and Addiction, Oslo University Hospital, 4. Oslo Municipality, 5. Molde University College, 6. Oslo Metropolitan University; Oslo University Hospital*

V-RISK-YP is a short screening tool to assess violence risk in youths aged 12-18 who are acutely referred to child welfare settings. Due to the lack of such instruments for young people, V-RISK-Y was developed and recently tested in a multi-center project with 4 youth psychiatric and 4 child welfare departments. Although the results were significant for both groups, they proved to be better for youth psychiatry than for child protection. When the results for the child welfare institutions were re-analyzed, it turned out that a shorter instrument with 7 items, V-RISK-YP, seemed better suited and increased the predictive validity.

---

# Caregiver and Group Facilitator Feedback on a Stress Management and Psychoeducational Group for Caregivers of Adolescents with Justice System Involvement

---

Wednesday, 25th June - 15:00: [Papers] Youth in the Legal System (J.M. Synge Theatre (Room 2039)) - Paper

---

***Ms. Joanna Kramer<sup>1</sup>, Mr. Jake Samuels<sup>1</sup>, Dr. Keith Cruise<sup>1</sup>***

*1. Fordham University*

Caregivers of adolescents with justice system involvement (AJSI) experience high stress levels. Treatments for families of AJSI exist, but do not target unique challenges caregivers of AJSI face. Qualitative interviews were conducted to obtain opinions from former facilitators and caregivers about a promising stress management intervention: TARGET in 4 steps (Trauma Affect Regulation: Guide for Education and Therapy, T4). Questions remain about how to best utilize video conference service delivery, engage parents managing many daily demands, and ensure continuity across sessions. However, caregivers and facilitators clearly support T4 as an accessible and acceptable brief intervention to support caregivers of AJSI.



---

## Increasing Understanding of Trauma and Gender-Responsive Needs of Girls in the Children and Young People Secure Estate (CYPSE)

---

Wednesday, 25th June - 15:00: [Papers] Youth in the Legal System (J.M. Synge Theatre (Room 2039)) - Paper

---

***Dr. Annette McKeown<sup>1</sup>, Mr. Ned Philcox<sup>1</sup>, Mrs. Sarah Atkinson<sup>2</sup>, Dr. Jack Kennedy<sup>1</sup>***

*1. Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust, 2. Cumbria Northumberland Tyne and Wear NHS Foundation Trust*

The SECURE STAIRS framework is a trauma-informed approach to integrated care within the Children and Young People's Secure Estate (CYPSE) in the United Kingdom (UK). Gender-responsive approaches and understanding gender differences are central to trauma-informed provision within these settings. Young people (N=194; 28.4% female) accommodated in a Secure Children's Home (SCH) completed routine self-report measures to assess trauma symptoms and psychological symptomatology. Girls reported significantly higher symptoms of depression, anxiety, anger, post-traumatic symptomatology, dissociation, as well as lower self-concept. These findings highlight the importance of gender-responsive approaches to working with girls in these settings. Recommendations will be presented.

---

## Exploring Resilience in Delinquent Youth: The Role of a Natural Mentor

---

Wednesday, 25th June - 15:00: [Papers] Youth in the Legal System (J.M. Synge Theatre (Room 2039)) - Paper

---

***Ms. Angelique Boering<sup>1</sup>, Dr. Annabeth P. Groenman<sup>1</sup>, Prof. Levi van Dam<sup>2</sup>, Prof. Geertjan Overbeek<sup>1</sup>***

*1. Research Institute Child Development and Education (RICDE), University of Amsterdam, 2. Research Institute Child Development and Education (RICDE), University of Amsterdam; Levvel Academic Centre for Child and Adolescent Psychiatry, Amsterdam*

Applying resilience theory, we tested three models to explore how natural mentors affect the relation between cumulative static risk factors for delinquency and self-reported delinquency. Does a natural mentor (1) compensate for risk, (2) protect from risk, or (3) interact with other promotive assets strengthening the protective effect? Participants ( $N = 263$ ;  $M = 15,7$  79% boys) were youths following a diversion programme. Findings show youths with a natural mentor possess more promotive factors than those without. Stepwise regression analyses will test the models, providing insights into how natural mentors may foster resilience and reduce delinquent behaviour in at-risk youth.

---

# Complex Profiles: The Rising Issue of Comorbidity of High Acuity Mental Health Needs and Involvement in the Youth Justice System

---

Wednesday, 25th June - 15:00: [Papers] Youth in the Legal System (J.M. Synge Theatre (Room 2039)) - Paper

---

**Dr. Evan Norton<sup>1</sup>, Ms. Shandra Carter<sup>1</sup>**

*1. Texas Juvenile Justice Department*

Across the United States' youth justice systems there is a general theme: "our kids are sick and struggling." Many systems have reported substantial increases in the mental and behavioral health needs of youth involved in these settings. These youth are frequently multi-system involved and utilize tremendous amount of state resources, frequently with ineffective outcomes. Texas juvenile justice leaders will compare trends seen nationally to those seen in Texas, a state with over eight million children under the age of eighteen. This presentation will facilitate a collaborative space to share perspectives and interventions appropriate for this changing youth profile.

---

## Using Neurobiological Measures in Forensic Practice: The Dutch Approach

---

Wednesday, 25th June - 15:00: [Round Table] Using Neurobiological Measures in Forensic Practice: The Dutch Approach (Robert Emmet Theatre (Room 2037)) - Round Table

---

**Dr. Reshmi Marhe<sup>1</sup>, Dr. Jesse Meijers<sup>2</sup>, Prof. Maaïke Kempes<sup>3</sup>, Prof. Lucres Jansen<sup>4</sup>,  
Dr. Josanne D. M. van Dongen<sup>5</sup>**

*1. Department of Psychology, Education and Child Studies, Erasmus University Rotterdam, 2. Willem Pompe Institute for Criminal Law and Criminology, Utrecht University, The Netherlands, 3. Netherlands Institute for Forensic Psychiatry and psychology; Leiden University, Institute of Education and Child Studies, 4. Department of Child and Adolescent Psychiatry & Psychosocial Care, Amsterdam UMC, Vrije Universiteit Amsterdam, Amsterdam, The Netherlands, 5. Department of Psychology, Education and Child Studies, Erasmus University Rotterdam,*

This round table explores the integration of neurobiological measures in forensic practice, focusing on advancements in assessments, interventions, and ethical considerations. Drawing on research from the Netherlands, it highlights the underdiagnoses of neurocognitive disorders, with only 3% of penitentiary patients identified compared to an expected prevalence of 20-23%. Efforts to bridge this gap include the establishment of an information office for advanced neuropsychological evaluations and research combining neurobiological and psychosocial measures to enhance risk assessments, and treatment. We invite international practitioners and researchers to share their perspectives and stimulate a dynamic exchange of ideas, balancing theoretical advancements with real-world applications.

# Therapeutic jurisprudence in Polish mental health legislation - theory and practice

---

Wednesday, 25th June - 15:00: [Symposium] Therapeutic Jurisprudence Across Jurisdictions and Specialist Pathways in Forensic Mental Health (Thomas Davis Theatre (Room 2043)) - Panel Contribution

---

***Dr. Inga Markiewicz*** <sup>1</sup>

*1. Department of Forensic Psychiatry, Institute of Psychiatry and Neurology*

This paper presents the therapeutic jurisprudence approach, as applied to the rights of patients in psychiatric hospitals. It will outline the actions of judges during the procedure of involuntary admission, as well as the role of psychiatric and psychological reports in this process. The role of the Patient Rights Ombudsman of the Psychiatric Hospital will be discussed, along with the Polish institution of the National Mechanism for the Prevention of Torture and selected case law, as well as other bodies that protect patient rights and monitor the conditions of their isolation.

# Therapeutic Jurisprudence & Restorative Justice: Inhibitors & Enablers in Forensic Mental Health

---

Wednesday, 25th June - 15:00: [Symposium] Therapeutic Jurisprudence Across Jurisdictions and Specialist Pathways in Forensic Mental Health (Thomas Davis Theatre (Room 2043)) - Panel Contribution

---

***Dr. Gerard Drennan<sup>1</sup>, Dr. Fin Swanepoel<sup>1</sup>***

*1. South London & Maudsley NHS Foundation Trust*

Theoretical arguments for the potential value of restorative justice in therapeutic jurisprudence in forensic mental health can be found in the academic literature from time to time. Actual examples of how this has been operationalised in clinical practice are exceptionally rare. However, the small number of restorative justice implementation projects are starting to yield insights into what works and what challenges remain. This paper will review the formal and informal learning from projects in the UK to set out a roadmap for wider adoption across forensic mental health services.

---

## Determinants of intimate partner violence among female violent offenders in a Turkish forensic psychiatric population

---

Wednesday, 25th June - 15:00: [Symposium] Therapeutic Jurisprudence Across Jurisdictions and Specialist Pathways in Forensic Mental Health (Thomas Davis Theatre (Room 2043)) - Panel Contribution

---

***Dr. Hale Memis<sup>1</sup>, Dr. Yasin Hasan Balcioglu<sup>2</sup>, Prof. Fatih Oncu<sup>1</sup>***

*1. Bakirkoy Prof. Dr. Mazhar Osman Training and Research Hospital for Psychiatry, Neurology and Neurosurgery, Istanbul, 2. Bakirkoy Prof. Dr. Mazhar Osman Training and Research Hospital for Psychiatry, Neurology and Neurosurgery*

This study examines intimate partner violence (IPV) among female violent offenders in a Turkish forensic psychiatric population. A total of 206 women who committed physically violent crimes and underwent criminal responsibility evaluations were analyzed. 16% (n=33) of the sample had IPV as their index offense. IPV offenders exhibited distinctive characteristics, including less prevalent personality disorders, fewer prior offenses, and less psychiatric contact compared to those who committed violence against others. IPV offences were linked to sharp object use, occurred in private residences, and were influenced by family and contextual factors. Tailored strategies addressing cultural, social, and healthcare factors seem vital.

---

## Factors influencing length of stay in female patients in forensic psychiatric care in Türkiye

---

Wednesday, 25th June - 15:00: [Symposium] Therapeutic Jurisprudence Across Jurisdictions and Specialist Pathways in Forensic Mental Health (Thomas Davis Theatre (Room 2043)) - Panel Contribution

---

***Dr. Yasin Hasan Balcioglu<sup>1</sup>, Dr. Deniz Ozturk Onder<sup>2</sup>, Prof. Fatih Oncu<sup>2</sup>***

*1. Bakirkoy Prof. Dr. Mazhar Osman Training and Research Hospital for Psychiatry, Neurology and Neurosurgery, 2. Bakirkoy Prof. Dr. Mazhar Osman Training and Research Hospital for Psychiatry, Neurology and Neurosurgery, Istanbul*

This study investigates factors influencing length of stay (LoS) among 153 female forensic patients discharged from the Bakırköy Forensic Psychiatry Inpatient Unit between July 2022 and December 2023. Younger age at first offense, higher violence severity, schizophrenia spectrum disorder (SSD) diagnosis, CGI Severity score, and inpatient violence were significant predictors of longer LoS. However, the average LoS was notably short, reflecting systemic challenges such as high patient turnover and limited bed capacity in Türkiye. These findings highlight the urgent need to expand forensic psychiatric resources, develop structured risk assessment tools, and implement gender-specific interventions to optimize care and hospitalization durations.



---

## Project Choices: A Preliminary Investigation of an Experimental Serious Video Game for Performance-based Criminogenic Risk Assessment

---

Wednesday, 25th June - 15:00: [Papers] Developments in Risk Assessment and Forensic Report Writing (Jonathan Swift Theatre (Room 2041A)) - Paper

---

***Ms. Rachel Bomysoad<sup>1</sup>, Ms. Jada Brown<sup>1</sup>, Ms. Lyndsey Clarke<sup>1</sup>, Ms. Gena Murphy<sup>1</sup>, Ms. Natalie Sommervold<sup>1</sup>, Mr. Noah Festerling<sup>1</sup>, Ms. Eva Stojanovic<sup>1</sup>, Ms. Elana Gabriel<sup>1</sup>, Ms. Beatrice Kimata<sup>1</sup>,  
Dr. Chris King<sup>1</sup>***

*1. Montclair State University*

Serious video game technology may complement current criminogenic risk assessment methods. This pilot study examined player feedback, retest reliability, and convergent validity for the novel *Project Choices* (PC) video game. A sample of university students (planned  $N = 100$ , current  $n = 85$ ) completed baseline measures and played PC; a subsample ( $n = 62$ ) replayed PC one week later. The majority of participants rated PC favorably. The number of risky decisions made in PC evidenced good retest reliability and correlated moderately with measures of self-reported criminogenic risk and prior misconduct. Findings warrant study of PC with a correctional sample.

---

## Matching violence risk assessment with targeted interventions in Canadian forensic mental health: The Risk-2-Care Study

---

Wednesday, 25th June - 15:00: [Papers] Developments in Risk Assessment and Forensic Report Writing (Jonathan Swift Theatre (Room 2041A)) - Paper

---

***Mrs. Mimosa Luigi<sup>1</sup>, Prof. Anne G. Crocker<sup>2</sup>***

*1. Department of Psychiatry, McGill University, Montréal, Québec, 2. Université de Montréal*

Despite the important number of risk assessment tools for inpatient violence in forensic mental health, no standardized method exists for matching assessments to tailored interventions. Consequently, practice audits show interventions continue to be unguided by formal risk assessment. The Risk-2-Care study examined (1) the current prevalence of matching and its individual-level predictors, as well as (2) the clinical matching processes used by multidisciplinary teams in two forensic inpatients sites in Canada. Statistical analyses from the chart reviews (n=67 hospitalisations/site) and themes from semi-structured interviews (eight/site) are presented and contrasted between sites. Findings can inform future development of context-adapted matching strategies.

# **The role of risk and protective factors in assessing and monitoring the probability of committing a criminal act in a group of polish forensic patients and prison inmates- a summary of the results of own research.**

---

Wednesday, 25th June - 15:00: [Papers] Developments in Risk Assessment and Forensic Report Writing  
(Jonathan Swift Theatre (Room 2041A)) - Paper

---

**Dr. Marlena Banasik<sup>1</sup>**

*1. SWPS University*

The objectives of the speech revolve around the identification of the most important (among risk and protective factors) predictors of violence risk assessment and the discussion of risk dynamics in the process of treatment or rehabilitation. Knowledge of individual risk factors and protective factors of the perpetrator is a key element of reliable and accurate criminal prognosis, both in the psychiatric and penitentiary fields. The speaker will present the results of own research conducted on a group of 200 forensic psychiatric patients and 200 men serving a prison sentence.

---

# New Canadian Guidelines for Forensic Assessment and Report Writing

---

Wednesday, 25th June - 15:00: [Papers] Developments in Risk Assessment and Forensic Report Writing  
(Jonathan Swift Theatre (Room 2041A)) - Paper

---

***Dr. Jeffrey Waldman<sup>1</sup>, Dr. Richard Schneider<sup>2</sup>***

*1. University of Manitoba, 2. Ontario Court of Justice*

Forensic psychiatry has been a recognized subspecialty in Canada since 2013. This change necessitated the development of fellowship training programs, the need to establish core competencies, and the development of standard practices to ensure both excellence in training and in the practice of forensic psychiatry in Canada. The Canadian Academy of Psychiatry and the Law (CAPL) has developed guidelines for forensic psychiatry assessment and report writing in several areas of practice. This talk will review the process for the development of the guidelines and discuss the implications of guidelines in the practice of Forensic Psychiatry.

---

## **“I can’t even begin to tell you how knacked I am”: Victims of stalking and their perspectives of police responses**

---

Wednesday, 25th June - 15:00: [Papers] Victimization (Teatar M. Ui Chadhain Theatre (Room 2041B)) - Paper

---

***Dr. Margaret Nixon<sup>1</sup>, Dr. Nichola Tyler<sup>1</sup>, Prof. Troy McEwan<sup>1</sup>, Dr. Rachael Fullam<sup>1</sup>, Ms. Catie Bridgeman<sup>1</sup>, Ms. Katie Richardson<sup>1</sup>***

*1. Centre for Forensic Behavioural Science, Swinburne University of Technology*

This qualitative study interviewed 15 victims of stalking in Victoria, Australia, to explore their experiences of policing responses. While many participants spoke positively of police overall, most experienced difficulties with certain members. Characteristics of both victims and officers (e.g., age, sex), were seen to influence the perceived effectiveness of responses. Victims suggested the need for trauma informed policing responses, a single contact person for consistency, and improved information sharing across police stations to reduce the burdens on victims to manage their stalking case. Victims expressed their reliance on police expertise to guide legal processes and provide for their safety.

---

## Experience, Knowledge and Attitudes toward Mandatory Reporting of Intimate Partner Violence: Comparing Professionals Working with Victims and Perpetrators

---

Wednesday, 25th June - 15:00: [Papers] Victimization (Teatar M. Ui Chadhain Theatre (Room 2041B)) - Paper

---

***Ms. Christine Nordby<sup>1</sup>, Dr. Kevin Douglas<sup>2</sup>, Dr. Solveig K B Vatnar<sup>3</sup>***

*1. Molde University College, 2. Simon Fraser University, 3. Oslo University Hospital, Oslo, Norway*

The research on professionals' mandatory reporting of intimate partner violence (MR-IPV) is limited and has mostly focused on health personnel. However, no research has compared professionals who work with intimate partner violence (IPV) victims to those working with IPV perpetrators. The current study explores the differences in experiences, attitudes, and knowledge of MR-IPV among Norwegian professionals who work primarily with IPV victims compared to those who work primarily with IPV perpetrators. Preliminary results indicate that one group was significantly more experienced with MR-IPV and the use of risk assessment tools, and had more knowledge of MR-IPV.

## Supporting victim survivors of violent crime in the forensic mental health system

---

Wednesday, 25th June - 15:00: [Papers] Victimization (Teatar M. Ui Chadhain Theatre (Room 2041B)) - Paper

---

**Mr. Michael Power**<sup>1</sup>

*1. Director, Queensland Health Victim Support Service, Metro North Mental Health, Metro North Health*

Effective support for victim survivors and their families is crucial when the person charged receives a mental health defence by a Court and becomes a forensic patient. Queensland Health Victim Support Service is a unique state-wide service responding to the needs of victims and their families to understand and be supported through Court and Tribunal decisions. The services addresses the impact of trauma and grief and loss, works with forensic mental health teams to reduce risk of further harm, rebuild relationships where possible and meet the needs of victims for voice in the forensic mental health system.

## Development and Characteristics of the Landscape of Long-term Forensic Psychiatric Care in the Netherlands

---

Wednesday, 25th June - 15:00: [Symposium] Distinctions in Long-term Forensic Psychiatric Care (Room 4050A)  
- Panel Contribution

---

**Mrs. Sandrine Mikkers<sup>1</sup>, Mrs. Hilde Wijma<sup>1</sup>, Prof. Michiel van der Wolf<sup>2</sup>**

*1. Pompestichting, 2. University of Groningen, University of Leiden*

In this presentation the development of the Dutch landscape is sketched of long-term forensic psychiatric care within the TBS ('terbeschikkingstelling', literally translated as entrustment) system, which places individuals with serious criminal offenses and mental disorders in forensic psychiatric care. At the end of the 1990's 'official' long stay units were created (later called Long-term Forensic Psychiatric Care, LFPC), with a subsequent status and legal position. Around a decade later 'unofficial' long care units emerged to provide a subsidiary placement option for long-term patients. Differences between both types of institutions are described in terms of care, policy and legal position.



---

## Profiles of official and unofficial long stay patients in Dutch forensic care

---

Wednesday, 25th June - 15:00: [Symposium] Distinctions in Long-term Forensic Psychiatric Care (Room 4050A)  
- Panel Contribution

---

**Dr. Joni Reef<sup>1</sup>, Ms. Eleni Georgaki<sup>1</sup>, Dr. Roosmarijn van Es<sup>1</sup>, Ms. Sanne Ritzema<sup>1</sup>, Prof. Michiel van der Wolf<sup>2</sup>**

*1. Leiden University, 2. University of Groningen, University of Leiden*

This study examines long-term patients within the Dutch TBS system, which places individuals with serious criminal offenses and mental disorders in forensic psychiatric care. We compared two types of long-term care: ‘official’ Long-Term Forensic Psychiatric Care (LFPC) and ‘unofficial’ long-term units called long care. Both groups share complex characteristics and treatment challenges, but lack a clear distinction. Analyzing 100 patient files (50 LFPC, 50 long care), we found no significant differences except for factors related to time, such as age and physical health, reflecting longer TBS durations. The study questions the legitimacy of these differing legal frameworks and procedural approaches.

---

## Professionals' needs and decisions regarding long-term TBS patients in Dutch forensic care

---

Wednesday, 25th June - 15:00: [Symposium] Distinctions in Long-term Forensic Psychiatric Care (Room 4050A)  
- Panel Contribution

---

***Dr. Roosmarijn van Es<sup>1</sup>, Prof. Michiel van der Wolf<sup>2</sup>, Dr. Joni Reef<sup>1</sup>, Ms. Eleni Georgaki<sup>1</sup>, Ms. Sanne Ritzema<sup>1</sup>***

*1. Leiden University, 2. University of Groningen, University of Leiden*

Using interviews and a qualitative vignette study, we provide an overview of the needs of patients and professionals associated with long-term TBS patients in Dutch forensic care. With the vignette study we mapped the decision-making process of these professionals regarding placement and discharge of a patient in a long-term unit. Professionals' decisions mostly rely on treatment factors and development of risky behaviors. They encounter practical problems with capacity and policies. These problems underscore the need for a critical evaluation of current policies as well as further collaboration within long-term forensic psychiatric care to further improve the care for these individuals.

---

## Treatment progress in high-security forensic psychiatry in Flanders

---

Wednesday, 25th June - 15:00: [Symposium] Risk Assessment and Patient Characteristics (Room 4050B) - Panel Contribution

---

***Ms. Sophie Verschueren<sup>1</sup>, Prof. Inge Jeandarme<sup>1</sup>, Prof. Stefan Bogaerts<sup>2</sup>***

*1. FPC Antwerp, 2. Fivoor Research and Treatment Innovation and Department of Developmental Psychology, Tilburg University*

This study examines treatment progress for 487 patients in high-security forensic psychiatry based on the Instrument for Forensic Treatment Evaluation (IFTE). Using latent growth curve analyses, changes in IFTE scores over time are evaluated, incorporating predictors of treatment and patient characteristics. Additionally, comparisons are made between multidisciplinary team assessments and patient self-assessments (IFTE-S) to explore discrepancies and their association with patient characteristics. The study aims to identify factors that may require greater emphasis in therapeutic interventions and to highlight patient subgroups that experience difficulties in understanding or evaluating their treatment goals.

# **The Associations Between Identity and Both Risk and Protective Factors Related to Violent Recidivism in Adult Forensic Psychiatric Patients**

---

Wednesday, 25th June - 15:00: [Symposium] Risk Assessment and Patient Characteristics (Room 4050B) - Panel Contribution

---

**Ms. Deni Tressová**<sup>1</sup>

*1. Department of Developmental Psychology, Tilburg University*

This study investigated identity (i.e., clinical identity, identity dimensions and identity styles) and its associations with violent recidivism in forensic psychiatric patients. Results showed that all three identity approaches were associated with risk and protective factors linked to violent recidivism. Moreover, various identity constructs were associated with reduced self-reliance and higher violation of terms and agreements, the risk scale, and lower impulsivity. The findings suggest to incorporate identity assessment during the diagnostic phase as well as during treatment, as developing a healthy identity could act as an entrance for the treatment of risk factors and strengthening of protective factors.

---

## Assessment in Forensic Care: Cross-Cultural Challenges and Insights from the HKT-R

---

Wednesday, 25th June - 15:00: [Symposium] Risk Assessment and Patient Characteristics (Room 4050B) - Panel Contribution

---

***Dr. Petra Habets***<sup>1</sup>

*1. Department of Developmental Psychology, Tilburg University and Knowledge Centre for Forensic Psychiatric Care (KeFor), OPZC Rekem*

Risk assessment in forensic care must navigate the challenges of cultural diversity, particularly as tools like the HKT-R are applied across Western and non-Western populations. This study examined the HKT-R's psychometric properties and predictive validity using data from 683 male forensic patients released between 2004–2013. Despite systematic score differences on specific items for non-Western patients, internal consistency and predictive validity were equivalent (AUC: Western = .63, Non-Western = .65;  $p = .74$ ), and recidivism rates were similar. These findings highlight the importance of considering cultural nuances to enhance fairness in forensic assessment and risk management practices.

---

## A Latent Class Analysis of Forensic Psychiatric Patients in Relation to Risk and Protective Factors

---

Wednesday, 25th June - 15:00: [Symposium] Risk Assessment and Patient Characteristics (Room 4050B) - Panel Contribution

---

***Dr. Marija Jankovic<sup>1</sup>, Prof. Erik Masthoff<sup>2</sup>, Dr. Marinus Spreen<sup>3</sup>, Mr. Peter de Loeff<sup>4</sup>, Prof. Stefan Bogaerts<sup>2</sup>***

*1. Department of Developmental Psychology, Tilburg University and Fivoor, Fivoor Science & Treatment Innovation, 2. Fivoor Research and Treatment Innovation and Department of Developmental Psychology, Tilburg University, 3. NHL Stenden University of Applied Sciences, 4. Fivoor Science and Treatment Innovation*

This study aimed to identify more homogeneous classes of forensic psychiatric patients based on their psychiatric diagnoses and prior offenses using latent class analysis. Additionally, it explored differences in risk and protective factors across these classes. The sample consisted of 722 male patients, unconditionally released between 2004 and 2014 from high-security forensic psychiatric clinics, with data retrospectively derived from electronic patient files. Five distinct classes were identified: Axis II only, multiple problems, antisocial, psychotic, and intellectually disabled. Significant class differences in risk and protective factors were found, suggesting the need for tailored interventions.

---

## Care trajectories in a differentiated forensic psychiatric system: a Dutch study

---

Wednesday, 25th June - 16:30: [Papers] Restrictions Matters (J.M. Synge Theatre (Room 2039)) - Paper

---

***Dr. Klaus Drieschner***<sup>1</sup>

*1. Dutch Research and Data Centre*

Like in other countries, the Dutch forensic psychiatric system includes an increasing number of types of services with varying levels of restrictiveness. Ideally, this would enable gradual resocialisation and an adequate match between care needs and services. Using register and billing data, about 70.000 forensic trajectories in the period 2011-2021 were reconstructed, in terms of transitions between the forensic settings, including forensic care in prison. Various patterns of trajectories emerged. Decreasing restrictiveness during trajectories was a common pattern but the opposite was also not rare, often following reoffending. Consequences for the planability of ideal forensic trajectories are discussed.

---

# Restricting freedom: the principles governing the conditional release of forensic psychiatric patients

---

Wednesday, 25th June - 16:30: [Papers] Restrictions Matters (J.M. Synge Theatre (Room 2039)) - Paper

---

***Ms. Sophie van 't Klooster*<sup>1</sup>, Dr. Marleen Nagtegaal<sup>1</sup>, Prof. Michiel van der Wolf<sup>2</sup>, Prof. Pauline Schuyt<sup>2</sup>**

*1. Dutch Research and Data Centre, 2. Leiden University*

The Dutch Long-Term Supervision Act created the possibility of lifelong supervision for certain forensic psychiatric patients who are being released into the community. However, the legal limits and normative principles relating to lifelong supervision are unknown. This study examined these principle from different perspectives: Dutch law, human rights and European law. Six important principles were identified: individualisation, legal certainty, proportionally, necessity, subsidiarity, and perspective. It is argued that lifelong supervision needs to adhere to higher levels of proportionality, due to a lesser connection to the crime committed and the fact that the delinquent has already been deprived of their freedom.



---

## Change in Severity of Mental Disorder for Individuals in Custody in Segregation/Separate Confinement

---

Wednesday, 25th June - 16:30: [Papers] Restrictions Matters (J.M. Synge Theatre (Room 2039)) - Paper

---

***Dr. Roland Jones*<sup>1</sup>, *Ms. Margaret Maheandiran*<sup>2</sup>, *Mr. Marcos Sanches*<sup>2</sup>, *Dr. Cory Gerritsen*<sup>2</sup>, *Dr. Stephanie Penney*<sup>2</sup>, *Dr. Alexander (Sandy) Simpson*<sup>2</sup>**

*1. Centre for Addiction and Mental Health, Associate Professor, Department of Psychiatry, Faculty of Medicine, University of Toronto, 2. Centre for Addiction and Mental Health*

This study examines the mental health impacts of segregation in British Columbia's provincial correctional centers. Using longitudinal data and serial CGI-C ratings, it evaluates changes in mental health symptoms among incarcerated individuals in segregation. The analysis includes 2,228 individuals and 3,163 segregation events, considering factors like gender, mental health needs, ethnicity, and segregation type. Mixed-effects regression modeling reveals non-linear symptom trajectories, with findings adjusted for key covariates. The study advances our understanding mental health outcomes during segregation, addressing prior research limitations, and highlighting the role of contextual factors in shaping symptom severity.

---

# Almost ten years Forensic High and Intensive Care in the Netherlands: The lessons learned and perspectives for the future

---

Wednesday, 25th June - 16:30: [Papers] Restrictions Matters (J.M. Synge Theatre (Room 2039)) - Paper

---

***Dr. Sylvia Gerritsen<sup>1</sup>, Ms. Michelle Ruhe<sup>1</sup>, Dr. Yolande Voskes<sup>2</sup>***

*1. Amsterdam UMC, 2. Amsterdam UMC / Tranzo, Tilburg University / GGZ Breburg*

In 2016, a new care model was developed in Dutch forensic psychiatry: Forensic High and Intensive Care (FHIC). The incentive of FHIC is to foster and support the transition from control-based care to contact-based care, aiming to reduce coercive measures such as seclusion. At so-called FHIC wards, intensive care is provided for patients in crisis. The FHIC model is widely implemented in Dutch forensic psychiatry and after almost ten years it is time to reflect. Are the set goals being reached? What are the lessons learned? And what are the perspectives for the future?

---

# The role of forensic psychologists amid the global asylum crisis: Lessons from a U.S. medical school-based training model

---

Wednesday, 25th June - 16:30: [Papers] Diversity Matters (Robert Emmet Theatre (Room 2037)) - Paper

---

***Ms. Kyla Jones<sup>1</sup>, Ms. Amanda Raymond<sup>1</sup>, Dr. Danielle Rynczak<sup>1</sup>***

*1. University of Massachusetts Medical School*

More than 120 million people have been forcibly displaced worldwide due to persecution, global unrest and war, and human rights violations. There continues to be a lack of trained professionals available to conduct asylum evaluations. In the United States, a growing number of academic medical centers have tried to meet this need. Using the United States as an example, we will review current practices of medical school-based asylum programs. We will facilitate a discussion on what factors impede forensic psychologists' involvement and how U.S. academic training programs may break down these barriers by training doctoral psychology trainees.

---

# Navigating Ethnic Diversity in Forensic Mental Health Care: A Qualitative Perspective on Professional Approaches and Needs

---

Wednesday, 25th June - 16:30: [Papers] Diversity Matters (Robert Emmet Theatre (Room 2037)) - Paper

---

***Mrs. Marjolein De Pau<sup>1</sup>, Prof. Stijn Vandeveld<sup>1</sup>, Prof. Tom Vander Beken<sup>1</sup>***

*1. Ghent University*

This study explores the challenges of providing forensic mental health care to ethnically diverse clients. Through semi-structured interviews with 11 professionals and participatory observations on six forensic wards, the findings show that professionals lack formal training in culturally sensitive care yet adapt by accommodating religious practices and using language-diverse therapeutic interventions. The strategy of actively exploring culturally normative perspectives on mental health and transgressive behavior is primarily informed by professionals' own positionality. The study highlights the need for formal or experiential learning and collaboration with culturally knowledgeable individuals to improve culturally responsive forensic mental health care.

## Challenges of care working in forensic hospitals - Migrant offenders with mental illness

---

Wednesday, 25th June - 16:30: [Papers] Diversity Matters (Robert Emmet Theatre (Room 2037)) - Paper

---

**Mr. Dirk Schremmer** <sup>1</sup>

*1. Vitos Clinic for Forensic Psychiatry Haina (Kloster)*

In recent years, the number of migrants to Europe and Germany has demonstrably increased. Similarly, there has been an increase in the number of patients with a migrant background in psychiatric institutions. Based on expert interviews with the focus on the nursing staff, the following paper summarises the most frequent answers given by staff and discusses the challenges this poses the nursing staff on the ward, in everyday clinical care.

---

## „Overseas forensic“: statistical study about Arab patients

---

Wednesday, 25th June - 16:30: [Papers] Diversity Matters (Robert Emmet Theatre (Room 2037)) - Paper

---

**Mr. Ahed Masri** <sup>1</sup>

*1. Vitos forensic hospital Haina*

It is not surprising that when society grows, not only the population increases, but also the disease rates. The Acceptance of more refugees and migrants from Syria and other Arab countries in Germany has led to an increase in the incidence of admissions of forensic patients from this background. In order to clarify the differences, we conducted a study that generally shows which aspects, including delinquency, mental illness and characteristics, predominate in this class. In addition to the results of this study, I will also highlight the challenges to effective therapy from my perspective as a doctor from Syria.

---

# Highlighting Overlooked Contributions of Minoritized People: Using Biographical Writing to Correct Past and Ongoing Wrongs

---

Wednesday, 25th June - 16:30: [Papers] Diversity Matters (Robert Emmet Theatre (Room 2037)) - Paper

---

***Dr. Lauren Ryan*<sup>1</sup>, *Dr. Danielle Rynczak*<sup>2</sup>**

*1. Bridgewater State Hospital, 2. University of Massachusetts Medical School*

Forensic psychology has historically overlooked contributions by marginalized people. In addition to amplifying diverse voices in current academic and clinical work, it is important to address past wrongs and acknowledge there are minoritized populations who have made important and long-lasting contributions to our field. An example includes Dr. Mae Belle Claytor, an African American psychologist who conducted early research related to juvenile justice and whose ideas remain relevant to forensic practice today. Alongside other recent efforts, forensic training that recognizes and incorporates contributions by the global majority may further contribute to increased representation in the field.

---

## Navigating Forensic Mental Health Research: Insights and Recommendations for Best Practice

---

Wednesday, 25th June - 16:30: [Round Table] Navigating Forensic Mental Health Research: Insights and Recommendations for Best Practice (Thomas Davis Theatre (Room 2043)) - Round Table

---

***Dr. Matina Shafti<sup>1</sup>, Dr. Joseph Davies<sup>2</sup>, Prof. Jason Davies<sup>3</sup>, Dr. Jack Tomlin<sup>1</sup>***

*1. University of Greenwich, 2. Cardiff Metropolitan University, 3. Swansea University*

There is currently a lack of guidance for conducting forensic mental health (FMH) research. This makes it more challenging for researchers to navigate the complexities that are present in these settings. This roundtable explores barriers that may arise when conducting research with FMH patients and discusses strategies for overcoming them. Drawing on their diverse expertise in research, panellists will discuss topics such as reflexivity, ethical and logistical considerations, methodological complexities, stakeholder/gatekeeper engagement, and inclusion of lived experience. Attendees will be invited to discuss their insights, fostering a collaborative dialogue aimed at empowering researchers and sharing best practices for FMH research.



---

## Continuity in Forensic Care: Warm Transfer as a Key for Success?

---

Wednesday, 25th June - 16:30: [Round Table] Continuity in Forensic Care: Warm Transfer as a Key for Success?  
(Jonathan Swift Theatre (Room 2041A)) - Round Table

---

***Dr. Petra Schaftenaar<sup>1</sup>, Dr. Maartje Clercx<sup>2</sup>, Ms. Ellen van den Broek<sup>3</sup>, Prof. Vivienne de Vogel<sup>4</sup>***

*1. Metis Zorg, 2. Forensic Psychiatric Centre De Rooyse Wissel, 3. Van Der Hoeven Kliniek, Forensic Care Specialists, 4. Van Der Hoeven Kliniek, Forensic Care Specialists; University of Applied Sciences Utrecht; Maastricht University*

Continuity of forensic mental health care is essential to prevent relapse into offending or disruptive behavior. Research has identified significant barriers regarding organizing continuity of care. Early planning and effective collaboration between different settings are crucial. In this round table discussion, we will first present results from a Dutch project “Warm Transfer,” in which we developed guidelines for effective transfer. Next, we will discuss two cases from forensic practice: one where the transfer went smoothly and one where it did not. The audience will be invited to engage with these cases and reflect on experiences in their own countries.

---

## Benefits of Hearing Voices Groups & Other Self-Help Groups for Voice Hearers: A Systematic Review.

---

Wednesday, 25th June - 16:30: [Papers] Psychosis (Teatar M. Ui Chadhain Theatre (Room 2041B)) - Paper

---

***Mr. Clyde Corentin<sup>1</sup>, Ms. Caroline Fitzgerald<sup>2</sup>, Mr. John Goodwin<sup>2</sup>***

*1. Irish National Forensic Mental Health Service & University College Cork, 2. University College Cork*

### **Background:**

People who hear voices that others do not often rely on mainstream mental health services. Several alternatives to treatment have grown in popularity including “Hearing Voice Groups and other Self-Help groups for voice hearers.

### **Objective:**

The aim of this systematic review is to evaluate the current evidence relating to the use of Hearing Voices Groups (HVGs) and other Self-Help Groups for voice hearers, and identify the benefits felt by those attending such groups.

### **Method:**

The following databases were searched for relevant academic articles: CINAHL; APA PsycArticles; APA PsycInfo; Social Sciences; SocINDEX ; UK & Ireland Reference Centre and Medline

---

# Delusions and Extreme Beliefs: A Meta-Analytic Comparison of Associated Cognitive Tendencies

---

Wednesday, 25th June - 16:30: [Papers] Psychosis (Teatar M. Ui Chadhain Theatre (Room 2041B)) - Paper

---

***Ms. Perry Callahan<sup>1</sup>, Ms. Margaret Ardesia<sup>1</sup>***

*1. Fordham University*

Fanaticism (e.g., conspiracy theories, extremism) has been implicated in acts of serious violence, including terrorism and mass shootings. Forensic psychologists may be asked to differentiate fanatical beliefs from delusions to determine their relevance to questions regarding criminal responsibility or adjudicative competence. Existing frameworks emphasize that delusions signal underlying pathology and thus broader deficits. The current meta-analysis ( $K=44$ ) tested this theory by comparing the influence of delusions and fanaticism on analytical thinking, information gathering, and evidence integration. Surprisingly, fanaticism was *more* robustly associated with reasoning deficits, suggesting the possibility of diminished responsibility and impaired competence for people who espouse extreme beliefs.

---

# Understanding and preventing aggression across the schizophrenia spectrum: a personalized medicine approach examining dynamic factors for violence risk in a forensic inpatient setting

---

Wednesday, 25th June - 16:30: [Papers] Psychosis (Teatar M. Ui Chadhain Theatre (Room 2041B)) - Paper

---

***Ms. Shreya Jagtap<sup>1</sup>, Mr. Marcos Sanches<sup>1</sup>, Dr. Stephanie Penney<sup>1</sup>, Dr. Alexander (Sandy) Simpson<sup>1</sup>,  
Dr. Cory Gerritsen<sup>1</sup>***

*1. Centre for Addiction and Mental Health*

Individuals with schizophrenia spectrum disorders comprise the largest diagnostic population within the forensic mental healthcare system internationally. This paper will examine the interrelationships among factors implicated in the association between SSDs and aggression (i.e., stress, persecutory ideation, negative affect). We employ a novel statistical approach to model these relationships dynamically, identifying the chain of internal events that lead to aggressive episodes in forensic inpatient settings. We will utilize a personalized medicine approach to evaluate two potential risk prediction models: one based on higher baseline levels of delusional ideation and the other on higher baseline levels of general hostility.

---

# Psychological interventions for psychosis in forensic mental health and custodial settings: A systematic review

---

Wednesday, 25th June - 16:30: [Papers] Psychosis (Teatar M. Ui Chadhain Theatre (Room 2041B)) - Paper

---

***Dr. Grace Sheridan<sup>1</sup>, Dr. Zoe Michael<sup>1</sup>***

*1. Forensicare*

Psychological treatments for psychosis are an essential aspect of forensic clinical service provision and have significant potential to reduce symptomatology and associated distress, improve cognition and reduce relapse. Current psychological treatments for psychosis in forensic mental health and custodial settings are based on findings from research with non-forensic samples. The appropriateness of extrapolating these findings to justice involved individuals with psychotic disorders remains unclear. In this presentation, we highlight empirical findings on psychological interventions for psychosis in forensic mental health and custodial settings. Implications for forensic clinical practice will be discussed and priorities for future research will be outlined.

---

## Predictive validity of the RBAC-VPI: A longitudinal follow-up of individuals having perpetrated intimate partner violence

---

Wednesday, 25th June - 16:30: [Papers] Intimate Partner and Family Violence (Room 4050A) - Paper

---

***Ms. Victoria Allard<sup>1</sup>, Dr. Tamsin Higgs<sup>1</sup>, Dr. Guy Giguère<sup>2</sup>***

*1. Institut national de psychiatrie légale Philippe-Pinel & Université de Montréal, 2. Université Laval*

Intimate partner violence (IPV) is a worldwide problem. Yet not all are equally at risk. Risk factors such as personality traits, mental health factors, victimisation, etc., greatly affect an individual's propensity to commit IPV. To adequately assess and intervene upon these factors validated risk assessments are required. The Risk, Need, and Clinical Analysis – Intimate Partner Violence was developed as an add on to general risk measure to specifically evaluate IPV risk and risk factors. Here we present its predictive validity data after having followed-up on 396 men convicted of IPV after a 1-year follow-up demonstrating the scale's predictive accuracy.

## **Intimate partner violence risk assessment by police in the Basque Country. Review of ten years of applications.**

---

Wednesday, 25th June - 16:30: [Papers] Intimate Partner and Family Violence (Room 4050A) - Paper

---

**Dr. Ismael Loinaz** <sup>1</sup>

*1. University of the Basque Country UPV/EHU*

Violence risk assessment by the police is a specific way of preventing intimate partner violence. This presentation will summarize 10 years (2013-2023) of risk assessment by the Ertzaintza, the specific police force of the Basque Country (Spain), using the EPV-R (an actuarial tool developed for the police in the Basque Country). The prevalence of risk factors, risk levels, recidivism and profiles victims and offenders will be described, as well as the predictive ability of the tool and different prediction models.

---

# Conceptualizations of coercive control in the context of intimate partner violence: Scoping the empirical landscape

---

Wednesday, 25th June - 16:30: [Papers] Intimate Partner and Family Violence (Room 4050A) - Paper

---

***Ms. Cassia McIntyre<sup>1</sup>, Ms. Ekatrina Kiddie<sup>1</sup>, Dr. Adele Quigley-McBride<sup>1</sup>, Dr. P. Randall Kropp<sup>1</sup>, Dr. Stephen Hart<sup>1</sup>***

*1. Simon Fraser University*

Coercive control (i.e., monitoring, restricting, isolating, or intimidating behaviour) in the context of intimate partner violence (IPV) has gained widespread attention in both empirical and legal circles. Indeed, researchers have frequently included coercive control as a variable in studies of IPV, and several countries have enacted legislation criminalizing coercive control. Yet, there is no consensus regarding how researchers should operationalize coercive control. In this presentation, findings will be reported from a scoping review of the empirical research literature that aimed to provide a comprehensive overview of how coercive control is operationalized. Implications for research, law, and policy will be discussed.



# Why, Why, Why, Delilah? New Perspectives on the Aetiology of Intimate Partner Stalking

---

Wednesday, 25th June - 16:30: [Papers] Intimate Partner and Family Violence (Room 4050A) - Paper

---

***Dr. Catherine Creamer***<sup>1</sup>

*1. University of the Sunshine Coast*

The ending of an intimate relationship or the threat of separation can be a harbinger to lethal violence. A pathology of attachment is established in the empirical literature as being a leading theory to explain Intimate Partner Stalking (IPS). This paper reviews the evidence that attachment is a biological imperative, which, when broken down to the relevant quantities, can be reliably measured. The Behavioural Systems Theory proposed by Bowlby is described to explain fixated behaviour in IPS. Implications for legal sanctions against perpetrators of IPS (the assumption that they can stop), clinical management and future research are discussed.

---

# Attitudes towards using physical punishment on their children by men who committed family violence from the Singapore Prison Service

---

Wednesday, 25th June - 16:30: [Papers] Intimate Partner and Family Violence (Room 4050A) - Paper

---

*Ms. yasmin ahamed*<sup>1</sup>

*1. SINGAPORE PRISON SERVICE*

This study investigated the attitudes of family violence perpetrators in Singapore towards using physical punishment on children using a qualitative methodology. Ten offenders from the Singapore Prison Service (SPS) known for family violence or harm towards their children were interviewed using a semi structured interview approach. Thematic analysis identified five themes. The findings indicated that societal norms, cultural values, and beliefs about punishment's effectiveness influenced their actions. An understanding of the reasons behind the use of physical punishment as a disciplinary tool would be helpful in the development of tailored intervention for this population.

---

## The impact of a brief group intervention on trauma symptoms: a pilot group analysis and case series.

---

Wednesday, 25th June - 16:30: [Papers] Trauma-Informed Care (Room 4050B) - Paper

---

***Ms. Maia Winsor<sup>1</sup>, Mr. Matthew Gobbett<sup>2</sup>, Prof. Jason Davies<sup>1</sup>***

*1. Swansea University, 2. Forensic Psychology Consultancy UK*

Trauma experience is prevalent amongst those within prison settings however care pathways in this area are lacking. This paper examines the impact of a brief (4 session) group-based trauma stabilization intervention for those experiencing symptoms associated with past trauma in a prison setting. Nine participants with previously identified symptoms of trauma completed questionnaires before and after treatment assessing trauma symptoms, anxiety, depression, wellbeing and resilience. Significant improvements in PTSD, anxiety and general mental health were observed at the group level. Reliable change in at least one questionnaire was observed in six participants; three participants showed reliable and clinically meaningful change.

---

## Potential Impact of Trauma Informed Care on Trauma Symptoms in the Children and Young People's Secure Estate (CYPSE)

---

Wednesday, 25th June - 16:30: [Papers] Trauma-Informed Care (Room 4050B) - Paper

---

***Dr. Annette McKeown<sup>1</sup>, Mr. Ned Philcox<sup>1</sup>, Ms. Rebecca Nelson<sup>1</sup>, Dr. Jack Kennedy<sup>1</sup>***

*1. Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust*

Those in the Children and Young People's Secure Estate (CYPSE) are a vulnerable population, often presenting with symptoms of trauma exposure. The SECURE STAIRS framework represents a whole system approach to integrated care, and includes the use of psychological formulation, reflective practice, and trauma informed training. To assess the impact trauma informed care (TIC) on trauma symptoms, this study compared young people's scores on the Trauma symptoms Checklist for Children both at admission and discharge from a Secure Children's Home. This study found significant decreases in several trauma symptoms, suggesting that TIC may have a positive impact on trauma symptomatology.

---

# Trauma-Informed Corrections: The Impact on Staff During Reform Efforts in Texas' Secure Youth Facilities

---

Wednesday, 25th June - 16:30: [Papers] Trauma-Informed Care (Room 4050B) - Paper

---

***Dr. Evan Norton<sup>1</sup>, Ms. Shandra Carter<sup>1</sup>***

*1. Texas Juvenile Justice Department*

The Texas Juvenile Justice Department (TJJD) is dedicated to implementing trauma-informed approaches for the youth it serves. Historically, Texas' "tough on crime" approach, influenced juvenile justice and staff training practices. TJJD recognized the need for trauma-informed care, thus introducing multi-level trauma-informed interventions across the system. This study offers an overview of the ongoing reform initiatives impact upon staff wellness. Utilizing longitudinal data collected directly from front line staff, this research examines how reform and heightened stress environments impact staff's feelings of effectiveness and role fulfillment. Additionally, this paper discusses operational, wellness and policy implications arising from its findings.

# Trauma and Social Support Experiences of Imprisoned Men in Northern Ireland

---

Wednesday, 25th June - 16:30: [Papers] Trauma-Informed Care (Room 4050B) - Paper

---

***Dr. Daniel McFadden*<sup>1</sup>, Prof. Gavin Davidson<sup>2</sup>, Prof. Michelle Butler<sup>2</sup>**

*1. Maynooth University, 2. Queen's University Belfast*

Social support is associated with mental well-being and can 'buffer' against the impact of adverse life experiences. Trauma experiences are common in imprisoned men and therefore further investigation of the relationship between social support and trauma is warranted. A cross-sectional survey and interviews with imprisoned men across the Northern Irish Prison service revealed low levels of social support being experienced by older men and those with a history of substance use. Those with experience of crime related trauma reported lower levels of social support than any other type of trauma. Implications for policy and practice will be discussed.

---

# Whakaohoho: Inspiring wellness through a motivational, culturally informed, developmentally attuned, intervention

---

Wednesday, 25th June - 16:30: [Papers] Trauma-Informed Care (Room 4050B) - Paper

---

***Mr. Jonathan Derbyshire***<sup>1</sup>

*1. Health New Zealand - Counties Manukau*

The over-representation of indigenous peoples in criminal justice and mental health populations, and the high incidence of developmental trauma, is well known. In Aotearoa New Zealand, children before the Youth Court are overwhelmingly Māori, and an estimated 96% of boys and 100% of girls have experienced early life trauma. Yet, access to health interventions is severely limited and health outcomes poor. This paper reports a novel intervention provided by a forensic liaison mental health service, that weaves together cultural practices with a forensic model of motivation and a developmentally informed framework, to promote equity, inspire change, and strengthen well-being.

---

## The Timeline of Bouncing Back: The Trajectory of Resilience in Forensic Healthcare Workers and the Influence of Social Support, Well-being, Emotional Workload and Covid-19 fear

---

Thursday, 26th June - 08:30: [Symposium] Advancements in Forensic Psychiatry for Patients and Staff: Technology and Well-Being (J.M. Synge Theatre (Room 2039)) - Panel Contribution

---

***Ms. Marta Bergmans<sup>1</sup>, Ms. Inge Nijman<sup>2</sup>, Prof. Marianne van Woerkom<sup>1</sup>, Dr. Elien de Caluwé<sup>3</sup>, Prof. Stefan Bogaerts<sup>2</sup>***

*1. Department of Human Resource Studies, Tilburg University, 2. Fivoor Research and Treatment Innovation and Department of Developmental Psychology, Tilburg University, 3. Department of Developmental Psychology, Tilburg University*

This study examines the longitudinal trajectory of resilience among forensic healthcare workers (FHWs) during the COVID-19 pandemic. Using data from 412 participants across four waves, we investigated the impact of social support, well-being, emotional workload, and COVID-19 fear on resilience development. Results identified five distinct resilience trajectories, with well-being and social support emerging as significant positive predictors. COVID-19 fear showed no significant longitudinal effects. These findings highlight the critical role of positive workplace factors in supporting FHW resilience, offering actionable insights for organizational interventions to foster mental well-being and adaptability in high-stress environments.



---

## Wearable technology and well-being of forensic mental healthcare professionals

---

Thursday, 26th June - 08:30: [Symposium] Advancements in Forensic Psychiatry for Patients and Staff: Technology and Well-Being (J.M. Synge Theatre (Room 2039)) - Panel Contribution

---

***Ms. Inge Nijman<sup>1</sup>, Dr. Peter de Looff<sup>2</sup>, Prof. Erik Masthoff<sup>1</sup>, Prof. Stefan Bogaerts<sup>1</sup>***

*1. Fivoor Research and Treatment Innovation and Department of Developmental Psychology, Tilburg University, 2. Fivoor Research and Treatment Innovation, Behavioural Science Institute Radboud University, and National Expertise Centre Intellectual Disabilities and Severe Behavioral Problems De Borg*

Forensic mental healthcare professionals face high stress and burnout due to job demands and exposure to aggression. This study investigates whether wearable technology can reduce stress and burnout symptoms while improving resilience, physical activity, and sleep quality among 48 healthcare professionals. Participants completed two conditions: an experimental condition wearing a smartwatch that provides feedback on sleep, physical activity and stress, and a control condition without the smartwatch. Perceived stress, workplace aggression, and well-being measures were assessed using questionnaires. The effect of the wearable and aggression on stress were examined, offering insights into using wearables for stress-regulation in future interventions.

---

## A Virtual Reality study about the therapeutic relationship with forensic patients

---

Thursday, 26th June - 08:30: [Symposium] Advancements in Forensic Psychiatry for Patients and Staff: Technology and Well-Being (J.M. Synge Theatre (Room 2039)) - Panel Contribution

---

***Ms. Iris Frowijn<sup>1</sup>, Prof. Erik Masthoff<sup>1</sup>, Prof. Stefan Bogaerts<sup>1</sup>***

*1. Fivoor Research and Treatment Innovation and Department of Developmental Psychology, Tilburg University*

Providing care for forensic patients requires balancing patient needs with legal demands, demanding empathy with patients while maintaining clear boundaries. Trust-building takes time, and boundary confusion can lead to transgressive behavior. Research on staff-patient dynamics is difficult to conduct yet critical for prevention. This study uses Virtual Reality (VR) and physiological measures (e.g., HR and EDA) to examine the impact of transgressive situations on staff, comparing psychotic patients with those diagnosed with antisocial personality disorder (ASPD). It also explores how emotional responses, such as empathy and emotional contagion, influence staff perceptions of and responses to these situations.

---

## Neurawear: Integration of neuroscience into treatment settings

---

Thursday, 26th June - 08:30: [Symposium] Advancements in Forensic Psychiatry for Patients and Staff: Technology and Well-Being (J.M. Synge Theatre (Room 2039)) - Panel Contribution

---

***Dr. Peter de Loeff<sup>1</sup>, Prof. Stefan Bogaerts<sup>2</sup>, Mrs. Luciënne den Uil<sup>2</sup>, Prof. Robert Didden<sup>3</sup>, Ms. Selin Acan<sup>4</sup>, Prof. Erno Hermans<sup>4</sup>, Dr. Martin Dresler<sup>4</sup>, Dr. Mitra Baratchi<sup>5</sup>, Prof. Dick Thijssen<sup>6</sup>***

*1. Fivoor Research and Treatment Innovation, Behavioural Science Institute Radboud University, and National Expertise Centre Intellectual Disabilities and Severe Behavioral Problems De Borg, 2. Fivoor Research and Treatment Innovation and Department of Developmental Psychology, Tilburg University, 3. Behavioural Science Institute, Radboud University and Trajectum, Specialized and Forensic Care, 4. Donders Center for Cognitive Neuroimaging, 5. Leiden University, 6. Radboud Medical Center*

For the current study, we develop validated, reliable, open source sleep, stress and physical activity algorithms for wearables based on a large dataset of 1000 participants. These algorithms are integrated in existing open source software that provides tailored, personalized insights and can be implemented in forensic treatment settings. We will then carefully design several single case experiments to assess the efficacy and value of the wearables and accompanying software in (forensic) psychiatric treatment. Integration of biomarkers into treatment are still in pioneering phases, and the current study has the potential to create value for healthcare (research) globally.

## Wiping the slate clean: a Meta-analysis on post-detention aftercare programs for young offenders

---

Thursday, 26th June - 08:30: [Symposium] What Works, Works, Really Works? The Jungle of Effective Interventions in Juvenile Delinquency (Robert Emmet Theatre (Room 2037)) - Panel Contribution

---

***Dr. Evelyn Heynen<sup>1</sup>, Mrs. Rita Selimi<sup>2</sup>, Prof. Geert Jan Stams<sup>3</sup>***

*1. Open University of the Netherlands, 2. Universiteti i Prishtinës, 3. University of Amsterdam*

Despite decrease in juvenile crime rates, recidivism rates still remain high. Detention alone has shown little to no effects on reducing the likelihood of recidivism. This meta-analysis examined the effects of post-detention aftercare programs for adolescent and young adult offenders on several types of criminal recidivism.

---

## **“Only You Decide Who You Are” (OYD) - A sports-based behavioral intervention to prevent youth delinquency**

---

Thursday, 26th June - 08:30: [Symposium] What Works, Works, Really Works? The Jungle of Effective Interventions in Juvenile Delinquency (Robert Emmet Theatre (Room 2037)) - Panel Contribution

---

***Dr. Naomi Koning<sup>1</sup>, Dr. Evelyn Heynen<sup>2</sup>, Prof. Geert Jan Stams<sup>1</sup>***

*1. University of Amsterdam, 2. Open University of the Netherlands*

“Only You Decide Who You Are” (OYD) is a behavioral intervention based on sports to prevent youth delinquency in the Netherlands. The target population of this intervention is youth between 12 and 18 years old who are at risk of developing delinquent behavior. The aim of this intervention is to prevent delinquent behavior by reducing risk factors and increasing protective factors. The effectiveness of this intervention has been examined in multiple controlled studies. The intervention was improved, because the initial positive effects were not maintained over the full three years. Therefore, the effectiveness of the intervention will be examined again.

---

## moral developmental interventions for juvenile delinquency

---

Thursday, 26th June - 08:30: [Symposium] What Works, Works, Really Works? The Jungle of Effective Interventions in Juvenile Delinquency (Robert Emmet Theatre (Room 2037)) - Panel Contribution

---

***Dr. Evelyn Heynen<sup>1</sup>, Prof. Geert Jan Stams<sup>2</sup>, Mrs. Puck Meulen<sup>1</sup>***

*1. Open University of the Netherlands, 2. University of Amsterdam*

While juvenile delinquency generally decreased, severity of underlying problems sharply increased. There is empirical evidence showing that juvenile delinquency is associated with delays in moral development, including moral judgment, empathy, and selfconscious emotions. Through the years, various types of intervention and prevention programs have been developed that aim to target youth engaged in delinquent behavior.

However, the *effectiveness of interventions for juvenile delinquency* remains controversial, because interventions show whether negative, unclear or contradictory effects, even as modest positive effects.

We aim to discuss the results of different meta-analysis on the effectiveness of interventions for diverse groups of juvenile delinquency.

---

# Letting Work What Works. Effectively Preventing Juvenile Delinquency in The Netherlands: A Meta-Analysis of the Evidence

---

Thursday, 26th June - 08:30: [Symposium] What Works, Works, Really Works? The Jungle of Effective Interventions in Juvenile Delinquency (Robert Emmet Theatre (Room 2037)) - Panel Contribution

---

***Mrs. Puck Meulen<sup>1</sup>, Dr. Evelyn Heynen<sup>1</sup>, Prof. Geert Jan Stams<sup>2</sup>***

*1. Open University of the Netherlands, 2. University of Amsterdam*

The effectiveness of judicial behavioral interventions certified by the Dutch Youth Institute with initial indications of effectiveness in preventing juvenile delinquency in the Netherlands was evaluated. Ten (quasi-)experimental studies were selected, examining the effects of: TOOLS4U, MDFT, MST, Only You Decide who you Are (OYD), Re-SKT, and Re-ART. Results showed an overall small but significant positive effect of  $g=.22$ . Moderator analyses revealed that responsive CBT (Re-SKT and Re-ART) and the sports-based intervention OYD proved to be effective, whereas social skills training (TOOLS4U) and family-based systemic (parenting) interventions (MDFT and MST) showed no evidence of effectiveness. Program integrity also moderated effectiveness.

---

## Urgency of need for admission and the requirement for restrictive practices post-admission: is there an association that could be identified earlier?

---

Thursday, 26th June - 08:30: [Symposium] Reducing Restrictive Practices – The Evidence (Thomas Davis Theatre (Room 2043)) - Panel Contribution

---

***Prof. Harry Kennedy*<sup>1</sup>, *Dr. M. Umer Iqbal*<sup>2</sup>, *Dr. M. Umer Waqar*<sup>2</sup>, *Dr. Lia Parente*<sup>3</sup>, *Prof. Felice Francesco Carabellese*<sup>4</sup>, *Dr. Mary Davoren*<sup>5</sup>**

*1. Trinity College Dublin, 2. National Forensic Mental Health Service, Central Mental Hospital, Dublin, Ireland, 3. University of Rome Sapienza, 4. University of Bari Aldo Moro, 5. Trinity College Dublin, Ireland,*

Mental health services use dynamic violence prevention care plans post-admission which have the aim of reducing violence incidents, and consequently reduce the need for restrictive practices. This study assessed the association between factors present at the time of admission and subsequent need for restrictive practices after admission. On linear logistic regression the best model predictors of hours in seclusion during the first day and first week were D-1 victim sensitivity, D-1 institutional behaviour, D-2 mental health, D2 humanitarian and D2 legal urgency. Factors present at the time of pre-admission can provide treatment targets to reduce the need for restrictive practices.



## Aggression, restrictive practices and architecture in medium secure forensic psychiatric wards

Thursday, 26th June - 08:30: [Symposium] Reducing Restrictive Practices – The Evidence (Thomas Davis Theatre (Room 2043)) - Panel Contribution

**Dr. Louise Ernst Karstoft<sup>1</sup>, Dr. Morten Deleuran Terkildsen<sup>2</sup>, Prof. Harry Kennedy<sup>3</sup>, Mr. Christian Jentz<sup>4</sup>, Dr. Astrid Jacobsen Harpøth<sup>5</sup>, Dr. Anders Helles Carlsen<sup>6</sup>, Prof. Lisbeth Uhrskov Sørensen<sup>7</sup>**

**1.** Department of Forensic Psychiatry, Aarhus University Hospital Psychiatry, Aarhus, Denmark Institute of Clinical Medicine, Health, Aarhus University, Aarhus, Denmark, **2.** DEFACTUM, Social & Health Services, Public Health Research, Central Denmark Region, Department of Forensic Psychiatry, Aarhus University Hospital Psychiatry and Department of Clinical Medicine, Health, Aarhus University, **3.** Institute of Clinical Medicine, Health, Aarhus University, Aarhus, Denmark; Trinity College Dublin, **4.** Department of Forensic Psychiatry, Aarhus University Hospital Psychiatry, Aarhus; Institute of Clinical Medicine, Health, Aarhus University, Aarhus; Steno Diabetes Center Aarhus, Aarhus University Hospital, Aarhus,, **5.** Department of Forensic Psychiatry, Aarhus University Hospital Psychiatry, Aarhus, **6.** Department of Forensic Psychiatry, Aarhus University Hospital Psychiatry, Aarhus,, **7.** Department of Forensic Psychiatry, Aarhus University Hospital Psychiatry; Institute of Clinical Medicine, Health, Aarhus University, Aarhus

The architectural design of psychiatric facilities influences inpatient care and rehabilitation, yet its effect on aggressive behavior in forensic psychiatric patients is underexplored. This study examines whether relocating Aarhus University Hospital Psychiatry in 2018 to a modern, secure hospital reduced aggression (measured by the Brøset Violence Checklist) and restrictive practices in medium secure wards.

Using a retrospective, longitudinal design, data from 350 inpatients over four years were analyzed, comparing outcomes before and after relocation. Findings, derived from a regional register with mandatory reporting, will inform future psychiatric facility planning. Results will be shared at the conference.

---

## Incidents of violence and proportionality of restrictive practices: a D-FOREST study.

---

Thursday, 26th June - 08:30: [Symposium] Reducing Restrictive Practices – The Evidence (Thomas Davis Theatre (Room 2043)) - Panel Contribution

---

***Dr. Mary Davoren<sup>1</sup>, Dr. Joe P Leahy<sup>2</sup>, Dr. Barry Walls<sup>2</sup>, Ms. Anna Lindner<sup>3</sup>, Dr. Dearbhla Duffy<sup>2</sup>, Dr. Patrick McLaughlin<sup>2</sup>, Dr. Lia Parente<sup>4</sup>, Prof. Felice Francesco Carabellese<sup>5</sup>, Prof. Harry Kennedy<sup>6</sup>***

*1. Trinity College Dublin, Ireland; University of Bari 'Aldo Moro', Italy, 2. Central Mental Hospital, National Forensic Mental Health Service, Portrane, Co. Dublin, 3. School of Medicine, University of Mainz, Germany, 4. University of Rome Sapienza, 5. University of Bari Aldo Moro, 6. Trinity College Dublin*

There is limited empirical data on the proportionality of the use of restrictive practices within forensic psychiatric units. Incidents were rated each day using the DUNDRUM Restriction-Intrusion of Liberty Ladders Scales (DRILL), which includes the assessment of adverse incidents, violence and self-harm, interventions including restrictive practices and consequences. The best model to predict the DRILL interventions scale included DASA on the day before (Wald  $X^2=14.6$ ,  $p=0.012$ ) DRILL-behaviours scale (Wald  $X^2=728.7$ ,  $p<0.001$ ) and DUNDRUM-1 (Wald  $X^2=10,819.4$ ,  $p<0.001$ ). We found that the more serious the incident, the higher the level of restrictive practice used, demonstrating proportionality.

---

## Recovery from Restrictive Practices: Readiness to end seclusion and de-briefing after seclusion: a D-FOREST study.

---

Thursday, 26th June - 08:30: [Symposium] Reducing Restrictive Practices – The Evidence (Thomas Davis Theatre (Room 2043)) - Panel Contribution

---

***Dr. Mary Davoren<sup>1</sup>, Ms. Anna Lindner<sup>2</sup>, Dr. Barry Walls<sup>3</sup>, Dr. Joe P Leahy<sup>3</sup>, Dr. Dearbhla Duffy<sup>3</sup>, Dr. Patrick McLaughlin<sup>3</sup>, Dr. Lia Parente<sup>4</sup>, Prof. Felice Francesco Carabellese<sup>5</sup>, Prof. Harry Kennedy<sup>6</sup>***

*1. Trinity College Dublin, Ireland,, 2. School of Medicine, University of Mainz, Germany, 3. Central Mental Hospital, National Forensic Mental Health Service, Portrane, Co. Dublin, 4. University of Rome Sapienza, 5. University of Bari Aldo Moro, 6.*

*Trinity College Dublin*

A prospective study of patients' readiness to end seclusion and the subjective impact of the use of restrictive practices from patient and staff perspectives was conducted on a male high security forensic unit. The DRILL tool short-term recovery scale had good internal consistency, criterion validity and predicted the ending of episodes of seclusion. Seclusion was ended in accordance with clinical judgments regarding regained stability of mental state, insight, improved therapeutic rapport and hope, which includes semantic elements of motivation. We found that the consequences of harmful behaviours and preventive, restrictive interventions are measurable and proportionate for patients and for staff.

---

## Are “High-Risk Accused” truly high risk? Discrepant risk assessment findings among the HRA population in Canada

---

Thursday, 26th June - 08:30: [Papers] Risk Assessment and Prognosis (Jonathan Swift Theatre (Room 2041A)) - Paper

---

***Dr. Rebecca Douglas<sup>1</sup>, Ms. Zoe Fletcher<sup>2</sup>, Dr. Mathieu Dufour<sup>3</sup>, Dr. Zoe Selhi<sup>1</sup>, Ms. Annie-Pierre Ouimet-Comtois<sup>4</sup>***

*1. Queen's University & Providence Care, 2. Queen's University, 3. Institut national de psychiatrie légale Philippe-Pinel & Université de Montréal, 4. Institut national de psychiatrie légale Philippe-Pinel*

Recent legislation in Canada created a subgroup of Not Criminally Responsible by Reason of Mental Disorder (NCRMD) offenders, deemed High Risk Accused (HRA), subject to a more restrictive regime. We sought to determine whether these 21 cases across Canada had received formal or informal risk assessments at the time of designation, and if so, their risk categorization. We compared these findings with the FoVOx, an independent risk assessment. Results indicated only some HRAs had had formal assessments, with poor concordance between HRA status, risk categorization, and FoVOx findings. Implications for practice and legislation will be discussed.

---

# The association between risk level and severity of violence for youth in acute institutions

---

Thursday, 26th June - 08:30: [Papers] Risk Assessment and Prognosis (Jonathan Swift Theatre (Room 2041A)) - Paper

---

***Ms. Anniken L W Laake<sup>1</sup>, Dr. John Olav Roaldset<sup>2</sup>, Prof. Tonje Lossius Husum<sup>1</sup>, Dr. Stål Bjørkly<sup>3</sup>, Ms. Carina Chudiakow Gustavsen<sup>2</sup>, Ms. Sara Grenabo<sup>4</sup>, Dr. Øyvind Lockertsen<sup>5</sup>***

*1. Oslo Metropolitan University, 2. Oslo University Hospital, Oslo, Norway, 3. Molde University College, 4. Oslo Municipality, 5. Oslo Metropolitan University; Oslo University Hospital*

Violence risk is usually assessed as “Low”, “Moderate”, or “High” when using Structured Professional Judgment (SPJ) instruments. However, little is known about the association between these risk levels and severity of violence. This study explores the relationship between assessed risk level and severity of violent incidents in a sample of adolescents in acute mental health and residential care. Youth were assessed with an SPJ instrument upon admission, which indicated violence risk as “Low”, “Moderate”, or “High”. Occurrence and severity of violent incidents during the youths’ institutional stay were recorded. The association between risk level and severity of violence is discussed.

---

# How is the prognosis? - An analysis of the risk prognoses of German forensic patients from the past 10 years and the correlation with their post-release life situation

---

Thursday, 26th June - 08:30: [Papers] Risk Assessment and Prognosis (Jonathan Swift Theatre (Room 2041A)) - Paper

---

***Ms. Lisa-Marie Sittner*<sup>1</sup>**

*1. Vitos Forensic Psychiatric Hospital Haina*

Structured professional judgment is the gold standard approach to violence risk assessment. Therefore periodic HCR-20 assessments are conducted by clinicians at the Forensic Psychiatric Hospital Haina to give expert witness reports at the yearly court hearing determining whether a patient should stay in forensic psychiatric care or be released. However, little is known about how risk scores change over time in a German forensic sample. The current study aims to investigate whether the scores reduce with forensic treatment, if the lower scores are associated with release and whether there is a correlation with post-release welfare outcomes, namely housing and employment.

---

## Links Between Psychopathic Traits, Type of Violence, and Severe Mental Disorder Among Female Offenders of Lethal Violence in Sweden

---

Thursday, 26th June - 08:30: [Papers] Risk Assessment and Prognosis (Jonathan Swift Theatre (Room 2041A)) - Paper

---

***Mrs. Karin Trägårdh<sup>1</sup>, Prof. Peter Andiné<sup>1</sup>, Dr. Malin Hildebrand Karlén<sup>2</sup>, Prof. Thomas Nilsson<sup>1</sup>***

*1. Centre for Ethics, Law and Mental Health, Department of Psychiatry and Neurochemistry, Institute of Neuroscience and Physiology, Sahlgrenska Academy, University of Gothenburg, Gothenburg, Sweden, 2. Associate Professor, Department of Psychology, University of Gothenburg, Department of Psychiatry and Neurochemistry, Centre for Ethics, Law and Mental Health (CELAM), Sweden*

This study investigated relations between psychopathic traits, type of violence (instrumental/reactive), and severe mental disorder (SMD), among females charged with lethal/attempted lethal violence (N=175) in Sweden between 2000-2014. The results demonstrated similarities between the SMD and no-SMD subgroups with generally low levels of psychopathy, and violence dominated by reactive features. Among the differences between the subgroups, females with SMD showed a multifaceted pattern, where reactive and instrumental (e.g., more planning) features were joined. These results contribute to our comprehension of the mechanisms behind female lethal violence and consequences for prevention, risk management, and treatment within forensic settings are discussed.

---

## Evaluation of a VR-assisted staff training protocol within forensic psychiatry: a pilot study

---

Thursday, 26th June - 08:30: [Papers] Staff Matters (Teatar M. Ui Chadhain Theatre (Room 2041B)) - Paper

---

***Ms. Andrea Lockertsen-Pedersen<sup>1</sup>, Dr. Märta Wallinius<sup>1</sup>***

*1. Lund university*

Forensic psychiatric care places special demands on professional patient-staff interactions. Daily, staff interact with individuals who exhibit complex psychiatric problems and can therefore find themselves in challenging situations. Providing evidence-based training for staff is therefore necessary for professional patient-staff interactions and to promote the caring relationship and care process. Virtual Reality (VR) may enhance learning regarding a central component of staff training: role-playing. This exploratory mixed-methods pilot study will evaluate a VR-assisted staff training for patient-staff interactions in forensic psychiatric setting. This presentation will provide an overview of the study and its progression.



---

## Attribution of responsibility and the development of stigma toward forensic mental health patients

---

Thursday, 26th June - 08:30: [Papers] Staff Matters (Teatar M. Ui Chadhain Theatre (Room 2041B)) - Paper

---

***Dr. Sarah Kilbane<sup>1</sup>, Dr. Jack Tomlin<sup>1</sup>***

*1. University of Greenwich*

The current study examines how perceptions of responsibility, influenced by beliefs about the origins of mental illness, can shape stigmatic attitudes and, in turn, a desire for social distance towards forensic mental health patients. A representative sample of 532 UK participants showed that the relationship between both locus of control of behaviour and the origins of mental health issues towards social distance were mediated by stigmatic attitudes. While support for biogenetic causes was associated with stigmatic views on rehabilitation, community risk, and negative stereotypes, further research is needed on the application of these findings to stigma reduction initiatives.

---

# How do we proceed when the unthinkable happens? A study of organizational responses after a homicide at a forensic psychiatric ward

---

Thursday, 26th June - 08:30: [Papers] Staff Matters (Teatar M. Ui Chadhain Theatre (Room 2041B)) - Paper

---

***Dr. Morten TErkildsen<sup>1</sup>, Prof. Jarrett Zigon<sup>2</sup>, Prof. Harry Kennedy<sup>3</sup>, Prof. Mette Terp Høybye<sup>4</sup>, Dr. Lisbeth Uhrskov Sørensen<sup>5</sup>***

*1. Department of Forensic Psychiatry, Aarhus University Hospital Psychiatry, Department of Clinical Medicine, Health, Aarhus University, DEFACTUM, Social & Health Services, Public Health Research, Central Denmark Region, 2. Department of Anthropology, University of Virginia, 3. Trinity College Dublin, Ireland, Aarhus University, Denmark., 4. Department of Clinical Medicine, Aarhus University, 5. Department of Forensic Psychiatry, Aarhus University Hospital Psychiatry, Department of Clinical Medicine, Health, Aarhus University*

This study explores how a homicide committed by one patient against another influences everyday life after the event at a medium secure forensic psychiatric ward in Denmark. In the study, we focus on staff and patient's experiences of the period immediately following the event, documenting how the incident was experienced and how the contingency measures initiated afterward to accommodate staff and patients were perceived by these two groups, respectively. Our study aims to provide guidance to other forensic psychiatric wards to ameliorate potentially adverse effects in the case of similar events based on concrete staff and patient experiences.

---

# Overcoming Challenges: The impact of structural changes, shortages of healthcare workers and changes in patients on employees

---

Thursday, 26th June - 08:30: [Papers] Staff Matters (Teatar M. Ui Chadhain Theatre (Room 2041B)) - Paper

---

***Ms. Lisa Langer***<sup>1</sup>

*1. Vitos Forensic Psychiatric Hospital Haina*

The Vitos Haina Forensic Psychiatric Hospital is facing significant challenges, including a shortage of healthcare workers, changing patient demographics, and structural adjustments, such as a new building opening in 2025. To address staff shortages, the hospital has proactively hired and trained additional employees. The shift in patient profiles, with more severely ill and diverse patients, presents challenges in care, language, and culture. A survey is being conducted to understand how employees are coping with these issues, focusing on staffing shortages, patient demographics, intercultural challenges, and employee support and training.

---

## **Service users' experiences and perceptions of carer support and involvement in care and treatment in adult mental health inpatient settings: a systematic review and thematic synthesis.**

---

Thursday, 26th June - 08:30: [Symposium] Family Engagement in Forensic Mental Healthcare Settings: Insights From Service Users and Family Members/Significant Others (Room 4050A) - Panel Contribution

---

***Dr. Ellen Tingleff<sup>1</sup>, Dr. Sara Rowaert<sup>2</sup>, Prof. Jason Davies<sup>3</sup>, Mr. Martin Locht Pedersen<sup>4</sup>***

*1. University of Southern Denmark & Forensic Mental Health Research Unit Middelfart, 2. Ghent University, 3. Swansea University, 4. Forensic Mental Health Research Unit Middelfart (RFM), Department of Regional Health Research, Faculty of Health Science, University of Southern Denmark.*

This qualitative systematic review aims to examine research literature concerning service users' perceptions of carer support and involvement in care and treatment in adult mental health inpatient settings. Through comprehensive systematic searches in Cinahl, PubMed, APA PsycInfo and Scopus, along with supplementary search strategies and searches for grey literature, 13 studies were selected for inclusion. The findings revealed three descriptive themes. 1. Eagerness versus hesitations towards involvement of carers in care planning. 2. The significance of support from carers in coping with mental illness. 3. The necessity of supporting carers needs and burdens.

---

## Understanding networks and relatedness – a qualitative study among inpatients in forensic psychiatry

---

Thursday, 26th June - 08:30: [Symposium] Family Engagement in Forensic Mental Healthcare Settings: Insights From Service Users and Family Members/Significant Others (Room 4050A) - Panel Contribution

---

**Dr. Berit Kjærside Nielsen<sup>1</sup>, Dr. Caroline Trillingsgaard Mejdahl<sup>2</sup>, Dr. Lisbeth Uhrskov Sørensen<sup>3</sup>, Dr. Jette Møllerhøj<sup>4</sup>, Dr. Morten Deleuran Terkildsen<sup>5</sup>**

*1. DEFACTUM, Social & Health Services, Public Health Research, Central Denmark Region and Department of Public Health, Health, Aarhus University Country: Denmark, 2. DEFACTUM, Social & Health Services, Public Health Research, Central Denmark Region, 3. Department of Forensic Psychiatry, Aarhus University Hospital Psychiatry, Department of Clinical Medicine, Health, Aarhus University, 4. Norwegian Knowledge Centre for Expertise by Experience in Mental Health, 5. DEFACTUM, Social & Health Services, Public Health Research, Central Denmark Region, Department of Forensic Psychiatry, Aarhus University Hospital Psychiatry and Department of Clinical Medicine, Health, Aarhus University*

Limited understanding of patients' perceptions of their social relations hinders effective implementation of person-centered approaches in forensic psychiatry. This qualitative study aimed to map networks of significant others based on inpatients' perceptions within two Danish forensic psychiatric departments. Using semi-structured interviews and sociograms, we explored how patients identify, experience, and value their relationships. We found that networks could be divided into familial, close personal, and professional relationships. A temporal dimension was analytically applied, highlighting how networks were discussed concerning the past, present, and future. This offers valuable insights into patients' social networks and their impact within the forensic psychiatric context.

---

# Exploring the Role of Families in Forensic Mental Health in Ontario and Québec, Canada

---

Thursday, 26th June - 08:30: [Symposium] Family Engagement in Forensic Mental Healthcare Settings: Insights From Service Users and Family Members/Significant Others (Room 4050A) - Panel Contribution

---

***Dr. Jean-Laurent Domingue*<sup>1</sup>**

*1. School of Nursing, Faculty of Health Sciences, University of Ottawa, Canada. Institute of Mental Health Research, Royal Ottawa Health Care Group, Ottawa. Institut national de psychiatrie légale Philippe-Pinel, Montréal, Canada*

Family involvement in forensic mental health care is known to improve patient outcomes but appears to vary between Québec and Ontario. The study results shared in this presentation explore the roles of family members in Québec and Ontario, focusing on their experiences and tensions in enacting roles, including that of security guard, partner in care, advocate, and family member. Using qualitative methods and Donzelot's framework, interviews with family members reveal significant tension from these sometimes-conflicting responsibilities. Preliminary insights from Québec participants suggest further exploration is needed to inform how healthcare professionals support families in care and public safety decisions.

---

## **Towards increased family engagement in forensic mental healthcare through the implementation of family experts by experience: perspectives of family members, (family) experts by experience and service users**

---

Thursday, 26th June - 08:30: [Symposium] Family Engagement in Forensic Mental Healthcare Settings: Insights From Service Users and Family Members/Significant Others (Room 4050A) - Panel Contribution

---

***Dr. Aline Pouille<sup>1</sup>, Ms. Louise Van Gysel<sup>2</sup>, Dr. Sara Rowaert<sup>3</sup>, Dr. Leen Cappon<sup>4</sup>***

*1. Faculty of Psychology and Educational Sciences, Ghent University, 2. Science For Care, Psychiatric Center Sint-Jan-Baptist, 3. Ghent University, 4. PC Sint-Jan-Baptist and ScienceForCare*

This study investigates the perspectives of forensic psychiatric patients (n=32), family members of forensic psychiatric patients (n=9), and experts by experience from broader mental healthcare (n=11) in Flanders (Belgium) on the potential role of Family Experts by Experience (FEEs) in forensic mental healthcare. Findings reveal systemic and personal barriers to family engagement and underscore the value of tailored care that incorporates experiential knowledge. While patient consent and avoiding tokenism in the implementation of FEEs were emphasized, FEEs were identified as a potential strategy to bridge gaps between families and professionals, foster a family-oriented culture, and provide peer support to families.

---

## Laying the foundation for patient-oriented research in a high-secure forensic hospital

---

Thursday, 26th June - 09:45: [Symposium] International Approaches to Participatory Research and Co-production in Forensic Mental Health Settings (J.M. Synge Theatre (Room 2039)) - Panel Contribution

---

***Dr. Christopher Canning<sup>1</sup>, Dr. Cara Evans<sup>1</sup>, Ms. Sevil Deljavan<sup>1</sup>, Ms. Kristy Allen<sup>1</sup>***

*1. Waypoint Centre for Mental Health Care*

A research team at a Canadian psychiatric hospital developed a forensic patient-oriented research (fPOR) toolkit as a resource for involving high-secure forensic patients as co-researchers. Efforts began with trust-building with patients and staff, while a readiness assessment identified barriers and facilitators to fPOR, shaping the toolkit's concrete strategies. Its dimensions were refined through a collaborative dialogue event, scoping review, and input from a forensic patient advisory group and an international community of practice. The resulting toolkit is a living, adaptable resource offering context-specific POR implementation strategies for secure forensic settings, with potential for broader scalability.



---

## Coproducing physical fitness within forensic mental health services: ethics, possibilities and perils

---

Thursday, 26th June - 09:45: [Symposium] International Approaches to Participatory Research and Co-production in Forensic Mental Health Settings (J.M. Synge Theatre (Room 2039)) - Panel Contribution

---

***Dr. Christopher Canning<sup>1</sup>, Dr. Mick McKeown<sup>2</sup>, Ms. Emma Meadwell<sup>3</sup>, Ms. Mie Wall<sup>3</sup>***

*1. Waypoint Centre for Mental Health Care, 2. University of Central Lancashire, 3. Mersey Care NHS Foundation Trust*

Notable efforts to realize co-production in secure forensic settings include ongoing work in a UK medium-secure forensic mental health unit aimed at enhancing physical fitness. This work focuses on three co-production initiatives: a peer support group focused on diet and exercise, bespoke health information packages and journals, and the development of paid peer-worker roles. Reflections on the processes and outcomes of these initiatives, from both patient and staff perspectives, are shared. The challenges of co-production in secure settings and the opportunities it presents for advancing forensic mental health care are explored.

---

## **It's all Greek to me - Conceptualization and delivery of training modules for forensic psychiatric patients in a participatory advisory board**

---

Thursday, 26th June - 09:45: [Symposium] International Approaches to Participatory Research and Co-production in Forensic Mental Health Settings (J.M. Synge Theatre (Room 2039)) - Panel Contribution

---

***Dr. Christopher Canning<sup>1</sup>, Dr. Eva Drewelow<sup>2</sup>, Dr. Birgit Völlm<sup>2</sup>***

*1. Waypoint Centre for Mental Health Care, 2. University of Rostock*

Based in Germany, the PART project focuses on implementing and sustaining a participatory advisory board for patients in forensic psychiatry. To inform this effort, a systematic review, expert interviews, and focus groups were conducted to identify barriers, challenges, and needs. The development and delivery of training modules for individuals with lived experiences in forensic research are discussed, and the experiences of patients and researchers involved are shared. One of the project's goal is to create a standardized concept as best practice examples to facilitate the involvement of individuals from the forensic setting in research processes.

---

## CARE-FOR: An Adapted AI-Based Predictive Model for Forensic Patients with Schizophrenia

---

Thursday, 26th June - 09:45: [Symposium] Learning Across Systems: Machine Learning Models in Forensic Psychiatry (Robert Emmet Theatre (Room 2037)) - Panel Contribution

---

**Dr. Lena Machetanz<sup>1</sup>, Dr. Phil Klassen<sup>1</sup>, Dr. Johannes Kirchebner<sup>2</sup>, Dr. Andreas Hofmann<sup>2</sup>**

*1. Ontario Shores Centre for Mental Health Sciences, 2. University Hospital of Psychiatry Zurich*

Using accessible variables such as offense characteristics, pre-hospitalization data, and Brief Psychiatric Rating Scale-6 (BPRS) results, a machine learning model was developed to predict adverse treatment events. Since machine learning models depend heavily on data, validation across different populations and systems is critical. We tested a Swiss model predicting difficult treatment outcomes for offenders with schizophrenia on a Canadian sample from Ontario Shores Centre for Mental Health Sciences. The model achieved an AUC of 0.75 for predicting treatment-interfering events, supporting stratification into treatment intensities. Key predictors included clinical variables, criminal history, and age.

---

## Predicting Risk, Protecting Rights: Ethics and Accuracy of Prediction Models

---

Thursday, 26th June - 09:45: [Symposium] Learning Across Systems: Machine Learning Models in Forensic Psychiatry (Robert Emmet Theatre (Room 2037)) - Panel Contribution

---

***Dr. Lena Machetanz***<sup>1</sup>

*1. Ontario Shores Centre for Mental Health Sciences*

The use of predictive models in forensic psychiatry raises significant ethical challenges. These models, often driven by machine learning, influence decisions about treatment, supervision, and risk management. Key concerns include algorithmic bias, which may unfairly disadvantage certain populations, and the transparency of model decision-making. Additionally, reliance on predictive tools risks diminishing the role of clinical judgment while raising questions about autonomy and informed consent. The potential for misuse or over-reliance emphasizes the need for rigorous validation and safeguards to ensure fairness, accountability, and equity.

## Breaking Down Adverse Outcomes: Focused Prediction of Self-Harm and Aggression

---

Thursday, 26th June - 09:45: [Symposium] Learning Across Systems: Machine Learning Models in Forensic Psychiatry (Robert Emmet Theatre (Room 2037)) - Panel Contribution

---

***Dr. Lena Machetanz<sup>1</sup>, Dr. Andreas Hofmann<sup>2</sup>***

*1. Ontario Shores Centre for Mental Health Sciences, 2. University Hospital of Psychiatry Zurich*

This presentation focuses on machine learning submodels of the CARE-FOR designed to predict self-harm and aggression as adverse outcomes during forensic psychiatric treatment. Using key variables such as clinical symptoms, criminal history, and demographic data, the submodels were developed to enhance risk stratification and inform individualized treatment and prevention strategies. Their application aims to improve patient and staff safety and optimize resource allocation, providing a data-driven foundation for targeted interventions in high-risk populations.

---

## Can We Depend on Deterrence and The Limits of Limit Setting

---

Thursday, 26th June - 09:45: [Round Table] Can We Depend on Deterrence and The Limits of Limit Setting  
(Thomas Davis Theatre (Room 2043)) - Round Table

---

***Dr. Merrill Rotter*<sup>1</sup>, *Prof. Heather Cucolo*<sup>2</sup>, *Mx. Jay Gonzales*<sup>3</sup>, *Dr. Edward Fernandez*<sup>4</sup>**

*1. Albert Einstein College of Medicine, 2. New York Law School, 3. Fordham University, 4. John Jay College of Criminal Justice*

Diversion courts, such as drug or mental health courts, rely on behavioral shaping through deterrence (ie. the threat of a sanction for non-adherence to court order treatment) as an essential element thought to enhance success. While clinical settings do not rely on explicitly punitive responses to challenging behavior, they often include limit setting as part of behavioral treatment plans. But what is the evidence for deterrence that underpins much of criminal law? Are there limits to limit-setting? Presentations by a law professor, forensic academicians and clinicians will respond to and debate these questions of law and clinical treatment.

## Current practice of ACL and some limitations

---

Thursday, 26th June - 09:45: [Symposium] Criminal Law and Adolescents? Practical Implications (Jonathan Swift Theatre (Room 2041A)) - Panel Contribution

---

**Mrs. Mascha Holtman**<sup>1</sup>

*1. Netherlands Institute for Forensic Psychiatry and psychology*

Since April 1st, 2014, ACL was implemented in the Netherlands. ACL makes it possible that in the prosecution and trial of young adults (between 18 and 23 years old), the application of sanctions from juvenile criminal law is possible. For the behavioral expert, who examines the adolescent and must advise on this, an important question is to what extent this person has a delayed development. In practice, this proves to be difficult to answer as became apparant during a forensic masterclass in Davos (March 2024), where this was presented to almost 60 behaviorial experts in workshops using vignettes.

---

## Establishing developmental status by forensic behavioral experts

---

Thursday, 26th June - 09:45: [Symposium] Criminal Law and Adolescents? Practical Implications (Jonathan Swift Theatre (Room 2041A)) - Panel Contribution

---

***Prof. Maaïke Kempes<sup>1</sup>, Ms. Melanie Franse<sup>2</sup>***

*1. Netherlands Institute for Forensic Psychiatry and psychology; Leiden University, Institute of Education and Child Studies, 2. Netherlands Institute for Forensic Psychiatry and psychology*

In 2020 the operationalization of developmental status within the framework of ACL was examined. Drawing on literature review and the expertise of scientists and practitioners, the study identified various psychosocial functions relevant for assessing developmental status in this context. Because the development of these psychosocial functions is related to structural and functional developments in the brain, performance on these functions can inform about developmental status. The current study investigates which of these psychosocial functions Dutch forensic behavioral experts in practice consider when advising the judge on the application of the ACL.



---

## Revised instrument ACL

---

Thursday, 26th June - 09:45: [Symposium] Criminal Law and Adolescents? Practical Implications (Jonathan Swift Theatre (Room 2041A)) - Panel Contribution

---

***Prof. Maaïke Kempes<sup>1</sup>, Ms. Daphne de Jonge<sup>2</sup>***

*1. Netherlands Institute for Forensic Psychiatry and psychology; Leiden University, Institute of Education and Child Studies, 2. Netherlands Institute for Forensic Psychiatry and psychology*

When the ACL was implemented, several Dutch institutions involved in criminal law developed different instruments including criteria that professionals can use to assess whether the development of the young adult is delayed and to assess if he or she should be tried under Dutch juvenile criminal law instead of criminal law. In practice, however, uncertainty remains as when to speak about the 'delayed development'. Using a Dutch report (2020) in which the operationalization of developmental status within the framework of ACL is examined and several suggestions for improvement with regard to the instruments were made, a revised instrument is constructed.

## **Are forensic assessment settings being appropriately used? How evaluatee risk, clinical and protective characteristics can provide insight.**

---

Thursday, 26th June - 09:45: [Symposium] Does the Forensic Assessment Setting Matter? The Role of Evaluatee and Index Offence Characteristics and Assessment Quality Across Inpatient, Outpatient and In-Custody Settings (Room 4050A) - Panel Contribution

---

***Dr. Lindsay Healey<sup>1</sup>, Dr. Julian Gojer<sup>2</sup>, Ms. Madison McAskill<sup>1</sup>, Ms. Emily Doyle<sup>1</sup>, Dr. Michael C. Seto<sup>1</sup>***

*1. Forensic Research Unit, University of Ottawa's Institute of Mental Health Research at The Royal, 2. Integrated Forensic Program, Royal Ottawa Health Care Group*

Despite the potential benefits associated with expanding forensic assessments to less restrictive and less resource-intensive settings (e.g., outpatient), it is unclear whether each available setting is being appropriately used. The current study explores evaluatee characteristics across three assessment settings: forensic inpatient, forensic outpatient and correctional custody, to determine whether risk, clinical and protective characteristics are in line with the security and psychiatric care that each setting can offer. The unique role of sociodemographic characteristics will be presented to explore potential inequities in referral patterns.

---

## The relationship between index offence characteristics and placement in one of three forensic assessment settings.

---

Thursday, 26th June - 09:45: [Symposium] Does the Forensic Assessment Setting Matter? The Role of Evaluatee and Index Offence Characteristics and Assessment Quality Across Inpatient, Outpatient and In-Custody Settings (Room 4050A) - Panel Contribution

---

***Ms. Madison McAskill<sup>1</sup>, Dr. Lindsay Healey<sup>1</sup>, Dr. Julian Gojer<sup>2</sup>, Ms. Emily Doyle<sup>1</sup>, Dr. Michael C. Seto<sup>1</sup>***

*1. Forensic Research Unit, University of Ottawa's Institute of Mental Health Research at The Royal, 2. Integrated Forensic Program, Royal Ottawa Health Care Group*

Given the possibility that the selection of forensic assessment settings may be based upon the most proximate information (e.g., index offence details) rather than empirically-informed factors, the present study explored the relationship between index offence characteristics and assignment to one of three settings: forensic inpatient, forensic outpatient, and correctional custody. For instance, factors such as behaviour at the time of the offence (substance use, weapon use) and victim information (harm, victim type) will be examined using bivariate and multivariate analyses. Results will provide insight into whether these proximate factors may be influencing forensic assessment setting selection.

---

## Is the quality of a forensic assessment impacted by the setting that it is conducted in? Assessing forensic mental health assessments and case-related factors.

---

Thursday, 26th June - 09:45: [Symposium] Does the Forensic Assessment Setting Matter? The Role of Evaluatee and Index Offence Characteristics and Assessment Quality Across Inpatient, Outpatient and In-Custody Settings (Room 4050A) - Panel Contribution

---

***Ms. Emily Doyle<sup>1</sup>, Dr. Lindsay Healey<sup>1</sup>, Dr. Julian Gojer<sup>2</sup>, Ms. Madison McAskill<sup>1</sup>, Ms. Emma Summersby<sup>3</sup>, Dr. Michael C. Seto<sup>1</sup>***

*1. Forensic Research Unit, University of Ottawa's Institute of Mental Health Research at The Royal, 2. Integrated Forensic Program, Royal Ottawa Health Care Group, 3. Department of Psychology, Saint Mary's University*

Forensic assessments can be conducted across various settings (e.g., forensic inpatient, forensic outpatient, correctional custody) yet it is unclear whether each of these settings produce conditions and reports that are equitable in quality. The current paper will examine quality indicators of 506 assessments for fitness to stand trial or criminal responsibility across three assessment settings: inpatient, outpatient and in-custody. The primary indicator will be scores on a standardized measure assessing the quality of the assessment court report, with secondary indicators including other proxies of quality (e.g., duration and multidisciplinary team involvement).

---

## Model of Care renewal in a Canadian Medium Secure Facility

---

Thursday, 26th June - 09:45: [Round Table] Model of Care Renewal in a Canadian Medium Secure Facility  
(Room 4050B) - Round Table

---

***Dr. Risk Kronfli<sup>1</sup>, Ms. Dorothy Edem<sup>2</sup>, Ms. Garima Mann<sup>2</sup>***

*1. Dalhousie University & Nova Scotia Health, 2. Nova Scotia Health*

The East Coast Forensic Hospital has undergone a major renewal of our Model of Care. We established a predictable and transparent mechanism for patient flow that involves all clinicians and allied health providers and an Oversight Panel to review clinical submissions.

We will discuss technical details about the adoption of the DUNDRUM-1 in identifying pathways of care, and DUNDRUM-3 to guide patient flow.

We will also discuss the use of structured assessment for transfer of care among nursing staff and the use of MIRECC-GAF as part of the rehabilitation and integration process for forensic patients in a Canadian system.

---

## Severe Mental Illness (SMI): What Is It and Why Does it Matter?

---

Thursday, 26th June - 10:45: Poster Session 2 (Viewing During Coffee Break) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

Thursday, 26th June - 12:30: Poster Session 2 (Viewing During Lunch) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

Thursday, 26th June - 15:45: Poster Session 2 (Viewing During Coffee Break) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

---

**Dr. Rachael Lambin<sup>1</sup>, Dr. Melissa Piasecki<sup>1</sup>, Dr. Ashley Maestas<sup>2</sup>**

*1. University of Nevada, Reno, 2. Oregon Health Science University*

The term “Serious Mental Illness” (SMI) is commonly used to describe a group of individuals in need of special monitoring, care and protection in clinical and legal settings. We lack consensus on how Serious Mental Illness is defined, resulting in variability at local, county, national and international levels. In this poster, we explore this variability and the impact on the benefits and protections provided to SMI individuals.

---

## The Majority of Violent Offenders in United States Prisons Receive No Treatment

---

Thursday, 26th June - 10:45: Poster Session 2 (Viewing During Coffee Break) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

Thursday, 26th June - 12:30: Poster Session 2 (Viewing During Lunch) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

Thursday, 26th June - 15:45: Poster Session 2 (Viewing During Coffee Break) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

---

**Ms. Amberlee Weber**<sup>1</sup>

*1. John Jay College of Criminal Justice*

In 2016, the United States spent nearly 300 billion on the carceral system. The same year, the Bureau of Justice conducted the Survey of Prison Inmates which revealed that 40% of all inmates were violent offenders. Nearly 90% of these offenders were not sentenced to treatment, and over 66% received no treatment after admission to prison. Lack of psychological care highlights a wasted opportunity for improving community wellness, reducing recidivism, and spending reductions.

---

## Bullying and Suicide Behaviors Among Undergraduate Students of a Medical Institute in Eastern Nepal

---

Thursday, 26th June - 10:45: Poster Session 2 (Viewing During Coffee Break) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

Thursday, 26th June - 12:30: Poster Session 2 (Viewing During Lunch) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

Thursday, 26th June - 15:45: Poster Session 2 (Viewing During Coffee Break) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

---

***Mrs. Nirmala Pradhan<sup>1</sup>, Mrs. Seema Poudyal<sup>1</sup>***

***1. B.P. Koirala Institute of Health Sciences***

**Background:** Bullying is a significant public health problem which is prevalent. The consequences of bullying victim can result with suicidal behaviors.

**Objective:** To assess bullying and suicide behaviors among undergraduate students.

**Methods:** A descriptive cross-sectional research design was used. 422 undergraduate students were collected using stratified random sampling technique. Bullying and suicide behaviors was assessed using Olweus Bullying Questionnaire- Revised and Suicide Behavior Questionnaire.

**Results:** The findings revealed 8.1% of the students were victim of bullying. Males were bullied more than females. Similarly, 9.5% of the students had suicide behaviors, among them females had suicidal behaviors more than the males.



---

## Methods for short-term (24h) violence risk assessment and management among adolescents with mental health needs and risk for violent behavior: A Systematic Review

---

Thursday, 26th June - 10:45: Poster Session 2 (Viewing During Coffee Break) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

Thursday, 26th June - 12:30: Poster Session 2 (Viewing During Lunch) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

Thursday, 26th June - 15:45: Poster Session 2 (Viewing During Coffee Break) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

---

***Ms. Laura Väättäinen<sup>1</sup>, Ms. Maiju Björkqvist<sup>2</sup>, Dr. Tellä Lantta<sup>3</sup>***

*1. DPNurs student, MHSc, RN, University of Turku, Faculty of Medicine, Department of Nursing Sciences, Turku, 2. DPNurs student, MHSc, RN, University of Turku, Faculty of Medicine, Department of Nursing Sciences, Turku,, 3. Department of Nursing Science, University of Turku, Centre for Forensic Behavioural Sciences, Swinburne University of Technology, Australia,*

This poster presents findings from a systematic review aimed at identifying short-term violence risk assessment and management methods among adolescents in institutional settings and evaluating their outcomes. Data extraction and analysis were performed in Covidence, and the study quality was appraised using MMAT. Seven studies were included, assessing six methods. No management methods were identified. DASA-YV, BVC, and V-RISK-Y could predict violence within 24 hours (AUC=0.72-0.95). DASA's predictive validity was moderate (AUC=0.50-0.69). Pedi-BEWS (ICC=0.83) and Kennedy Axis V (ICC=0.79) demonstrated similar inter-rater reliability. Further research is needed on outcomes besides psychometric properties, feasibility, and short-term violence risk management.

---

# Exploring Theory and Assessments of Criminal Attitudes: Toward a Psychometrically Grounded Measure Applicable to Mentally Disordered Offenders

---

Thursday, 26th June - 10:45: Poster Session 2 (Viewing During Coffee Break) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

Thursday, 26th June - 12:30: Poster Session 2 (Viewing During Lunch) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

Thursday, 26th June - 15:45: Poster Session 2 (Viewing During Coffee Break) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

---

***Dr. Marco Carlo Ziegler<sup>1</sup>, Dr. Beate Eusterschulte<sup>2</sup>, Mr. Sebastian Kötter<sup>2</sup>***

*1. Department of Psychological Assessment, Justus-Liebig-University Giessen, 2. Vitos Forensic Hospital Giessen*

Criminal attitudes (CA) encompass cognitions, beliefs, and neutralization-techniques that support criminal behavior. Theoretical foundations and measurements for assessing CA vary widely, and only few have undergone rigorous empirical validation. There is no consensus on the components of CA or their measurement approaches. Here, we present a synthesis of theory and measurement approaches for CA from several instruments. This synthesis is basis for adapting a new empirically grounded measure for assessing CA which is contextually relevant for mentally disordered offenders. We emphasize on evaluating the psychometric quality of instruments and address the inaccessibility of language, which hinders comprehension among target populations.

---

# A Thesis Proposal: An Integrative Dynamic Model of Sexual Offending to Inform Clinical Interventions and Risk Assessment

---

Thursday, 26th June - 10:45: Poster Session 2 (Viewing During Coffee Break) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

Thursday, 26th June - 12:30: Poster Session 2 (Viewing During Lunch) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

Thursday, 26th June - 15:45: Poster Session 2 (Viewing During Coffee Break) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

---

***Mr. Benjamin Kemp*** <sup>1</sup>

*1. URSAVS*

As a thesis proposal, this research aims to refine the understanding of sexual offending through an integrative dynamic model. This model will synthesise insights from multiple fields, such as (neuro)psychology and criminology, while also focusing on dynamic factors specific to individual cases. This model will then inform clinical intervention strategies for non-specialist clinicians and risk assessment protocols for clinicians serving as experts in judicial contexts. Collaborating with the URSAVS and FFCRIAVS, data will be collected to validate these strategies, ensuring their relevance in real-world clinical settings. This thesis seeks to advance approaches for the rehabilitation and management of sexual offenders.

---

## Psychological safety in a low secure inpatient forensic ward: exploring how to create a safe and open culture of sexual safety in healthcare.

---

Thursday, 26th June - 10:45: Poster Session 2 (Viewing During Coffee Break) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

Thursday, 26th June - 12:30: Poster Session 2 (Viewing During Lunch) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

Thursday, 26th June - 15:45: Poster Session 2 (Viewing During Coffee Break) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

---

***Ms. Giulia Neri<sup>1</sup>, Dr. Craig Steel<sup>2</sup>, Dr. David F Hunt<sup>3</sup>***

*1. The Oxford Institute of Clinical Psychology Training & Research, 2. The Oxford Institute of Clinical Psychology Training and Research, 3. University of Exeter*

Concerns about sexual safety in mental health settings have renewed UK-wide efforts to improve safety. This study employed Appreciative Inquiry in focus groups with 18 staff members, supported by an incident report audit, aiming at understanding the context, exploring staff experiences, and recommending improvements in a medium secure rehabilitation unit at Oxford Health NHS Foundation Trust. Framework analysis of qualitative data revealed themes related to professional development, organizational processes, and culture. Despite evidence of sexual incidents, only 32 were reported over four years, highlighting under-reporting. Recommendations to address reporting challenges and enhance psychological safety are outlined to inform service development.

---

# Documenting stigma: A descriptive qualitative analysis of psychiatric emergency clinical notes of aggressive incidents

---

Thursday, 26th June - 10:45: Poster Session 2 (Viewing During Coffee Break) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

Thursday, 26th June - 12:30: Poster Session 2 (Viewing During Lunch) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

Thursday, 26th June - 15:45: Poster Session 2 (Viewing During Coffee Break) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

---

***Ms. Arianne Imbeault<sup>1</sup>, Mr. Vincent Billé<sup>1</sup>, Dr. Steve Geoffrion<sup>1</sup>, Dr. Marie-France Marin<sup>1</sup>, Dr. Marie-Hélène Goulet<sup>1</sup>***

***1. Université de Montréal***

Stigma in healthcare settings, including psychiatry, can be reinforced through clinical documentation. This study explores how clinical notes following incidents of aggression portray individuals with mental illness. Using thematic analysis of 108 clinical notes from the Signature Biobank, findings revealed a frequent depiction of individuals as dangerous or hostile, often without contextual nuance. Documentation reflected power imbalances, with coercive measures and punitive undertones prevalent. Conversely, rare instances of empathetic care highlighted the potential for compassionate practice. These findings underscore the need for documentation approaches that promote dignity and reduce stigma in psychiatric care.

---

## Protective Factors and Risk Factors of Forensic Treatment in the Italian Model of Forensic Care

---

Thursday, 26th June - 10:45: Poster Session 2 (Viewing During Coffee Break) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

Thursday, 26th June - 12:30: Poster Session 2 (Viewing During Lunch) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

Thursday, 26th June - 15:45: Poster Session 2 (Viewing During Coffee Break) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

---

***Ms. Monica Rutigliano<sup>1</sup>, Dr. Lia Parente<sup>2</sup>, Dr. Fulvio Carabellese<sup>1</sup>, Dr. Donatella Lategola<sup>1</sup>, Prof. Harry Kennedy<sup>3</sup>, Dr. Mary Davoren<sup>3</sup>, Dr. Eliseo Seclì<sup>1</sup>, Prof. Felice Francesco Carabellese<sup>1</sup>***

*1. University of Bari Aldo Moro, 2. University of Rome Sapienza, 3. Trinity College Dublin, Ireland, Aarhus University, Denmark,*

This research work is based on the theoretical framework of the establishment of the ASL-affiliated structures, known as REMS, for the management of psychiatric patients who have committed crimes. The core of this research is focused on the risk assessment as fundamental step in the diagnostic process. 126 psychiatric patients, placed in REMS and Forensic Communities, were recruited. Upon admission to the facility, several tools were administered and then re-administered every 6 months until discharge. The objective is to understand whether there are protective factors assessed through SAPROF and risk factors identified through the items of the other tools.

---

## Healthy start: Developing motivating and context-sensitive interventions for youth dealing with antisocial behavior and addiction

---

Thursday, 26th June - 10:45: Poster Session 2 (Viewing During Coffee Break) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

Thursday, 26th June - 12:30: Poster Session 2 (Viewing During Lunch) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

Thursday, 26th June - 15:45: Poster Session 2 (Viewing During Coffee Break) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

---

***Dr. Ilse van de Groep<sup>1</sup>, Dr. Reshmi Marhe<sup>1</sup>***

*1. Department of Psychology, Education and Child Studies, Erasmus University Rotterdam*

Adolescents and young adults struggling with antisocial behavior and addiction, often co-occurring, repeatedly face challenges in meeting societal demands across various domains, including social relationships and employment. However, prevention and intervention strategies are often limited in their effectiveness. In the transdisciplinary Healthy Start Program, we co-develop strategies with youth that support them and give them control, based on their own motivation and long-term goals. More specifically, we examine how effective these strategies are and how they can be optimized using existing knowledge and technologies such as virtual reality, AI and smartphone-based ecological momentary assessments.

---

## Mock Jurors' Stigma Against Substance Use Disorders in Traffic Cases

---

Thursday, 26th June - 10:45: Poster Session 2 (Viewing During Coffee Break) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

Thursday, 26th June - 12:30: Poster Session 2 (Viewing During Lunch) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

Thursday, 26th June - 15:45: Poster Session 2 (Viewing During Coffee Break) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

---

***Dr. Twila Wingrove<sup>1</sup>, Mx. Liz Wilson<sup>1</sup>***

***1. Appalachian State University***

In the American legal system, juries are asked to render judgments based solely on presented trial evidence. However, when defendants have mental health challenges, like substance abuse disorders, stigma could also affect judgments. We examined mock jurors' judgments in a misdemeanor traffic violation when substance use was involved. We also manipulated whether an expert provided educational information about substance use disorders. Participants rendered more guilty verdicts when the participant had an alcohol or methamphetamine addiction, compared to the control, but this pattern wasn't present for cannabis. Presence of an expert witness did not impact verdict, but did impact recommended fines.



---

## Somatic health perception among forensic psychiatric patients: A comparison of self-rated and clinically assessed health

---

Thursday, 26th June - 10:45: Poster Session 2 (Viewing During Coffee Break) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

Thursday, 26th June - 12:30: Poster Session 2 (Viewing During Lunch) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

Thursday, 26th June - 15:45: Poster Session 2 (Viewing During Coffee Break) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

---

***Ms. Nikoline Busk<sup>1</sup>, Mr. Christian Jentz<sup>1</sup>, Prof. Harry Kennedy<sup>2</sup>, Prof. Anneli Sandbaek<sup>3</sup>, Dr. Anette Andersen<sup>4</sup>, Dr. Morten TErkildsen<sup>5</sup>, Prof. Lisbeth Uhrskov Sørensen<sup>1</sup>***

*1. Department of Forensic Psychiatry, Aarhus University Hospital Psychiatry, Aarhus, Denmark Institute of Clinical Medicine, Health, Aarhus University, Aarhus, Denmark, 2. Institute of Clinical Medicine, Health, Aarhus University, Aarhus, Denmark DUNDRUM Center for Forensic Excellence, Trinity College Dublin, Dublin, Ireland, 3. Department of Public Health, Aarhus University, Aarhus, Denmark Steno Diabetes Center Aarhus, Aarhus University Hospital, Aarhus, Denmark, 4. Department of Public Health, Aarhus University, Aarhus, Denmark, 5. Department of Forensic Psychiatry, Aarhus University Hospital Psychiatry, Aarhus, Denmark, DEFACTUM, Aarhus, Denmark*

Self-rated health (SRH) is a multidimensional measure that predicts hospitalisation, morbidity and mortality, both in agreement with clinical evaluations and in cases of disagreement. This study explores the concordance between SRH and Clinical Frailty Score (CFS) among forensic psychiatric (FP) patients.

Data from 67 FP inpatients were analysed using Fisher's exact test and Cohen's Kappa to assess concordance between dichotomised SRH and CFS measures. Findings provide insight into health perception alignment in FP patients, potentially guiding tailored healthcare approaches. Results contributing to the understanding of health evaluation in this underserved and vulnerable population will be presented at the conference.

---

# The Intersection of Crime, Psychiatry, and Law: Exploring the Complexities of Necrophilia

---

Thursday, 26th June - 10:45: Poster Session 2 (Viewing During Coffee Break) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

Thursday, 26th June - 12:30: Poster Session 2 (Viewing During Lunch) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

Thursday, 26th June - 15:45: Poster Session 2 (Viewing During Coffee Break) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

---

**Dr. Gary Chaimowitz** <sup>1</sup>

*1. St Josephs healthcare hamilton*

Necrophilia is a unique disorder characterized by sexual attraction to or engagement with corpse(s), it presents significant challenges in diagnosis, detection, and management. Because it is generally thought of to be a rare disorder, the literature surrounding necrophilia is sparse and limited. This presentation provides a comprehensive review of the current knowledge, exploring regional legal differences, high-profile cases of necrophilic behavior, and ethical considerations in clinical practice. By addressing these gaps, we aim to enhance understanding of necrophilia's impact on forensic psychiatry and law, equipping clinicians and legal professionals with insights to better assess, manage, and address this complex disorder.

---

## Trauma Informed Care for Girls in the Children and Young Person Secure Estate (CYPSE): A Co-Produced Rapid Evidence Review

---

Thursday, 26th June - 10:45: Poster Session 2 (Viewing During Coffee Break) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

Thursday, 26th June - 12:30: Poster Session 2 (Viewing During Lunch) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

Thursday, 26th June - 15:45: Poster Session 2 (Viewing During Coffee Break) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

---

***Dr. Annette McKeown<sup>1</sup>, Dr. Alice Good<sup>2</sup>, Mrs. Robyn Lee<sup>3</sup>, Mrs. Catherine Richmond<sup>3</sup>, Prof. Tammi Walker<sup>4</sup>***

*1. Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust, 2. University of Portsmouth, 3. Cumbria Northumberland Tyne and Wear NHS Foundation Trust, 4. Durham University*

The pathway of girls into the criminal justice system tends to be characterised by significant histories of trauma. This co-produced rapid evidence review aimed to explore evidence for trauma-informed care (TiC) for girls in the Child and Young People's Secure Estate (CYPSE). There were two stages of the review; (i) a rapid evidence review of international literature; and (ii) lived experience extension using a *critical interpretative synthesis* approach. Twenty studies were identified. Findings suggest organisational system-wide TiC (e.g., Sanctuary Model; SECURE STAIRS), trauma-informed training, psychological formulation and therapeutic community principals can be supportive components to TiC with girls.

---

## The forensic treatment system in Italy: organization and functioning

---

Thursday, 26th June - 10:45: Poster Session 2 (Viewing During Coffee Break) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

Thursday, 26th June - 12:30: Poster Session 2 (Viewing During Lunch) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

Thursday, 26th June - 15:45: Poster Session 2 (Viewing During Coffee Break) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

---

***Dr. Eliseo Seclì<sup>1</sup>, Dr. Lia Parente<sup>2</sup>, Ms. Monica Rutigliano<sup>1</sup>, Dr. Fulvio Carabellese<sup>1</sup>, Prof. Harry Kennedy<sup>3</sup>, Dr. Mary Davoren<sup>3</sup>, Prof. Alan Felthous<sup>4</sup>, Prof. Felice Francesco Carabellese<sup>1</sup>***

*1. University of Bari Aldo Moro, 2. University of Rome Sapienza, 3. Trinity College Dublin, Ireland, Aarhus University, Denmark,, 4. Saint Louis University*

Italy's forensic treatment system underwent a significant transformation with Law 81/2014, closing Forensic Psychiatric Hospitals and prioritizing care over custody. The new system comprises 31 Residences for the Execution of Security Measures (REMS), community facilities, and Mental Health Departments. Access is granted by judicial order after psychiatric evaluation, with treatment including pharmacological and psychotherapeutic therapies for rehabilitation and reintegration. While aiming to balance social security and patient care rights, challenges such as waiting lists and regional disparities persist, indicating the need for ongoing improvements in psychiatric-forensic treatment.

---

## Validation of the DUNDRUM Toolkit in Italy

---

Thursday, 26th June - 10:45: Poster Session 2 (Viewing During Coffee Break) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

Thursday, 26th June - 12:30: Poster Session 2 (Viewing During Lunch) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

Thursday, 26th June - 15:45: Poster Session 2 (Viewing During Coffee Break) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

---

***Dr. Lia Parente<sup>1</sup>, Prof. Harry Kennedy<sup>2</sup>, Dr. Mary Davoren<sup>2</sup>, Dr. Fulvio Carabellese<sup>3</sup>, Dr. Eliseo Seclì<sup>3</sup>, Dr. Donatella Lategola<sup>3</sup>, Ms. Monica Rutigliano<sup>3</sup>, Prof. Felice Francesco Carabellese<sup>3</sup>***

***1. University of Rome Sapienza, 2. Trinity College Dublin, Ireland, Aarhus University, Denmark,, 3. University of Bari Aldo Moro***

The study validates the DUNDRUM Toolkit in Italy's forensic mental health system, assessing its effectiveness in determining appropriate placements for patients in REMS, CRAPs, and low-security facilities. Researchers tested the toolkit on 192 patients across Italy. Results revealed significant discrepancies between current placements and actual security needs. In REMS, 3.7% of patients required higher security, while 38.2% could be in less restrictive environments. In CRAPs, 56% of patients needed higher security. The study confirmed the Italian version's validity and reliability, highlighting the importance of professional assessment tools in forensic practice. Implementation could improve patient management and resource allocation.

---

## Monitoring forensic patients' pathways in forensic and civil care in the Netherlands

---

Thursday, 26th June - 10:45: Poster Session 2 (Viewing During Coffee Break) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

Thursday, 26th June - 12:30: Poster Session 2 (Viewing During Lunch) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

Thursday, 26th June - 15:45: Poster Session 2 (Viewing During Coffee Break) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

---

***Dr. Katy de Kogel<sup>1</sup>, Dr. Patrick Statsch<sup>1</sup>, Dr. Andreas Burger<sup>1</sup>***

*1. Research and Data Centre, Ministry of Justice en Security, The Netherlands*

An aim of the Dutch Forensic Care Act (2019) is to improve continuity between forensic and civil mental health care. Forensic care is mental health care, addiction care, and intellectual disability care in a criminal justice framework. Presently there is little insight into how forensic and regular care are connected. Nevertheless the need for such knowledge is great in policy and practice. Therefore we developed the '*Forensic and Civil Care Monitor*', by combining data on trajectories in forensic and civil care on an individual level. We introduce our research plans and hope to exchange knowledge and ideas.

---

## From conflict to family trauma: psychopathological developments through a longitudinal study

---

Thursday, 26th June - 10:45: Poster Session 2 (Viewing During Coffee Break) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

Thursday, 26th June - 12:30: Poster Session 2 (Viewing During Lunch) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

Thursday, 26th June - 15:45: Poster Session 2 (Viewing During Coffee Break) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

---

***Dr. Lia Parente<sup>1</sup>, Prof. Harry Kennedy<sup>2</sup>, Dr. Eliseo Seclì<sup>3</sup>, Ms. Monica Rutigliano<sup>3</sup>, Dr. Mary Davoren<sup>2</sup>, Prof. Felice Francesco Carabellese<sup>3</sup>***

*1. University of Rome Sapienza, 2. Trinity College Dublin, Ireland, Aarhus University, Denmark,, 3. University of Bari Aldo Moro*

This study starts from the analysis of the literature on the psychopathological aspects of family trauma in the Italian forensic context, analyzing the consequences of intrafamily conflict and abuse on parents and children. The short- and long-term effects of trauma are explored, including its transgenerational transmission. Specifically, the research work includes numerous variables that affect families entering the context of forensic family assessment or criminal circuits for reports of abuse or maltreatment. The research aims to provide a scientific basis to improve forensic practices, promoting a more trauma-informed approach to judicial decisions involving families in crisis.

---

# The Assessment and Management of the Risk of Recurrence of Violent Acts: SAPROF Validation

---

Thursday, 26th June - 10:45: Poster Session 2 (Viewing During Coffee Break) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

Thursday, 26th June - 12:30: Poster Session 2 (Viewing During Lunch) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

Thursday, 26th June - 15:45: Poster Session 2 (Viewing During Coffee Break) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

---

***Dr. Fulvio Carabellese<sup>1</sup>, Dr. Eliseo Seclì<sup>1</sup>, Dr. Lia Parente<sup>2</sup>, Ms. Monica Rutigliano<sup>1</sup>, Prof. Harry Kennedy<sup>3</sup>, Dr. Mary Davoren<sup>3</sup>, Dr. Donatella Lategola<sup>1</sup>, Prof. Felice Francesco Carabellese<sup>1</sup>***

*1. University of Bari Aldo Moro, 2. University of Rome Sapienza, 3. Trinity College Dublin, Ireland, Aarhus University, Denmark,*

*The Structured Assessment of Protective Factors for Violence Risk is a valuable tool developed to fill a gap in the current Evidence-based SPJ model. It focuses on identifying and evaluating dynamic protective factors that may reduce the risk of future violent behavior. A research group undertook the task of validating the SAPROF for the Italian population, recruiting a national sample of 126 patients from REMS and forensic facilities. These patients are offenders with mental disorders. The validation process is conducted in collaboration with the Author of the tool.*



---

## Risk Factors for Self-Directed Violence Among Individuals in a First-Episode of Psychosis: A Systematic Review

---

Thursday, 26th June - 10:45: Poster Session 2 (Viewing During Coffee Break) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

Thursday, 26th June - 12:30: Poster Session 2 (Viewing During Lunch) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

Thursday, 26th June - 15:45: Poster Session 2 (Viewing During Coffee Break) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

---

**Ms. Rowan Baran<sup>1</sup>, Ms. Anya Dedio<sup>1</sup>, Ms. Ashely Manaigre<sup>1</sup>, Ms. Abby Vovchuk<sup>1</sup>, Dr. Brianne Layden<sup>2</sup>, Dr. Alicia Nijdam-Jones<sup>1</sup>**

*1. University of Manitoba, 2. Simon Fraser University*

Suicide contributes to premature mortality among individuals with psychotic disorders, particularly during early psychosis. This review synthesizes findings from 44 peer-reviewed studies on risk factors for self-directed violence (ranging from nonsuicidal to suicidal) in first-episode psychosis. Preliminary analysis of 9 studies identified mental health ( $k=9$ ) and substance use ( $k=5$ ) as primary risk factors. Risk behaviours included nonsuicidal self-injury ( $n=2$ ), parasuicide ( $n=23$ ), suicide attempts ( $n=33$ ), and suicide ( $n=16$ ). Identifying risk factors for self-directed violence in first-episode psychosis is crucial for informing early intervention and preventing lethal outcomes.

---

## Male victims' perspectives on intimate partner violence and secondary victimisation post-divorce

---

Thursday, 26th June - 10:45: Poster Session 2 (Viewing During Coffee Break) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

Thursday, 26th June - 12:30: Poster Session 2 (Viewing During Lunch) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

Thursday, 26th June - 15:45: Poster Session 2 (Viewing During Coffee Break) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

---

***Ms. Danielle Krüger<sup>1</sup>, Prof. Corine de Ruiter<sup>2</sup>***

*1. JVA Aachen, 2. Maastricht University*

Intimate partner violence (IPV) is often viewed as gendered, with men as perpetrators and women as victims. However, men can experience IPV, including intimate terrorism (IT), and secondary legal abuse during custody battles. This qualitative study involved interviews with 15 Dutch fathers engaged in high-conflict divorces about their IPV and secondary abuse experiences. Four themes emerged: IPV, manipulation during separation, adverse family law experiences, and coping strategies. Fathers reported issues like wrongful accusations and reputation damage, highlighting negative impacts similar to mothers' experiences but differing in alienation contexts. The findings underscore the need for IPV screening in family law.

---

## Forensic Nursing, a delicate balance of providing psychiatric nursing care and the duty to protect the public

---

Thursday, 26th June - 10:45: Poster Session 2 (Viewing During Coffee Break) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

Thursday, 26th June - 12:30: Poster Session 2 (Viewing During Lunch) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

Thursday, 26th June - 15:45: Poster Session 2 (Viewing During Coffee Break) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

---

**Ms. Jaime Allin<sup>1</sup>, Dr. Julian Gojer<sup>2</sup>, Ms. Nhu Vo<sup>3</sup>**

**1.** Royal Ottawa Health Care Group, **2.** Integrated Forensic Program, Royal Ottawa Health Care Group, **3.** 3rd year nursing student

This presentation explores conflict nurses have when dealing with sexual offenders, identify sexual offender behaviors as impacts on morality and risk to the public. Nurses successfully identify their emotions; thought process; behaviors and reactions to provide a safe environment for the offenders to speak openly. We will present the nurses role in a patient centered approach and the ethical challenges faced as nurses, balance supportive care role and managing risk to the public with high-risk offenders.

---

## Managing Bias in Forensic Assessments

---

Thursday, 26th June - 10:45: Poster Session 2 (Viewing During Coffee Break) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

Thursday, 26th June - 12:30: Poster Session 2 (Viewing During Lunch) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

Thursday, 26th June - 15:45: Poster Session 2 (Viewing During Coffee Break) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

---

**Ms. Anita McGregor<sup>1</sup>**

**1. University of New South Wales**

While bias is inevitable in forensic assessment, using strategies throughout an assessment can aid forensic practitioners in identifying and managing aspects of bias. Process accountability is a concept that creates processes and systems designed to hold individuals accountable for their decisions and actions.

This talk aims to identify process accountability strategies that can be used before, during and even after an assessment to aid forensic practitioners in their assessment practice.

---

## Trauma exposure and mental health screening among female offenders

---

Thursday, 26th June - 10:45: Poster Session 2 (Viewing During Coffee Break) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

Thursday, 26th June - 12:30: Poster Session 2 (Viewing During Lunch) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

Thursday, 26th June - 15:45: Poster Session 2 (Viewing During Coffee Break) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

---

***Dr. Ismael Loinaz<sup>1</sup>, Dr. Maialen Irureta<sup>2</sup>***

*1. University of the Basque Country UPV/EHU, 2. Donostia University Hospital*

The present study describes the results of a sample of 78 women regarding their history of victimization and symptoms assessed with the widely used mental health screenings K10 and GHQ12, using the clinical-psychiatric diagnosis and scores of the PAI as criterion validity.

---

## Desistance from crime through social interactions and positive identity development

---

Thursday, 26th June - 10:45: Poster Session 2 (Viewing During Coffee Break) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

Thursday, 26th June - 12:30: Poster Session 2 (Viewing During Lunch) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

Thursday, 26th June - 15:45: Poster Session 2 (Viewing During Coffee Break) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

---

***Prof. Marie-Pierre Villeneuve*** <sup>1</sup>

*1. Université de Sherbrooke*

Being prosecuted exposes young adults who commit offences to stigmatization, marginalization and social exclusion, which also hinders identity development. Given that social ties and positive identity development play a crucial role in processes of desistance from crime and social and community integration, this paper presents preliminary findings from a qualitative study conducted in the province of Quebec, Canada. Findings from 10 semi-structured interviews will be presented to highlight: 1) how young adults construct their perceptions of themselves, their current situation, and their future; 2) how social interactions shape the development of these perceptions; and 3) how they are actualized.

---

## Can Individuals with Schizophrenia and Forensic Issues be Healthy & Well?

---

Thursday, 26th June - 10:45: Poster Session 2 (Viewing During Coffee Break) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

Thursday, 26th June - 12:30: Poster Session 2 (Viewing During Lunch) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

Thursday, 26th June - 15:45: Poster Session 2 (Viewing During Coffee Break) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

---

**Ms. Mary-Lou Martin**<sup>1</sup>

*1. St Josephs Healthcare Hamilton/ McMaster University*

Self management may key to recovery as it is the experience of health while living with disease. It is important to determine if a self management approach may help in the recovery of clients with forensic issues. Clinicians possess expertise in the disease however clients have expertise in the experience of the disease. Individuals in the forensic system require on-going care and change for goal setting, problem solving, symptoms management, monitoring and an action plan. Self management provides clients to be empowered and actively involved in their own healthcare and well-being. A case example is used to illustrate self management.

---

## **Lessons from the trenches: Challenges and solutions in implementing Women's On-Unit Therapeutic Program in Secure Forensic Setting.**

---

Thursday, 26th June - 10:45: Poster Session 2 (Viewing During Coffee Break) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

Thursday, 26th June - 12:30: Poster Session 2 (Viewing During Lunch) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

Thursday, 26th June - 15:45: Poster Session 2 (Viewing During Coffee Break) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

---

***Dr. Smita Tyagi***<sup>1</sup>

*1. Centre For Addiction and Mental Health*

This paper describes the process by which a specially designed therapeutic program was implemented on a secure forensic women's unit in a forensic hospital in Toronto and the challenges that ensued in the post COVID-19 era. These included delivering programming in an acute care setting with patients at various levels of functioning, motivation, behavioral problems and risk and needs levels. Other challenges included issues with following a phased approach to programming, staff training, developing ward milieu supportive of programming, patient participation and leadership support. Discussed are ways in which these challenges were addressed.



---

## Enhancing Decision-Making Processes for Psychologically Vulnerable Protection Visa Applicants

---

Thursday, 26th June - 10:45: Poster Session 2 (Viewing During Coffee Break) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

Thursday, 26th June - 15:45: Poster Session 2 (Viewing During Coffee Break) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

---

***Prof. Zachary Steel<sup>1</sup>, Mr. Guy Coffey<sup>2</sup>***

*1. Psychiatry & Mental Health, UNSW, 2. The Victorian Foundation For Survivors of Torture*

Protection visa applicants with compromised mental health face challenges in articulating claims. The UNHCR's *Guidance Note on the Psychologically Vulnerable Applicant in the Protection Visa Assessment Process* for the Australasian region addresses these barriers through identifying vulnerability, integrating psychological evidence, and implementing procedural modifications. In collaboration with UNHCR, the authors trained refugee decision-makers in Australia and New Zealand, focusing on evidence-based interviewing strategies mindful of cognitive and emotional impacts. The program highlights the importance of embedding forensic mental health approaches into core training, enhancing fairness and accuracy in assessing claims and supporting vulnerable applicants more effectively.

---

## Risk assessment for risky sexual behaviour: investigating childhood trauma and identity dysfunction

---

Thursday, 26th June - 10:45: Poster Session 2 (Viewing During Coffee Break) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

Thursday, 26th June - 12:30: Poster Session 2 (Viewing During Lunch) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

Thursday, 26th June - 15:45: Poster Session 2 (Viewing During Coffee Break) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

---

**Dr. Alicia Spidel**<sup>1</sup>

1. Kwantlen Polytechnic University

*This study was developed to examine sexual risk behavior in 245 outpatients. A mediation model was examined regarding identity dysfunction mediating the link between emotional neglect and sexual risk behavior. Sexual risk behavior was found to be a prevalent issue among individuals seeking outpatient mental health services, with 13% reporting engagement in unsafe sexual practices at least some of the time. Mediation analysis revealed that childhood emotional neglect was indirectly linked with sexual risk behavior through the mediating effect of identity dysfunction. Thus, findings suggest a pathway to sexual risk behaviors through perceived childhood emotional neglect and identity dysfunction.*

---

## Evaluation of a Pilot Mental Health Diversion Program for Domestic Violence Perpetrators in Alberta

---

Thursday, 26th June - 10:45: Poster Session 2 (Viewing During Coffee Break) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

Thursday, 26th June - 12:30: Poster Session 2 (Viewing During Lunch) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

Thursday, 26th June - 15:45: Poster Session 2 (Viewing During Coffee Break) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

---

***Mr. Raymond Ho<sup>1</sup>, Ms. Joy Steppacher<sup>2</sup>***

*1. PhD Student in Clinical Psychology, Simon Fraser University; Research and Evaluation Associate, HomeFront Calgary, 2. Lead Analyst, HomeFront Calgary*

Mental Health Diversion (MHD) programs redirect low-risk individuals with mental health disorders away from the criminal justice system to mental health services. In 2024, Calgary and Red Deer in Alberta, Canada, conducted a pilot MHD program for Intimate Partner Violence (IPV) cases, crafting alternative justice responses in reducing recidivism. In this roundtable, stakeholders in the MHD program will (1) Discuss how IPV MHD Cases were selected, (2) Evaluate the MHD program, the effectiveness of the coordinated community justice response, and risk assessments/management approaches, and (3) Explore what could be better for the next generation of MHD programs locally and worldwide

---

## Characteristics of Suicidal Attempts in Psychiatric Patients admitted to the Psychiatric Hospital in Tirana, Albania

---

Thursday, 26th June - 10:45: Poster Session 2 (Viewing During Coffee Break) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

Thursday, 26th June - 12:30: Poster Session 2 (Viewing During Lunch) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

Thursday, 26th June - 15:45: Poster Session 2 (Viewing During Coffee Break) (Samuel Beckett 1 (Room 1013) and 2 (Room 1014)) - Poster

---

***Dr. Lisiana Demiraj<sup>1</sup>, Prof. Fatime Elezi<sup>1</sup>***

***1. "Mother Teresa" UHC Tirana, Albania***

This study explores socio-demographic and clinical factors influencing suicide attempts among 138 psychiatric patients from August 2022 to July 2024 admitted to the Psychiatric Hospital in Tirana . The findings reveal higher attempt rates among women, unemployed individuals, urban residents, and those aged 25-44. Most patients had mood disorders, with nearly 60% being first-time attempters. Medication overdose was the most common method. Family dynamics and seasonal patterns also played a role. The study underscores the need for targeted interventions and further research to understand suicide risks within Albania's cultural and healthcare contexts.

---

# Assessing severity of clinical presentation in emergency psychiatry: the DUNDRUM-1 triage scale in the Emergency Department

---

Thursday, 26th June - 13:30: [Symposium] Urgency of Need for Acute Mental Health Care: Utility and Interface With Forensic Needs (J.M. Synge Theatre (Room 2039)) - Panel Contribution

---

**Prof. Anne Doherty<sup>1</sup>, Dr. Maia Springael<sup>2</sup>, Dr. Niamh Murray<sup>3</sup>, Prof. Harry Kennedy<sup>4</sup>, Dr. Mary Davoren<sup>5</sup>**

*1. 1. Department of Psychiatry, University College Dublin, 63 Eccles Street, Dublin 7. 2. Department of Psychiatry, Mater Misericordiae University Hospital, Eccles Street, Dublin 7., 2. 1. Department of Psychiatry, University College Dublin, 63 Eccles Street, Dublin 7, 3. Department of Psychiatry, University College Dublin, 63 Eccles Street, Dublin 7. Department of Psychiatry, Mater Misericordiae University Hospital, Eccles Street, Dublin 7., 4. Trinity College Dublin, 5. Trinity College Dublin, Ireland, Aarhus University, Denmark,*

The objective was to examine the utility of structured measures of therapeutic need in a population attending the emergency department (ED) for mental healthcare.

We examined patients (n=306) referred for psychiatric assessment at the ED and assessed the severity of presentations utilising the DUNDRUM-1 preadmission scale.

The mean total DUNDRUM-1 score in this cohort was 0.72 (SD 0.4), with the highest rates on the suicidality subscales (D2 and D4). Mean scores among those discharged or admitted to community psychiatry units were 0.67 (SD0.38) and 0.95 (SD0.46), respectively.

These findings indicate a high need for treatment in this population.

---

## Could DUNDRUM-2 be a useful tool in prioritising need for high security in Flanders?

---

Thursday, 26th June - 13:30: [Symposium] Urgency of Need for Acute Mental Health Care: Utility and Interface With Forensic Needs (J.M. Synge Theatre (Room 2039)) - Panel Contribution

---

***Dr. Inge Jeandarme<sup>1</sup>, Ms. Sophie Verschuere<sup>2</sup>, Dr. Petra Habets<sup>3</sup>***

*1. Knowledge Centre Forensic Psychiatric Care (Public Psychiatric Care Centre), Belgium and Forensic Psychiatric Centre Antwerp, 2. FPC Antwerp, 3. Knowledge Centre for Forensic Psychiatric Care (KeFor)*

This study examines the usefulness of the DUNDRUM-2 scale in prioritising admission to a high security setting in Flanders. DUNDRUM-2 scores of prioritised patients were significantly higher than those of patients admitted through the regular procedure. The inter-rater reliability of the DUNDRUM-2 was generally rated as moderate to good, but the internal consistency of the scale was limited. Current findings will be discussed in light of the convictions of Belgium which has been censured several times by the European Court of Human Rights because internees are imprisoned and do not receive the appropriate care they need.

---

# The Scientific Path to Implementing the DUNDRUM-toolkit in Belgium

---

Thursday, 26th June - 13:30: [Symposium] Urgency of Need for Acute Mental Health Care: Utility and Interface With Forensic Needs (J.M. Synge Theatre (Room 2039)) - Panel Contribution

---

***Dr. Claudia Pouls<sup>1</sup>, Dr. Petra Habets<sup>2</sup>, Prof. Inge Jeandarme<sup>2</sup>***

*1. Knowledge Centre Forensic Psychiatric Care (Public Psychiatric Care Centre), Belgium and Forensic Psychiatric Centre Antwerp, 2. Knowledge Centre for Forensic Psychiatric Care (KeFor)*

This study examines the implementation of the DUNDRUM toolkit within the Flemish forensic context, focusing on both implementation and clinical outcomes. Using a mixed-methods design, we explored factors that facilitate or hinder the tool's integration and assessed its field validity in real-world settings. The findings will provide insights into the challenges and successes of implementing the DUNDRUM tool, with a focus on refining strategies to optimize its integration and effectiveness in routine practice. Results will be presented at the conference.

---

## Model of Care renewal in a Canadian Medium Secure Facility

---

Thursday, 26th June - 13:30: [Symposium] Urgency of Need for Acute Mental Health Care: Utility and Interface With Forensic Needs (J.M. Syge Theatre (Room 2039)) - Panel Contribution

---

***Dr. Risk Kronfli<sup>1</sup>, Ms. Dorothy Edem<sup>2</sup>, Ms. Garima Mann<sup>2</sup>***

*1. Dalhousie University & Nova Scotia Health, 2. Nova Scotia Health*

The East Coast Forensic Hospital has undergone a major renewal of our Model of Care. We established a predictable and transparent mechanism for patient flow that involves all clinicians and allied health providers and an Oversight Panel to review clinical submissions.

We will discuss technical details about the adoption of the DUNDRUM-1 in identifying pathways of care, and DUNDRUM-3 to guide patient flow.

We will also discuss the use of structured assessment for transfer of care among nursing staff and the use of MIRECC-GAF as part of the rehabilitation and integration process for forensic patients in a Canadian system.



---

## Traumatic Experiences in Canada: A Comparison of the General Population and Mental Health and Substance Use Service Users

---

Thursday, 26th June - 13:30: [Symposium] Adverse Childhood Experiences and Lifetime Victimization Among People in Residential Concurrent Disorders Treatment (Robert Emmet Theatre (Room 2037)) - Panel Contribution

---

***Ms. Ekatrina Kiddie<sup>1</sup>, Dr. Tonia L. Nicholls<sup>2</sup>, Dr. James MacKillop<sup>3</sup>, Dr. Christian Schütz<sup>2</sup>***

*1. Simon Fraser University, 2. University of British Columbia, 3. McMaster University*

This study examines the prevalence of trauma among individuals with concurrent mental health and substance use disorders compared to the general population in Canada. Data from a residential treatment facility and Statistics Canada were analyzed. Results revealed high rates of trauma exposure in individuals with concurrent disorders, with women exhibiting equal or higher rates than men across most trauma types, with a significant disparity observed in sexual assault. Indigenous participants, particularly Indigenous women, had the highest prevalence of trauma. These findings underscore the need for targeted and culturally safe trauma-informed interventions addressing the disproportionate impact of trauma on these populations.

---

# Describing the Documentation of Adverse Childhood Experiences (ACEs), Positive Childhood Experiences (PCEs), and Their Correlates in a Canadian Forensic Psychiatric Hospital

---

Thursday, 26th June - 13:30: [Symposium] Adverse Childhood Experiences and Lifetime Victimization Among People in Residential Concurrent Disorders Treatment (Robert Emmet Theatre (Room 2037)) - Panel Contribution

---

***Mr. Liam Gorsuch<sup>1</sup>, Dr. Tonia L. Nicholls<sup>2</sup>***

*1. Department of Psychiatry, Faculty of Medicine, University of British Columbia, 2. University of British Columbia*

This study examined the documentation of adverse childhood experiences (ACEs), and positive childhood experiences (PCEs) using  $N = 150$  patient records from a forensic psychiatric hospital in British Columbia, Canada. Data collection is ongoing, but we predict that while ACEs will be prevalent, both ACEs and PCEs will be inconsistently documented. We also predict that ACEs will be associated with a greater likelihood of prior substance misuse, criminal and forensic involvement, and suicidality. Next steps include investigating the potentially protective role of PCEs. Relevance of ACEs and PCEs to adult risk, and their potential diagnostic overshadowing, will be discussed.

---

## Implications of Adverse Childhood Experiences (ACEs) in Clients with Concurrent Disorders: The ROAR Study - Reducing Overdoses and Relapses among people with Co-occurring Disorders

---

Thursday, 26th June - 13:30: [Symposium] Adverse Childhood Experiences and Lifetime Victimization Among People in Residential Concurrent Disorders Treatment (Robert Emmet Theatre (Room 2037)) - Panel Contribution

---

***Dr. Tonia L. Nicholls<sup>1</sup>, Ms. Ekatrina Kiddie<sup>2</sup>, Dr. James MacKillop<sup>3</sup>, Dr. Christian Schütz<sup>1</sup>***

*1. University of British Columbia, 2. Simon Fraser University, 3. Faculty of Health Sciences, McMaster University, Hamilton, Ontario, Canada*

We collected Adverse Childhood Experiences (ACEs), substance use, and overdose data as part of a larger multi-site study of people receiving residential services for complex concurrent disorders ( $N=496$ ). We examined ACEs and the dose-response relationship (more ACEs = poorer outcomes) with sex, ethnicity, and overdoses. The frequently identified tipping point for polyvictimization ( $> 5$ ) revealed significant differences by sex (men=37%; women=45%), ancestry (White=40%, Indigenous=55%, Other=32%) and overdoses ( $Z=3.05$ ,  $p=.002$ ). Findings suggest ACEs should be a primary consideration in treatment for service-users with concurrent disorders but also point to critical considerations to guide further research to inform intervention approaches.

# Lessons Learned from Developing and Implementing a New Model of Care within a High Secure Forensic Mental Health Service

---

Thursday, 26th June - 13:30: [Symposium] An International Exploration of Key Components of Care for Forensic Mental Health Services Encompassing the Development, Implementation and Evaluation of Models of Care (Thomas Davis Theatre (Room 2043)) - Panel Contribution

---

***Prof. Lindsay Thomson*** <sup>1</sup>

*1. University of Edinburgh*

Models of clinical care underpin the delivery of forensic mental health services to our patients. This paper explores the rationale for a major model revision within a high secure hospital, the methodology by which this was developed, the model itself and the means by which this was implemented. The aims of the model which centre around tailored security, sense of progression, increased activity, improved clinical case mix, an improved environment and milieu for patients with a primary diagnosis of intellectual disability, and ability of staff to specialise in areas of care and practice will be discussed.

---

## Evaluation of a new clinical model for high secure care in Scotland.

---

Thursday, 26th June - 13:30: [Symposium] An International Exploration of Key Components of Care for Forensic Mental Health Services Encompassing the Development, Implementation and Evaluation of Models of Care (Thomas Davis Theatre (Room 2043)) - Panel Contribution

---

**Ms. Cheryl Rees<sup>1</sup>, Dr. Lindsey Gilling<sup>1</sup>, Prof. Lindsay Thomson<sup>1</sup>**

***1. University of Edinburgh***

A decision was made to renew how clinical care was structured and delivered within The State Hospital, the high secure facility for Scotland and Northern Ireland. A comprehensive package of work was developed to evaluate the implementation and utility of the new clinical model. This mixed-method programme collected data from staff, patients and carers to explore the context surrounding enactment, change over time and assessment of functionality through process evaluation. Findings presented will highlight facilitators and barriers within the process to facilitate learning for other services similarly considering a change in their model of care.

---

## Mapping Key Components of Forensic Mental Health Systems: An International Delphi Study

---

Thursday, 26th June - 13:30: [Symposium] An International Exploration of Key Components of Care for Forensic Mental Health Services Encompassing the Development, Implementation and Evaluation of Models of Care (Thomas Davis Theatre (Room 2043)) - Panel Contribution

---

**Ms. Arianne Imbeault <sup>1</sup>, Prof. Lindsay Thomson <sup>2</sup>, Prof. Brian McKenna <sup>3</sup>, Dr. Tonia L. Nicholls <sup>4</sup>, Prof. Anne G. Crocker <sup>1</sup>, Dr. Marichelle Leclair <sup>5</sup>**

*1. Université de Montréal, 2. University of Edinburgh, 3. Auckland University of Technology, 4. University of British Columbia, 5. Université du Québec en Outaouais*

This presentation describes an international Delphi study aimed at identifying key components of effective, person-centered, integrated, and safe forensic mental health systems. Building on case studies and a literature review, this project engages 19 international experts, including researchers, practitioners, and individuals with lived experience. The Delphi process uses iterative feedback to refine consensus on essential system components, informed by empirical data and literature. Findings will guide the development of resilient, evidence-based models for forensic mental health systems.

---

## A Path Forward: An Action Plan on Mental Health and Criminal Justice in Canada

---

Thursday, 26th June - 13:30: [Papers] Future Directions (Jonathan Swift Theatre (Room 2041A)) - Paper

---

***Mrs. Krystal Kelly*<sup>1</sup>, *Ms. Sandra Koppert*<sup>2</sup>, *Dr. Christopher Canning*<sup>3</sup>**

*1. MHCC, 2. Mental Health Commission of Canada, 3. Waypoint Centre for Mental Health Care*

Join us for a sneak peek of the soon-to-be released action plan under development by the Mental Health Commission of Canada. Hear about the multi-year initiative to support the mental health of individuals who interact with the criminal justice system in Canada. The action plan includes a focus on upstream prevention and early intervention, providing appropriate services and supports within corrections, supporting individuals post-release, and promoting the psychological health and safety of individuals working within the system. Be one of the first to learn about the recommendations, which have been informed by national and international frameworks and research.

---

## Innovative Mental Health Care for Women in Ontario's Correctional System

---

Thursday, 26th June - 13:30: [Papers] Future Directions (Jonathan Swift Theatre (Room 2041A)) - Paper

---

***Dr. Elizabeth Coleman<sup>1</sup>, Mrs. Cathy Duivesteyn<sup>1</sup>***

*1. Ontario Shores Centre for Mental Health Sciences*

The Women's Acute Stabilization Unit (WASU) at Ontario Shores Centre for Mental Health Sciences, Canada, is a five-bed transitional unit supporting incarcerated women with acute psychotic illnesses through assessment, treatment, and stabilization. Staffed by an interdisciplinary team, WASU provides holistic care, including medication, therapy, and lifestyle interventions. After four years, a program review will analyze client needs, trajectories, and treatment outcomes. Findings will be presented at the conference to inform future service development and improve care for women in corrections.



---

## EVIDENCE-BASED and EXCELLENT PRACTICE in FORENSIC PSYCHIATRY: Pathways for the future?

---

Thursday, 26th June - 13:30: [Papers] Future Directions (Jonathan Swift Theatre (Room 2041A)) - Paper

---

***Dr. Märta Wallinius<sup>1</sup>, Prof. Peter Andiné<sup>2</sup>, Dr. Malin Hildebrand Karlén<sup>3</sup>, Prof. Thomas Nilsson<sup>2</sup>, Prof. Ulrica Hörberg<sup>4</sup>, Dr. Mikael Rask<sup>4</sup>, Prof. Christian Munthe<sup>5</sup>, Dr. Björn Hofvander<sup>6</sup>***

*1. Lund university, 2. Centre for Ethics, Law and Mental Health, Department of Psychiatry and Neurochemistry, Institute of Neuroscience and Physiology, Sahlgrenska Academy, University of Gothenburg, Gothenburg, Sweden, 3. Associate Professor, Department of Psychology, University of Gothenburg, Department of Psychiatry and Neurochemistry, Centre for Ethics, Law and Mental Health (CELAM), Sweden, 4. Linnaeus University, 5. Department of Philosophy, Linguistics and Theory of Science, University of Gothenburg, Gothenburg, Sweden, 6. Department of Clinical Sciences Lund, Lund university*

Forensic psychiatry has, for many years, been hampered by lack of evidence. This presentation will describe the research programme *FORevidence*. *FORevidence* runs in the interface of medicine, psychology, philosophy, criminology and caring sciences, combining quantitative and qualitative study designs in the quest for in-depth knowledge of important preconditions and possibilities for optimal treatment modalities in forensic psychiatry. Findings relating to treatment of female patients, involvement of user perspectives, and clinical needs, along with developments and evaluations of state-of-the art treatments of challenging disorders and problem behaviors, e.g. aggression and substance use, will be provided.

# Revisions in Trend? The Increase of Revisions in Forensic Psychiatry and its Consequences

---

Thursday, 26th June - 13:30: [Papers] Future Directions (Jonathan Swift Theatre (Room 2041A)) - Paper

---

**Mrs. Rebekka Mertin** <sup>1</sup>

*1. Vitos Clinic for Forensic Psychiatry Haina (Kloster)*

In recent years, there has been an increase in the number of revisions in the clinic for forensic psychiatry in Haina (Germany). This phenomenon not only raises questions about the effectiveness of the existing system but also has far-reaching implications for the affected patients. This presentation shows basic data about the frequency and success of revisions over the past years. It furthermore aims to explore the causes of this increase and analyses the resulting consequences for the patients involved.

---

## Perspectives of forensic mental health professionals on family experts by experience: A Focus group study in Flanders (Belgium)

---

Thursday, 26th June - 13:30: [Symposium] Family Engagement in Forensic Mental Health Settings: Insights From Professionals (Room 4050A) - Panel Contribution

---

**Ms. Louise Van Gysel<sup>1</sup>, Dr. Aline Pouille<sup>2</sup>, Dr. Sara Rowaert<sup>3</sup>, Dr. Leen Cappon<sup>4</sup>**

*1. Science For Care, Psychiatric Center Sint-Jan-Baptist, 2. Faculty of Psychology and Educational Sciences, Ghent University, 3. Ghent University, 4. PC Sint-Jan-Baptist and ScienceForCare*

Family Experts by Experience (FEEs) offer a promising way to integrate family perspectives into forensic mental health care (FMHC) and to encourage deeper reflection on family engagement. This study explored the perspectives of 66 professionals from various FMHC organizations in Flanders (Belgium), through 12 focus groups. Participants acknowledged the added value of FEEs for service users, relatives, providers, and FEEs themselves. Key challenges included role clarity, conflicts of interest, and superficial involvement. Successful implementation requires thorough preparation, coaching, and resources. These findings underscore the need for a practical guide, co-designed with stakeholders, to sustainably integrate FEEs into FMHC settings.

---

## Family caregiver involvement in forensic mental health care – A qualitative study of healthcare professionals' perceptions

---

Thursday, 26th June - 13:30: [Symposium] Family Engagement in Forensic Mental Health Settings: Insights From Professionals (Room 4050A) - Panel Contribution

---

***Dr. Ellen Tingleff<sup>1</sup>, Prof. Frederik Gildberg<sup>1</sup>, Dr. Rikke Jørgensen<sup>2</sup>, Dr. Sara Rowaert<sup>3</sup>, Dr. Tina Kristine Vestphal<sup>4</sup>***

*1. University of Southern Denmark & Forensic Mental Health Research Unit Middelfart, 2. Aalborg University hospital, 3. Ghent University, 4. University College South Denmark*

This qualitative study aims to explore healthcare professionals' (HCPs) perceptions of facilitators and barriers in their collaboration with family caregivers in forensic mental healthcare. Data were gathered through focus group interviews with 26 HCPs. The findings revealed how the dynamics of collaboration within forensic mental health care reflect a unilateral support mode, where HCPs predominantly prefer that caregivers align with HCPs' established care and treatment plans, rather than engaging in a reciprocal collaboration. Further, when HCPs perceive caregivers as critical of the care provided, they may view them as overinvolved and lacking an understanding of the service user's mental health.

## The network-oriented professional in forensic care: What works (not)

---

Thursday, 26th June - 13:30: [Symposium] Family Engagement in Forensic Mental Health Settings: Insights From Professionals (Room 4050A) - Panel Contribution

---

***Mrs. Marieke Cirkel<sup>1</sup>, Dr. Sylvana Robbers<sup>1</sup>, Prof. Vivienne de Vogel<sup>2</sup>***

*1. Hogeschool Utrecht, 2. Van Der Hoeven Kliniek, Forensic Care Specialists; University of Applied Sciences Utrecht; Maastricht University*

The importance of involving the social network in the treatment of forensic psychiatric patients is widely recognized. However, how professionals put this into practice is less clear. Literature focuses mainly on methods for mapping the social network, but hardly ever explicit the role of the professional. The current research maps out how professionals give the social network a position in the treatment of forensic patients, what views underlie this and what are facilitators and barriers for putting this into practice. Results and plans for follow-up research are presented.

---

## Application of the Family-Reflex Quicksan tool to Forensic Mental Healthcare: presentation of qualitative and quantitative research to improve family engagement

---

Thursday, 26th June - 13:30: [Symposium] Family Engagement in Forensic Mental Health Settings: Insights From Professionals (Room 4050A) - Panel Contribution

---

***Dr. Sara Rowaert<sup>1</sup>, Dr. Ellen Tingleff<sup>2</sup>, Mrs. Margaret Doherty<sup>3</sup>, Dr. Jean-Laurent Domingue<sup>4</sup>, Prof. Jason Davies<sup>5</sup>, Ms. Sarah Barhoumi<sup>6</sup>, Mrs. Kim Steeman<sup>7</sup>, Dr. Elke Van Lierde<sup>7</sup>, Prof. Gilbert Lemmens<sup>8</sup>***

*1. Ghent University, 2. University of Southern Denmark & Forensic Mental Health Research Unit Middelfart, 3. Mental Health Matters 2, 4. School of Nursing, Faculty of Health Sciences, University of Ottawa, Canada. Institute of Mental Health Research, Royal Ottawa Health Care Group, Ottawa. Institut national de psychiatrie légale Philippe-Pinel, Montréal, Canada, 5. Swansea University, 6. De Patio vzw, 7. Familieplatform, 8. Department of Head and Skin, Faculty of Medicine and Health Sciences, Ghent University & Ghent University Hospital*

Family members of forensic patients play a crucial role in their relatives' care journeys. Yet, many feel insufficiently involved in the care trajectory. Recently, initiatives in Flanders (Belgium) have sought to improve family engagement in mental healthcare and to foster a reflex to create a partnership with family. One is the Family-reflex Quicksan tool—an online questionnaire aimed at identifying challenges and blind spots professionals face when working with families. This presentation will examine the application of the Quicksan in forensic mental healthcare and introduce a survey study being developed to explore family engagement in forensic mental healthcare worldwide.

---

## Characteristics of Accused Persons referred for Criminal Responsibility Assessments in Canada: Rationale, Methods, and Preliminary Data

---

Thursday, 26th June - 13:30: [Symposium] Criminal Responsibility Assessment in Canada: Characteristics of Accused Persons, Report Quality, and the Impact of Substance Use and Ethnicity (Room 4050B) - Panel Contribution

---

***Dr. Sabrina Demetrio<sup>1</sup>, Dr. David Hill<sup>1</sup>***

*1. University of Manitoba*

Few studies have examined the characteristics of individuals referred for criminal responsibility (CR) assessments or have compared those found eligible versus ineligible for the defence. This retrospective file review study examined individuals referred for CR assessments in a Canadian province between 2003 and 2019 (N=497). Study aims included exploring the characteristics of individuals undergoing court-ordered assessments, comparing demographic, mental health, and criminological characteristics of individuals opined to be eligible versus ineligible for a CR defence, and evaluating the impact of these characteristics on the outcome of CR assessments. Demographic information as well as preliminary findings will be discussed.

---

## Examining Criminal Responsibility Report Quality over Time

---

Thursday, 26th June - 13:30: [Symposium] Criminal Responsibility Assessment in Canada: Characteristics of Accused Persons, Report Quality, and the Impact of Substance Use and Ethnicity (Room 4050B) - Panel Contribution

---

***Dr. David Hill<sup>1</sup>, Dr. Sabrina Demetrioфф<sup>1</sup>***

*1. University of Manitoba*

Forensic mental health assessments often involve providing a written report to assist legal decision makers. In this study, we examined key elements of criminal responsibility (CR) assessment reports in a retrospective review of 497 cases referred by Canadian courts. Results indicated that there were significant increases in experts' inclusion of legal criteria over time, including the nature and quality and wrongfulness of the accused's actions during the index offence. The quality of CR reports also improved following systemic changes that emphasized quality standards for report writing and training of forensic mental health professionals.



---

## Examining Disparities in Forensic Mental Health Assessments in a Western Canadian Province by Ethnicity

---

Thursday, 26th June - 13:30: [Symposium] Criminal Responsibility Assessment in Canada: Characteristics of Accused Persons, Report Quality, and the Impact of Substance Use and Ethnicity (Room 4050B) - Panel Contribution

---

***Ms. Sarah Brown<sup>1</sup>, Dr. Sabrina Demetrioфф<sup>1</sup>, Dr. David Hill<sup>1</sup>, Dr. Alicia Nijdam-Jones<sup>1</sup>***

***1. University of Manitoba***

Indigenous people in Canada are overrepresented in criminal legal systems and have disproportionately high rates of mental illness. This retrospective file review study examined the differences between Indigenous and non-Indigenous individuals referred for court-ordered forensic mental health (FMH) assessments in a western Canadian province between 2003-2019 ( $N=324$ ). Findings indicate that Indigenous individuals are equally likely to be referred for Not Criminally Responsible (NCR) assessments, but less likely to have experts recommend NCR eligibility compared to their non-Indigenous peers. These findings underscore the need for systemic change to address biases in forensic evaluations, promoting equity in FMH services for Indigenous populations.

## Substance Use in Criminal Responsibility Evaluations: Observations and Implications for Forensic Practice

---

Thursday, 26th June - 13:30: [Symposium] Criminal Responsibility Assessment in Canada: Characteristics of Accused Persons, Report Quality, and the Impact of Substance Use and Ethnicity (Room 4050B) - Panel Contribution

---

***Dr. Kasmira Sobkow<sup>1</sup>, Dr. Sabrina Demetriooff<sup>1</sup>, Dr. David Hill<sup>1</sup>***

*1. University of Manitoba*

Voluntary intoxication during the commission of an offense presents challenges in forensic mental health evaluations, particularly in criminal responsibility (CR) assessments (Poirier, 2021). This study examines the demographics, psychiatric profiles, and criminogenic characteristics of offenders who were intoxicated during index offenses, based on a retrospective review of individuals referred for court-ordered CR assessments between 2003 and 2019 in a western Canadian province. The findings aim to inform forensic assessments, legal practices, and intervention strategies related to substance use and criminal behaviour in Canada. Results and implications will be discussed.

---

## War and Mental Health: Addressing Global Challenges to Justice, Recovery, and Societal Stability

---

Thursday, 26th June - 14:45: [Round Table] War and Mental Health: Addressing Global Challenges to Justice, Recovery, and Societal Stability (J.M. Synge Theatre (Room 2039)) - Round Table

---

***Dr. Maryana Kravtsenyuk<sup>1</sup>, Dr. Michael Tibollo<sup>2</sup>, Dr. Treena Wilkie<sup>3</sup>, Dr. Gary Chaimowitz<sup>4</sup>***

*1. MD MSc FRCPC Centre for Addiction and Mental Health (CAMH), Assistant Professor, University of Toronto, 2. Psy.D LL.B. Associate Minister of Mental Health and Addictions, Government of Ontario, 3. BScH, MD, FRCPC Chief of Forensic Services, Associate Chief Medical Officer, Centre for Addiction and Mental Health (CAMH), Associate Professor, University of Toronto, 4. MB ChB FRCP Head of Forensic Psychiatry, St Joseph's Healthcare Hamilton, Professor, McMaster University*

The round table, “*War and Mental Health: Global Challenges to Justice, Recovery, and Societal Balance*,” will explore the mental health impacts of war crimes and aggression. It will bring together a diverse group of experts, including Ontario’s Minister of Addiction and Mental Health and forensic psychiatrists. The discussion will address the intersection of mental health, justice, and recovery in post-conflict societies. The session aims to stimulate a robust conversation on how trauma is addressed in legal, clinical, and policy frameworks, offering insights into supporting healing and societal reconciliation after mass violence.

---

## Understanding PTSD in Perpetrators of Violence: Beyond Instrumental and Reactive Labels

---

Thursday, 26th June - 14:45: [Papers] Threatening and Destructive Behavior (Robert Emmet Theatre (Room 2037)) - Paper

---

***Dr. Meg Ternes<sup>1</sup>, Dr. Barry Cooper<sup>2</sup>, Dr. Dorothee Griesel<sup>3</sup>***

*1. Saint Mary's University, 2. University of British Columbia, 3. Gesellschaft für Wissenschaftliche Gerichts- und  
Rechtspsychologie*

Research suggests that some individuals develop post-traumatic stress disorder (PTSD) symptoms after committing violent acts. Violence is often classified as instrumental (goal-oriented) or reactive (emotion-driven), with reactive violence (RV) thought to more likely lead to PTSD. However, findings on this relationship are mixed, possibly due to overlap between RV and instrumental violence (IV). This study of 150 incarcerated men found no significant difference in PTSD symptoms between IV and RV. Unexpectedly, higher instrumentality and intoxication levels in IV cases predicted PTSD symptoms. These findings suggest that specific characteristics of violent acts may better predict PTSD than broad violence categories.

## **Persistence and continuity of firesetting in an un-apprehended New Zealand sample**

---

Thursday, 26th June - 14:45: [Papers] Threatening and Destructive Behavior (Robert Emmet Theatre (Room 2037)) - Paper

---

***Ms. Kendal Johnston<sup>1</sup>, Dr. Nichola Tyler<sup>2</sup>***

*1. Victoria University of Wellington, 2. Centre for Forensic Behavioural Science, Swinburne University of Technology*

Firesetting is one of the least detected and most poorly prosecuted offences, therefore understanding the prevalence and correlates of this behaviour in the community is vital for informing effective identification and prevention of this behaviour. This study examines the prevalence and characteristics of (1) one-time and multiple firesetting and, (2) adolescent-limited, adult-persistent, and adult-only firesetting in a New Zealand community sample (n =103). Data were collected via an online survey covering demographic, background characteristics, history of firesetting, and personality/psychological characteristics. The findings from the research and their implications for informing prevention and early intervention with firesetting are discussed.

---

# The Influence of Gender on Risk Factors for Far-Right Extremist Violence

---

Thursday, 26th June - 14:45: [Papers] Threatening and Destructive Behavior (Robert Emmet Theatre (Room 2037)) - Paper

---

***Ms. Maggie Ardesia<sup>1</sup>, Ms. Perry Callahan<sup>1</sup>, Dr. Barry Rosenfeld<sup>1</sup>***

*1. Fordham University*

With the rise in violent extremism, understanding the factors that contribute to these behaviors is imperative. This study investigated risk factors associated with violent extremism, comparing male and female perpetrators affiliated with the far-right ideological group. The results of this study demonstrated gender differences in risk factors for far-right extremism, and further gender discrepancies in risk factors when predicting violent outcomes. This study's findings highlight the importance of considering gender when assessing and mitigating risk for violent extremism, and prompt further investigation into the role of ideological affiliation within these differences.

*Key words:* gender, violent extremism, risk factors, far-right.

---

# The Power of Perception: How Social Attitudes and Beliefs Influence Perceived Stalking Threat

---

Thursday, 26th June - 14:45: [Papers] Threatening and Destructive Behavior (Robert Emmet Theatre (Room 2037)) - Paper

---

***Ms. Abby Vovchuk<sup>1</sup>, Ms. Rebekah Waite<sup>1</sup>, Dr. Brianne Layden<sup>2</sup>, Dr. Alicia Nijdam-Jones<sup>1</sup>***

*1. University of Manitoba, 2. Simon Fraser University*

Stalking is a context-dependent behaviour, complicated by perceptions of threat that influence responses to harassment. Limited qualitative studies have examined attitudes toward stalking. This study qualitatively explored perceptions shaping threat appraisals in stalking. Participants ( $N = 243$ ) completed a vignette-based survey with exploratory questions. Using reflexive thematic analysis, five themes related to social attitudes influencing perceived threat were generated: *Unhealthy behavioural patterns; perception and justifications of stalking behaviour; characteristics of prior relationship; concern for victim's safety; protective strategies and safeguards*. Findings indicate that a variety of perspectives can either heighten or lower perceived threat in stalking.

---

# Conceptualizing Services for Justice-Involved Persons with an Intellectual Disability: A Systematic Scoping Review

---

Thursday, 26th June - 14:45: [Papers] Neurodevelopmental Disorders (Thomas Davis Theatre (Room 2043)) - Paper

---

***Dr. Yuliya Bodryzlova*<sup>1</sup>, *Ms. Ashley J. Lemieux*<sup>2</sup>, *Mrs. Geneviève Pinard*<sup>3</sup>, *Prof. Diane Morin*<sup>4</sup>, *Prof. Anne G. Crocker*<sup>5</sup>**

*1. Institut national de psychiatrie légale Philippe-Pinel, 2. Institut national de psychiatrie légale Philippe-Pinel & Université de Montréal, 3. Centre intégré universitaire de santé et de services sociaux de la Mauricie-et-du-Centre-du-Québec - Institut universitaire en déficience intellectuelle et en trouble du spectre de l'autisme, 4. Université du Québec à Montréal, 5. Université de Montréal*

There is no consensus as to the optimal organization of services for justice-involved people with an intellectual disability (ID). An overview of the current practices could guide local efforts to provide tailored care for them. We searched for the literature on the topic and found that existing services addressed the pre-trial, during/post-trial, and post-release needs of people with ID. The services were organized according to Munetz and Griffin's sequential intercept model of criminal justice diversion. The smooth transition within healthcare/social services, all the while maintaining ongoing communication with the criminal justice system, maybe a model of care for this population.



---

## Frontline knowledge of physical and sexual aggression associated with intellectual disability: A scoping review

---

Thursday, 26th June - 14:45: [Papers] Neurodevelopmental Disorders (Thomas Davis Theatre (Room 2043)) - Paper

---

***Ms. Kristina Campo*<sup>1</sup>, *Dr. Maxym Choptiany*<sup>2</sup>, *Ms. Suraya Faziluddin*<sup>3</sup>, *Dr. Smita Tyagi*<sup>4</sup>, *Ms. Jacqueline Lim*<sup>5</sup>**

*1. MSW RSW, Centre for Addiction and Mental Health, Adjunct Lecturer, University of Toronto, 2. Dr. Maxym Choptiany, MD, FRCPC, Inpatient Medical Head, Centre for Addiction and Mental Health, University of Toronto, 3. MSW RSW, Director of Interprofessional Practice, Standards and Measurement, Centre for Addiction and Mental Health, Adjunct Lecturer, University of Toronto, 4. Ph.D., C.Psych, Forensic and Clinical Psychologist, Centre for Addiction and Mental Health, 5. BSc, MD Candidate, University of Toronto*

Patients with intellectual disability in secure forensic settings are noted to have longer trajectories in inpatient care than many other forensic patient cohorts given their complex care and discharge needs. Treatment teams are seeking best available evidence on the most effective ways to intervene and support this group of forensic inpatients. This paper is a presentation of a scoping review to synthesize best available knowledge, particularly as relates to response to aggressive behaviours in patients with an intellectual disability.

---

## Towards a multilevel approach: Clinical and organizational practices for the prevention of aggression in intellectual disability or autism spectrum disorder services in institutional settings

---

Thursday, 26th June - 14:45: [Papers] Neurodevelopmental Disorders (Thomas Davis Theatre (Room 2043)) - Paper

---

***Ms. Ashley J. Lemieux<sup>1</sup>, Dr. Yuliya Bodryzlova<sup>2</sup>, Ms. Evelyne Robert-Berger<sup>3</sup>, Ms. Marie-Joelle Braconnier<sup>3</sup>, Ms. Geneviève Pinard<sup>3</sup>, Prof. Diane Morin<sup>4</sup>, Prof. Anne G. Crocker<sup>5</sup>***

*1. Institut national de psychiatrie légale Philippe-Pinel & Université de Montréal, 2. Institut national de psychiatrie légale Philippe-Pinel, 3. CIUSSS Mauricie-et-Centre-du-Québec, 4. Université du Québec à Montréal, 5. Université de Montréal*

Aggression among individuals with intellectual disability or autism spectrum disorder presents significant challenges in service delivery and negatively influences service users' quality of life. This scoping review (n=80 studies) examined how clinical and organizational practices influence aggression management in institutional settings, using a five-level ecological framework: global (advocacy, access), systems (funding, transitions), institutional (staffing, facility design), staff (training, well-being), and user (tailored interventions). Findings emphasize the potential of therapeutic security approaches — physical, relational, and procedural — to reduce aggression across all five levels. Addressing research gaps in systemic and organizational factors is vital for advancing equitable and sustainable services.

---

## Supported Decision-Making for Individuals with Intellectual Disabilities in a Forensic In-Patient Setting

---

Thursday, 26th June - 14:45: [Papers] Neurodevelopmental Disorders (Thomas Davis Theatre (Room 2043)) - Paper

---

***Dr. Stoyka Meyer<sup>1</sup>, Mrs. Michelle Marxen<sup>2</sup>, Ms. Maria Rowen<sup>3</sup>***

*1. IDHS/Elgin Mental Health Center Forensic Treatment Program, 2. Wheaton College, 3. Midwestern University*

Supported decision-making empowers people with intellectual disabilities (ID) to make decisions with the assistance of individuals they trust. This presentation explores best clinical practices of supported decision-making and suggests how these practices can be applied when working with individuals with ID in a forensic in-patient setting. The outlined recommendations for clinicians can augment the care for individuals with ID by incorporating supported decision-making in clinical interactions, treatment planning, risk assessments, legal proceedings, and discharge planning. This intentional clinical intervention aims to improve communication with individuals with ID, increase their treatment engagement, advance positive treatment outcomes, and foster personal agency.

---

# What is the landscape of suicide prevention training among community-based providers serving youth with juvenile legal system involvement?

---

Thursday, 26th June - 14:45: [Symposium] Mixed-Method Approach to Understanding Suicide Screening and Prevention Among Community-Based Providers Serving Youth With Juvenile Legal System Involvement (Jonathan Swift Theatre (Room 2041A)) - Panel Contribution

---

***Dr. Jennifer Wolff<sup>1</sup>, Ms. Jenna Schopen<sup>2</sup>, Ms. Eileen Salazar Vega<sup>2</sup>, Dr. Crosby Modrowski<sup>1</sup>, Dr. Kaitlin Sheerin<sup>1</sup>, Dr. Kathleen Kemp<sup>1</sup>***

*1. Brown University Warren Alpert Medical School, 2. Brown University Health*

Youth with juvenile legal system (JLS) involvement are nearly four times more likely than their peers to complete a suicide attempt, making suicide prevention a priority among this population. Community mental health agencies are the predominant mental health services providers to these youth. It seems vital to understand whether clinicians within these agencies serving youth with JLS involvement are competent to intervention with suicidality. The present study examined community mental health agency clinicians' training backgrounds in suicide interventions, as well as barriers and facilitators to promoting future training in best practices for suicide prevention targeting youth with JLS involvement.

---

## Community-based provider practices and policies for screening of suicidal thoughts and behavior with youth with juvenile legal system involvement

---

Thursday, 26th June - 14:45: [Symposium] Mixed-Method Approach to Understanding Suicide Screening and Prevention Among Community-Based Providers Serving Youth With Juvenile Legal System Involvement (Jonathan Swift Theatre (Room 2041A)) - Panel Contribution

---

***Dr. Kathleen Kemp<sup>1</sup>, Dr. Crosby Modrowski<sup>1</sup>, Ms. Jenna Schopen<sup>2</sup>, Dr. Kaitlin Sheerin<sup>1</sup>, Dr. Jennifer Wolff<sup>1</sup>***

*1. Brown University Warren Alpert Medical School, 2. Brown University Health*

Suicidal thoughts and behaviors and non-suicidal self-injury are disproportionately high among youth involved juvenile legal system (JLS). This study collaborated with community mental health agencies to conduct qualitative interviews with clinicians and administrators who serve JLS-involved youth to enhance the effective implementation of routine screening of suicidal thoughts and behavior with JLS-involved youth. This work has the potential to better understand what provider- and agency-specific factors facilitate the implementation of suicide assessment with JLS-involved youth living and will yield practice-relevant information regarding scalability, implementation, and dissemination of routine screening of suicidal thoughts and behavior of JLS-involved youth in the community.

---

## Randomized Clinical Trials Focused on Suicide and Depression Among Youth Involved in the Juvenile Legal System: Findings from a Systematic Review

---

Thursday, 26th June - 14:45: [Symposium] Mixed-Method Approach to Understanding Suicide Screening and Prevention Among Community-Based Providers Serving Youth With Juvenile Legal System Involvement (Jonathan Swift Theatre (Room 2041A)) - Panel Contribution

---

***Dr. Kaitlin Sheerin<sup>1</sup>, Ms. Alyssa Vieira<sup>2</sup>, Ms. Shannon Williamson-Butler<sup>3</sup>, Dr. Miyah Grant<sup>1</sup>, Mr. Andrew Creamer<sup>1</sup>, Dr. Kathleen Kemp<sup>1</sup>***

*1. Brown University Warren Alpert Medical School, 2. University of Houston, 3. University of North Texas*

Youth involved in the juvenile legal system (JLS) exhibit higher rates of suicidality and depression than their peers in the community. The development and evaluation of evidence-based treatments for these youth via randomized controlled trials is vital. The present systematic review focused on characterizing randomized controlled trials targeting suicidality and depression among community-based youth with JLS involvement. The findings indicated that very few studies reported on these outcomes, with even fewer reporting positive findings. Our results highlight that it is imperative to scale up the number of intervention trials focused on suicidality and depression among youth with JLS involvement.

---

## Mental Health-Related Criminal Responsibility Doctrines in the United States

---

Thursday, 26th June - 14:45: [Symposium] Criminal Responsibility Across Borders (Teatar M. Ui Chadhain Theatre (Room 2041B)) - Panel Contribution

---

***Dr. Chris King<sup>1</sup>, Ms. Lucia Mebius<sup>2</sup>***

*1. TEST, 2. University of Groningen*

The United States (US) is an important point of reference in international comparisons of approaches to mental health-related criminal responsibility. This presentation will summarize the complex array of relevant doctrines—which vary in their recognition, conceptualization, and assorted specifics—across jurisdictions with the US. Specifically, for comparative context, it will provide an overview of the doctrines of insanity, diminished capacity, intoxication, automatism, guilty but mentally ill, sentencing mitigation, and sexually violent predator commitment. Whether these categorical doctrines collectively evidence a spectrum perspective on criminal responsibility will be discussed.

# Crossing Borders – A Comparative Legal Study on Diminished Criminal Responsibility in the Netherlands and Germany

---

Thursday, 26th June - 14:45: [Symposium] Criminal Responsibility Across Borders (Teatar M. Ui Chadhain Theatre (Room 2041B)) - Panel Contribution

---

***Ms. Lucia Mebius***<sup>1</sup>

*1. University of Groningen*

In this paper, the Dutch and German legal concepts of diminished criminal responsibility will be compared and discussed. As the Dutch doctrine is not embedded in the Dutch Criminal Code, and recent events have posed questions, the German concept can be of use for the Dutch context. The focus of the paper will be on the way the criteria for the legal defense of ‘insanity’ apply to the doctrines of diminished criminal responsibility across the jurisdictions. The difference between a binary concept of the legal insanity defense and a gradual view of criminal responsibility as a doctrine is discussed.



---

## Prior fault: an empirical study on forensic assessment and judicial decisions

---

Thursday, 26th June - 14:45: [Symposium] Criminal Responsibility Across Borders (Teatar M. Ui Chadhain Theatre (Room 2041B)) - Panel Contribution

---

***Dr. Anna Goldberg<sup>1</sup>, Prof. Michiel van der Wolf<sup>1</sup>***

*1. University of Groningen*

Many crimes are committed whilst intoxicated, and many defendants struggle with addiction. Mental impairments resulting from substance use often have little impact on criminal responsibility due to the concept of *prior fault*. While the application of prior fault rules is often reasonable and non-controversial, complex cases in which mental disorders interact and give rise to substance-using behaviour complicate the assessment of the defendant's culpability and his potential prior fault. This study examines addiction, substance use, and prior fault in legal practice through analysis of behavioural reports and structured case law review, thereby exploring differences between behavioural sciences and legal perspectives.

---

## Studying forensic assessment and judicial decisions in the Netherlands

---

Thursday, 26th June - 14:45: [Symposium] Criminal Responsibility Across Borders (Teatar M. Ui Chadhain Theatre (Room 2041B)) - Panel Contribution

---

***Prof. Michiel van der Wolf<sup>1</sup>, Dr. Anna Goldberg<sup>2</sup>, Ms. Lucia Mebius<sup>2</sup>***

*1. Leiden University, 2. University of Groningen*

Behavioural experts are most frequently consulted experts in criminal cases. In the Netherlands, they provide reports on the defendant's responsibility and potential sentencing recommendations. Courts use their advice to accept or reject an insanity defence, and generally follow the experts' recommendations. If the defendant is excused based on mental impairments, no sentence can be imposed, although mandatory treatment is still possible. The experts' advice, therefore, holds significant weight. Addressing situations where such advice was *not* followed, we discuss the empirical questions that arise: the extent of agreement between the parties, and consequent normative inquiries about the role of behavioural experts.

---

## Science, Society and the biology of adipose tissue

---

Thursday, 26th June - 14:45: [Symposium] Obesity in Secure Hospitals: The Science of Obesity, the Evidence Relating to Metabolic Clinics in Secure Hospitals and the Practical Approaches, Including Pharmacological Approaches Needed (Room 4050B) - Panel Contribution

---

***Prof. Donal O'Shea***<sup>1</sup>

*1. St Vincent's University Hospital, Dublin*

The environmental drivers of obesity and how the body regulates weight will be presented. Glucagon-like peptide-1 (GLP-1)-based medicines will be presented and discussed. Data derived from a randomized controlled trial in individuals with obesity and obstructive sleep apnea (OSA) that supports a role for increased visceral adipose tissue (VAT) metabolic activity in mediating the weight effects of GLP-1. GLP-1 analog treatment over 24 weeks increased VAT metabolic activity, and there was a correlation with the degree of weight loss. This supports the hypothesis that increased energy expenditure contributes to the weight-loss effects of GLP-1 analog therapy.

---

## The Forensic Metabolic Service at National Forensic Mental Health Service, Dublin, Ireland.

---

Thursday, 26th June - 14:45: [Symposium] Obesity in Secure Hospitals: The Science of Obesity, the Evidence Relating to Metabolic Clinics in Secure Hospitals and the Practical Approaches, Including Pharmacological Approaches Needed (Room 4050B) - Panel Contribution

---

**Dr. Mary Davoren**<sup>1</sup>

*1. Trinity College Dublin, Ireland,*

This is a naturalistic prospective cohort study of outcomes from a forensic metabolic service set within the National Forensic Mental Health Service Dublin. We found high rates of living with obesity and living with overweight among this vulnerable unwell group of patients, mean BMI 30.15. We found the highest rate of increase of BMI was during the first six months after admission and that BMI continued to increase for the first 2.5 years after admission. We consider that given the importance of improving health years that the forensic metabolic service has an invaluable function in the secure forensic hospital.

---

## Learning the lessons from the pandemic: Physical health multi-morbidity in secure hospital populations.

---

Thursday, 26th June - 14:45: [Symposium] Obesity in Secure Hospitals: The Science of Obesity, the Evidence Relating to Metabolic Clinics in Secure Hospitals and the Practical Approaches, Including Pharmacological Approaches Needed (Room 4050B) - Panel Contribution

---

***Prof. Harry Kennedy<sup>1</sup>, Dr. Mary Davoren<sup>2</sup>***

*1. Trinity College Dublin, 2. Trinity College Dublin, Ireland,*

Multi-morbidity is associated with increasing functional decline, poorer health status and higher healthcare utilisation costs when ageing. This study will present the outcome of a review of the covid-AGE tool as a marker of multi-morbidity among those living with major mental illnesses in a National Forensic Mental Health Service. The impact of obesity and of other multi-morbidity factors will be discussed and the importance of addressing physical health in a robust evidence based way in psychiatric hospitals will be underlined.

---

## Obesity in a medium secure forensic psychiatric setting. Strengths and challenges from the Danish perspective

---

Thursday, 26th June - 14:45: [Symposium] Obesity in Secure Hospitals: The Science of Obesity, the Evidence Relating to Metabolic Clinics in Secure Hospitals and the Practical Approaches, Including Pharmacological Approaches Needed (Room 4050B) - Panel Contribution

---

***Dr. Morten TERkildsen<sup>1</sup>, Mrs. Britta Bech Kramer<sup>2</sup>, Mrs. Susanne Højholt<sup>2</sup>, Prof. Dorothe Sørensen<sup>3</sup>,  
Prof. Lisbeth Uhrskov Sørensen<sup>4</sup>***

*1. : Department of Forensic Psychiatry, Aarhus University Hospital Psychiatry and Department of Clinical Medicine, Health, Aarhus University, DEFACTUM, Social & Health Services, Public Health Research, Central Denmark Region, 2. Psychiatric Hospital Midt, 3. VIA University College, 4. Department of Forensic Psychiatry, Aarhus University Hospital Psychiatry*

This lecture will give a presentation on how physical activity is organised and planned in a Danish medium secure forensic psychiatric hospital. Data from a qualitative study will be presented on how ebiking using software like “ZWIFT: indoor cycling fitness” may improve the motivation for physical exercise.

## Developing an International Partnership for Cultural Safety in Forensic Mental Health

Thursday, 26th June - 16:15: [Symposium] Moving Towards Decolonization and Cultural Safety for Indigenous People in Forensic Mental Health: An International Partnership (J.M. Synge Theatre (Room 2039)) - Panel Contribution

***Ms. Raquel Anderson<sup>1</sup>, Ms. McKenna Claeys<sup>2</sup>, Prof. Anne G. Crocker<sup>3</sup>, Ms. Lori May Dubé<sup>4</sup>, Ms. Fay Gagné<sup>5</sup>, Ms. Kelsey Jacques<sup>6</sup>, Dr. Lisa Monchalin<sup>7</sup>, Mr. Bryce Morison<sup>8</sup>, Dr. Tonia L. Nicholls<sup>9</sup>, Dr. Alicia Nijdam-Jones<sup>2</sup>, Mr. Michael Pierre<sup>10</sup>, Ms. Jessy Vacca<sup>5</sup>, Mr. Nick Wiki<sup>11</sup>, Dr. Marichelle Leclair<sup>12</sup>***

***1. BCMHSUS, 2. University of Manitoba, 3. Université de Montréal, 4. Montréal Autochtone, 5. Institut national de psychiatrie légale Philippe-Pinel, 6. Manitoba Inuit Association, 7. Kwantlen Polytechnic University, 8. Native Para-judicial services of Quebec, 9. University of British Columbia, 10. Manitoba Justice, 11. Mason Clinic, 12. Université du Québec en Outaouais***

This presentation explores the development of an international partnership advancing cultural safety in forensic mental health across three Canadian provinces and Aotearoa New Zealand, including forensic hospitals and Correctional Service Canada. The presentation will discuss the co-construction of goals and values that amplify Māori, First Nations, Inuit, and Métis voices, the establishment of a governance structure and Indigenous Leadership Circle, and strategies for fostering reciprocal learning and respectful relationships. The presentation will share challenges, lessons learned, and key activities undertaken to promote culturally safe practices, underscoring the transformative role of Indigenous leadership and lived experience in shaping guidelines.

---

## A realist evaluation of Te Tari Kaupapa Māori: What is cultural safety?

---

Thursday, 26th June - 16:15: [Symposium] Moving Towards Decolonization and Cultural Safety for Indigenous People in Forensic Mental Health: An International Partnership (J.M. Synge Theatre (Room 2039)) - Panel Contribution

---

***Mr. Nick Wiki<sup>1</sup>, Dr. Marichelle Leclair<sup>2</sup>, Ms. Aly Wiki<sup>1</sup>, Mr. Chummie Thomson<sup>3</sup>, Mr. Barry Pene-Gestro<sup>3</sup>, Ms. Trudie Field<sup>3</sup>, Dr. Alicia Nijdam-Jones<sup>4</sup>, Prof. Brian McKenna<sup>5</sup>***

*1. Mason Clinic, 2. Université du Québec en Outaouais, 3. Auckland Regional Forensic Psychiatry Services (Mason Clinic), 4. University of Manitoba, 5. Auckland University of Technology*

This study examines cultural safety and healing within Te Tari Kaupapa Māori, Aotearoa New Zealand's only Indigenous-led forensic mental health service. Grounded in Māori values, it integrates cultural and clinical care to support tāngata whai i te ora (Māori service users). A participatory approach involving tāngata whai i te ora, kaimahi (mental health workers), and whānau guided data collection through 43 interviews and 12 weeks of participant observations. Findings highlight seven principles of care and a theory of change for non-Indigenous kaimahi. This research advances culturally safe models in forensic mental health and challenges colonial frameworks.



---

## From protocol to partnership: Creating culturally safe forensic mental health research

---

Thursday, 26th June - 16:15: [Symposium] Moving Towards Decolonization and Cultural Safety for Indigenous People in Forensic Mental Health: An International Partnership (J.M. Synge Theatre (Room 2039)) - Panel Contribution

---

***Ms. McKenna Claeys<sup>1</sup>, Mr. Michael Pierre<sup>2</sup>, Mr. Charles Wood<sup>3</sup>, Ms. Kelsey Jacques<sup>4</sup>, Mr. Edwin Wood<sup>3</sup>, Mr. Wajihah Mughal<sup>5</sup>, Ms. Carol McCorrister<sup>6</sup>, Ms. Olena Kloss<sup>5</sup>, Ms. Frances Chartrand<sup>5</sup>, Mr. James Wasio<sup>7</sup>, Mr. Anthony Elsom<sup>1</sup>, Dr. Alicia Nijdam-Jones<sup>1</sup>***

*1. University of Manitoba, 2. Manitoba Justice, 3. Manitoba Keewatinowi Okimakanak, 4. Manitoba Inuit Association, 5. Manitoba Métis Federation, 6. Southern Manitoba Chiefs, 7. Manitoba Shared Health*

Forensic mental health research in Canada has often ignored the unique needs of Indigenous peoples, leading to inequities in care. In Manitoba, First Nation, Inuit, and Métis communities face systemic barriers to culturally safe and trauma-informed services. Our project co-developed a community-based study exploring culturally safe forensic mental health approaches that support wellness, emphasizing collaboration, respect, and a distinctions-based lens. The study prioritizes cultural safety in all aspects, from interview protocols to proposed analysis. This presentation outlines the relational process of building trust, shaping the protocol, and fostering meaningful partnerships to create systemic change.

# Optimizing Interventions for Schizophrenia to Avoid Dire Outcomes: Psychiatrists Must Do Better

Thursday, 26th June - 16:15: [Round Table] Optimizing Interventions for Schizophrenia to Avoid Dire Outcomes: Psychiatrists Must do Better (Robert Emmet Theatre (Room 2037)) - Round Table

**Dr. Katherine Warburton<sup>1</sup>, Dr. Stephen Stahl<sup>2</sup>, Prof. Harry Kennedy<sup>3</sup>, Dr. Charles Scott<sup>4</sup>,  
Dr. Alberto Carrara<sup>5</sup>, Dr. Jhilam Biswas<sup>6</sup>, Dr. Felice Carabellese<sup>7</sup>, Dr. Mary Davoren<sup>3</sup>,  
Dr. Justin Barry-Walsh<sup>8</sup>, Dr. Andrew Ellis<sup>9</sup>, Dr. Lia Parente<sup>10</sup>**

*1. California Department of State Hospitals, 2. University of California, San Diego; University of Cambridge; California Department of State Hospitals, 3. Trinity College Dublin, Ireland, Aarhus University, Denmark,, 4. University of California, Davis, 5. Pontifical Athenaeum Regina Apostolorum (Rome); UNESCO; Member of the Pontifical Academy for Life; International Institute of Neurobioethics., 6. Brigham and Women's Hospital, 7. University of Bari, 8. Fixated Threat Assessment Centre New Zealand., 9. NSW Justice Health & Forensic Mental Health Network; UNSW Sydney, 10. University of Rome Sapienza*

Our understanding of schizophrenia, as well as our ability to effectively treat it, has evolved significantly over the past 75 years. These advances now require an updated approach to the disease. Current outcomes are abysmal related to duration of untreated psychosis, homelessness, criminalization, morbidity and death. Other medical conditions have models of care that target primary symptoms as well as ancillary needs. Society in the form of government should be responsible for individuals who are unable to care for themselves. Public policies should reflect this. Treatment is a human right.

---

## Reintegration after incarceration for people with mental illness: Development of the Community Forensic Early Intervention Service

---

Thursday, 26th June - 16:15: [Symposium] Bridging the Gap: Addressing Reincarceration of Individuals with Serious Mental Illness through Evidence and Innovation (Thomas Davis Theatre (Room 2043)) - Panel Contribution

---

***Dr. Roland Jones<sup>1</sup>, Dr. Kiran Patel<sup>2</sup>, Dr. Cory Gerritsen<sup>3</sup>, Dr. Alexander (Sandy) Simpson<sup>3</sup>, Ms. Tanya Connors<sup>3</sup>, Ms. Tania Saccoccio<sup>3</sup>, Dr. Treena Wilkie<sup>4</sup>***

*1. Centre for Addiction and Mental Health, Associate Professor, Department of Psychiatry, Faculty of Medicine, University of Toronto, 2. Centre for Addiction and Mental Health (CAMH), Assistant Professor, University of Toronto, 3. Centre for Addiction and Mental Health, 4. BScH, MD, FRCPC Chief of Forensic Services, Associate Chief Medical Officer, Centre for Addiction and Mental Health (CAMH), Associate Professor, University of Toronto*

We will present the development of the Forensic Early Intervention Community Team which has been designed to bridge the gap in services for people with SMI released from custody by providing continuity of care for individuals for those who otherwise have no existing mental health service provider. We describe the structure of the new service and the gap it is intended to fill, as well as the service data from the first year of operation and lessons learned.

---

## Reincarceration among people with serious mental illness: the interaction between social and individual factors

---

Thursday, 26th June - 16:15: [Symposium] Bridging the Gap: Addressing Reincarceration of Individuals with Serious Mental Illness through Evidence and Innovation (Thomas Davis Theatre (Room 2043)) - Panel Contribution

---

**Dr. Roland Jones<sup>1</sup>, Ms. Chloe Taylor<sup>2</sup>, Dr. Cory Gerritsen<sup>3</sup>, Mr. Marcos Sanches<sup>3</sup>, Dr. Alexander (Sandy) Simpson<sup>3</sup>**

*1. Centre for Addiction and Mental Health, Associate Professor, Department of Psychiatry, Faculty of Medicine, University of Toronto, 2. McMaster University, 3. Centre for Addiction and Mental Health*

We present the findings of a cohort study of 2895 men and women who have SMI released from two provincial correctional centres in Toronto. We investigated variables associated with return to custody as measured by re-referrals to the correctional mental health service. Using multivariable Cox regression, we found that female gender, opioid and illicit stimulant use and homelessness were key factors associated with an increase rate of reincarceration, and we found that severity of symptoms of mental illness interacted with some these variables, further increasing the risk.

---

## Community Reintegration from Corrections with Severe Mental Illness: A Systematic Review of Interventions

---

Thursday, 26th June - 16:15: [Symposium] Bridging the Gap: Addressing Reincarceration of Individuals with Serious Mental Illness through Evidence and Innovation (Thomas Davis Theatre (Room 2043)) - Panel Contribution

---

***Dr. Alexander (Sandy) Simpson<sup>1</sup>, Dr. Umer Waqar<sup>1</sup>, Mr. Marco Kilada<sup>1</sup>, Mr. Vito Adamo<sup>1</sup>, Ms. Margaret Maheandiran<sup>1</sup>, Dr. Cory Gerritsen<sup>1</sup>, Dr. Roland Jones<sup>2</sup>***

*1. Centre for Addiction and Mental Health, 2. Centre for Addiction and Mental Health, Associate Professor, Department of Psychiatry, Faculty of Medicine, University of Toronto*

We will present the results of a systematic review of the literature to synthesize and critically evaluate studies that have assessed the outcomes of reintegration programs designed specifically for persons with Severe Mental Illness (SMI) transitioning from correctional facilities back to the community. This review identified the evidence base for published programs and practices, identified knowledge gaps, as highlights directions for future research and policy in correctional mental health.

---

## The Code White Experience: Revolutionizing Psychiatry Learning Through Virtual Reality

---

Thursday, 26th June - 16:15: [Symposium] Innovation in Forensic Psychiatry: Bridging Technology, Education, and Care (Jonathan Swift Theatre (Room 2041A)) - Panel Contribution

---

***Dr. Gary Chaimowitz<sup>1</sup>, Dr. Mini Mamak<sup>1</sup>, Dr. Mark Kaggwa<sup>1</sup>, Ms. Diana Marginean<sup>1</sup>, Ms. Precious Agboinghale<sup>1</sup>***

*1. St Josephs healthcare hamilton*

Virtual reality (VR) is revolutionizing forensic psychiatry by enhancing education, training, and patient care. This session bridges traditional teaching methods with VR to simulate real-world challenging scenarios safely and ethically.

This session will explore VR as an immersive tool for simulating complex situations, review literature on VR's impact in psychiatric care, and experience a VR scenario simulating a "code white" (violent patient behavior). The session includes a concise education on code white protocols and presents preliminary data on VR's effectiveness in psychiatric settings. A live demonstration will be done to showcase VR's practical application, fostering understanding, decision-making, and teamwork.

# Transforming Risk Assessment: Cloud-Based Innovations in Violence Assessment Tools

---

Thursday, 26th June - 16:15: [Symposium] Innovation in Forensic Psychiatry: Bridging Technology, Education, and Care (Jonathan Swift Theatre (Room 2041A)) - Panel Contribution

---

***Dr. Mini Mamak<sup>1</sup>, Dr. Gary Chaimowitz<sup>1</sup>, Ms. Precious Agboinghale<sup>1</sup>, Ms. Diana Marginean<sup>1</sup>***

*1. St Josephs healthcare hamilton*

Over the decades, many violence risk assessment tools have been developed. However, many tools are not easily accessible, adaptable, or seamlessly integrated into the daily management of violence. Furthermore, they often do not provide readily accessible data or effectively guide risk management. In this presentation, we will explore how the development of eHARM tool was informed by the rich legacy of risk assessment tools, alongside the need to address these gaps. We will cover how the tools have moved from the paper-based format to a cloud-based platform.

## A Review of the Updated AIS Tool and Its Cloud-Based Monitoring Benefits

---

Thursday, 26th June - 16:15: [Symposium] Innovation in Forensic Psychiatry: Bridging Technology, Education, and Care (Jonathan Swift Theatre (Room 2041A)) - Panel Contribution

---

***Dr. Mini Mamak<sup>1</sup>, Dr. Gary Chaimowitz<sup>1</sup>***

*1. Forensic Psychiatry Program, St Joseph's Healthcare Hamilton, Hamilton, ON, Canada*

The AIS was designed to establish a common, standardized language for describing violence and aggression, enabling the documentation of aggressive incidents to be easily captured and include all episodes of aggression from the minor to the serious in the day-to-day management of patients. Recently, the tool was updated to include problematic sexual and bullying behaviour. The focus of this presentation will be to provide a review of the tool and demonstrate the benefits of monitoring change using a cloud format.



---

## Role of Peer Recovery Support Specialists in Forensic Settings

---

Thursday, 26th June - 16:15: [Round Table] Role of Peer Recovery Support Specialists in Forensic Settings  
(Teatar M. Ui Chadhain Theatre (Room 2041B)) - Round Table

---

**Ms. Ryan Banks<sup>1</sup>, Mrs. Katherine Lindsay<sup>1</sup>, Mr. Benjamin Thomson<sup>1</sup>, Mrs. Robyn Hantelman<sup>1</sup>**

*1. Encompass Community Supports*

Certified peer support specialist services are increasingly utilized in forensic settings (i.e. jails, prisons, psychiatric hospitals, outpatient clinics). Peer support services have demonstrated a significant impact on the recidivism rate of Justice involved individuals. Individuals who engage in peer support services are more likely to engage in additional (clinically based services and have better outcomes, overall.

## Introducing GIRAF – Group of International Researchers in Adolescent Forensics

---

Thursday, 26th June - 16:15: [Symposium] Introducing GIRAF: Learning From Services Around the World to Look After Young People With Risk Behaviours (Room 4050A) - Panel Contribution

---

***Dr. Heidi Hales*<sup>1</sup>**

*1. Dr Heidi Hales, Betsi Cadwaladr University Health Board, Bangor University & Cardiff University*

GIRAF – Group of International Researchers in Adolescent Forensics – meets monthly to share practice and develop research projects to critically reflect on and improve secure and community forensic services for children and young people with various security and care needs. For people working in adolescent forensic services, in isolated small groups, it can be difficult to undertake cross-jurisdictional research. GIRAF creates opportunities for specialist practitioners and academics to connect in this endeavour. In this paper I will share how the group developed, the complexities of comparing international services and settings, and how we hope to expand the project.

---

## **Mental health, welfare or justice: An introductory global overview of differences between countries in the scale and approach to secure placements of children and young people.**

---

Thursday, 26th June - 16:15: [Symposium] Introducing GIRAF: Learning From Services Around the World to Look After Young People With Risk Behaviours (Room 4050A) - Panel Contribution

---

***Dr. Heidi Hales<sup>1</sup>, Dr. Fleur Souverein<sup>2</sup>***

*1. Dr Heidi Hales, Betsi Cadwaladr University Health Board, Bangor University & Cardiff University, 2. University of Amsterdam*

Over a million children per year are deprived of their liberty across the world, yet little is known about the types, ethos or distribution of secure settings in which they are detained. Our first task in GIRAF was to explore similarities and differences between secure services across jurisdictions. Members of GIRAF sought published data on the number of secure beds in their country and distribution across services. In this paper I will present data from our 2022 introductory paper. Since then, GIRAF has expanded to include professionals from many countries. Additional information from these countries will be presented and discussed.

---

## Would You Lock Up This Child? Results of an international vignette study identifying what influences decision making.

---

Thursday, 26th June - 16:15: [Symposium] Introducing GIRAF: Learning From Services Around the World to Look After Young People With Risk Behaviours (Room 4050A) - Panel Contribution

---

***Dr. Heidi Hales<sup>1</sup>, Dr. Jeremy Burn<sup>2</sup>***

*1. Dr Heidi Hales, Betsi Cadwaladr University Health Board, Bangor University & Cardiff University, 2. University of Bristol*

One GIRAF subgroup has undertaken a vignette study to investigate decision-making about how, where and why a child might be locked up. Influences may include jurisdictional factors, the decision-maker, and the child's circumstances. We developed and sent hypothetical case vignettes to professionals across the world to examine their decision-making about detaining a child, with additional information providing more complex and challenging practice dilemmas. In this paper I will present the initial findings of this study. In the next phase, focus groups and qualitative interviews will provide detail about how and why decisions are made about depriving children of their liberty.

---

## The Minimum Age Of Criminal Responsibility Across 14 Countries – Time For A Change

---

Thursday, 26th June - 16:15: [Symposium] Introducing GIRAF: Learning From Services Around the World to Look After Young People With Risk Behaviours (Room 4050A) - Panel Contribution

---

***Dr. Heidi Hales<sup>1</sup>, Dr. Enys Delmage<sup>2</sup>***

*1. Dr Heidi Hales, Betsi Cadwaladr University Health Board, Bangor University & Cardiff University, 2. University of Otago and Te Whatu Ora*

The minimum age of criminal responsibility varies across the world with the most frequent age being 14. This presentation will cover the global picture as well as providing a specific focus on 14 broadly-comparable countries around the world, to consider the case for change and the ways in which this has happened elsewhere.

---

## Developments in violence risk triage for persons with concerning behavior in The Netherlands

---

Thursday, 26th June - 16:15: [Papers] Screening and Triage (Room 4050B) - Paper

---

***Ms. Tessa van den Broek<sup>1</sup>, Dr. Josanne D. M. van Dongen<sup>2</sup>***

*1. Department of Psychology, Education and Child Studies, Erasmus University Rotterdam, 2. Department of Psychology, Education and Child Studies, Erasmus University Rotterdam,*

Police registrations of persons with concerning behavior in The Netherlands increased rapidly from 44,571 in 2012 to 141,724 in 2023. While most cases involve nuisance, some escalate into serious violence. Law enforcement and related services now face increasing pressure due to the growing number of reports. Accurate threat assessment and triage is needed to ensure that these persons receive timely and adequate support to prevent escalation. This presentation will share findings from a literature review and focus groups, introducing a threat assessment tool. Incorporating such a triage tool will help prioritize cases and guide decisions.

---

# DEVELOPMENT OF A BELRAI SCREENING INSTRUMENT FOR CORRECTIONAL FACILITIES FOR THE BELGIUM PRISON SYSTEM

---

Thursday, 26th June - 16:15: [Papers] Screening and Triage (Room 4050B) - Paper

---

***Ms. Laura Bex<sup>1</sup>, Prof. Inge Jeandarme<sup>1</sup>, Dr. Petra Habets<sup>1</sup>, Ms. Evelien Moors<sup>2</sup>, Dr. Kathleen Decuyper<sup>2</sup>, Prof. Anja Declercq<sup>2</sup>***

*1. Knowledge Centre for Forensic Psychiatric Care (KeFor), 2. LUCAS KULeuven*

The newly developed screening instrument for Belgian correctional facilities aims to identify physical, psychological and social care needs by conducting a systematic comprehensive health intake when a person enters prison.

Commissioned by the Belgian federal government, a BelRAI Screener for the detention context was developed by means of a scoping review and by conducting expert panels. For the selection of the items, the interRAI assessment system was examined. The two-phased BelRAI Detention Screening Tool consists of four sections: (1) medical past/history, (2) physical health, (3) mental health indicators and behaviours, and (4) social care needs.

---

# Preliminary Evaluation of Violence Risk Triage in Emergency Psychiatry

---

Thursday, 26th June - 16:15: [Papers] Screening and Triage (Room 4050B) - Paper

---

***Mr. Knut Rypdal<sup>1</sup>, Dr. Helge A. Hoff<sup>1</sup>, Dr. Stephen Hart<sup>2</sup>, Dr. Kelly A. Watt<sup>3</sup>, Dr. Rolf Gjestad<sup>1</sup>, Dr. Rune A. Kroken<sup>1</sup>, Dr. Stål Bjørkly<sup>4</sup>***

*1. Haukeland University Hospital, 2. Simon Fraser University, 3. Protect International, 4. Molde University College*

Recently a new decision support approach Aid for Violence Risk Triage (AVRT) has been developed. AVRT is intended to help prevent violence by sorting, prioritizing, and responding to cases when available information raises concerns about violence risk.

The aims of the study are to examine the interrater reliability of violence risk triage, and the criterion-related validity of violence risk triage with respect to follow-up comprehensive violence risk assessment using the HCR-20 V3.

The study is done in an Emergency Psychiatry Unit in Bergen, Norway.



---

# Performance and Heterogeneity in Mental Health Screening Tools for Correctional Populations: An Explorative Meta-Regression Study

---

Thursday, 26th June - 16:15: [Papers] Screening and Triage (Room 4050B) - Paper

---

***Dr. Yuliya Bodryzlova<sup>1</sup>, Ms. Arianne Imbeault<sup>2</sup>, Ms. Ashley J. Lemieux<sup>3</sup>, Mrs. Marie-Christine Stafford<sup>4</sup>, Dr. Audrey-Anne Dumas-Michaud<sup>5</sup>, Dr. Mathieu Dufour<sup>3</sup>, Dr. Myriam Le Blanc<sup>1</sup>, Prof. Anne G. Crocker<sup>2</sup>***

*1. Institut national de psychiatrie légale Philippe-Pinel, 2. Université de Montréal, 3. Institut national de psychiatrie légale Philippe-Pinel & Université de Montréal, 4. Institut universitaire de psychiatrie légale Philippe Pinel, 5. Université Laval*

Finding the sources of variability in sensitivity and specificity of mental health screening tools to detect “any” or “severe” mental health conditions is important for informing future validation/development studies. We conducted a meta-regression study to find them. Eight criterion validity studies reporting results in 20 sub-samples were retained. Some context (e.g., country) and participants (e.g., prisoner status, race, and gender) variables moderated screening tools’ sensitivity and specificity. Adjusting to them improved heterogeneity significantly, especially for “any” mental health conditions. Thus, further validating studies should aim at specific contexts and specific settings/populations. Studies’ methodological quality and poolability are discussed.

# Authors Index

Supplemental Pages 355 to 363

[Back to Full Listing of Abstracts](#)

# Authors Index

|                       |                    |                                    |                                     |
|-----------------------|--------------------|------------------------------------|-------------------------------------|
| 't Lam †, K.          | 65                 | Beauchamp, C.                      | 69                                  |
| Aarts, E.             | 45                 | Bech Kramer, B.                    | 335                                 |
| Acan, S.              | 226                | Bergmans, M.                       | 223                                 |
| Adamo, V.             | 342                | Berlin, J.                         | 79                                  |
| Agboinghale, P.       | 136, 137, 343, 344 | Bex, L.                            | 352                                 |
| ahamed, y.            | 217                | Billé, V.                          | 269                                 |
| Ahedor, M.            | 54                 | Biswas, J.                         | 339                                 |
| Ajeh, O.              | 116                | Björkqvist, M.                     | 264                                 |
| Ajrrouche, K.         | 151                | Bjørkly, S.                        | 174, 236, 353                       |
| Alexiou, E.           | 47                 | Boctor, K.                         | 129                                 |
| Allard, V.            | 213                | Bodryzlova, Y.                     | 91, 92, 321, 323, 354               |
| Allen, K.             | 142, 247           | Boering, A.                        | 177                                 |
| allin, j.             | 284                | Boersma, G.                        | 65, 139                             |
| Ameel, M.             | 32                 | Bogaerts, S.                       | 101–104, 170–172, 194, 197, 223–226 |
| Aminot, K.            | 93                 | Bomysoad, R.                       | 184                                 |
| Andersen, A.          | 273                | Bouman, Y.                         | 30                                  |
| Anderson, J.          | 148                | Brabant, C.                        | 168                                 |
| Anderson, R.          | 336                | Braconnier, M.                     | 323                                 |
| Andiné, P.            | 238, 306           | Bradford, J.                       | 136, 137                            |
| Anthony, J.           | 72                 | brandt-christensen, a.             | 87                                  |
| Archambault-Wakil, S. | 81–84              | Brenkman, J.                       | 51                                  |
| Ardesia, M.           | 210, 319           | Bridgeman, C.                      | 188                                 |
| Arin, N.              | 66                 | Brooks, E.                         | 124                                 |
| Aslerin, S.           | 121, 166           | Brovko, J.                         | 43                                  |
| Atkinson, S.          | 176                | Brown, G.                          | 24, 112                             |
| Avery, J.             | 25                 | Brown, J.                          | 184                                 |
| Bagshaw, R.           | 124                | Brown, S. (Carleton University)    | 39                                  |
| Baharikhooob, P.      | 165                | Brown, S. (University of Manitoba) | 107, 155, 314                       |
| Balcioglu, Y.         | 182, 183           | Bulla, J.                          | 135                                 |
| Ball, A.              | 119                | Bulten, E.                         | 113                                 |
| Banasik, M.           | 186                | Burger, A.                         | 23, 278                             |
| Banks, R.             | 346                | Burgess, B.                        | 94, 107                             |
| Bant, L.              | 104                | Burn, J.                           | 349                                 |
| Baran, R.             | 281                | Busk, N.                           | 273                                 |
| Baratchi, M.          | 226                | Butler, M.                         | 221                                 |
| Barbaree, H.          | 112                | Bérubé-Fortin, J.                  | 16, 120                             |
| Barhoumi, S.          | 311                | Callahan, P.                       | 210, 319                            |
| Barry-Walsh, J.       | 339                | Campo, K.                          | 322                                 |
| Batastini, A.         | 108                | Canning, C.                        | 142, 247–249, 304                   |
| Bauchowitz, A.        | 8                  | Capannolo, L.                      | 162                                 |

---

|                                                                                                     |                                                           |                                                                                                                                                                                                      |                                             |
|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|
| Cappon, L.                                                                                          | 10, 128, 169, 246, 308                                    | Davies, J. (Cardiff Metropolitan University)                                                                                                                                                         | 72, 123, 124, 207                           |
| Carabellese, F. (University of Bari Aldo Moro)                                                      | 1, 2, 4, 86, 231, 233, 234, 270, 276, 277, 279, 280       | Davies, J. (Swansea University)                                                                                                                                                                      | 97–100, 124, 207, 218, 243, 311             |
| Carabellese, F. (University of Bari)                                                                | 339                                                       | Davis, C.                                                                                                                                                                                            | 52                                          |
| Carlsen, A.                                                                                         | 232                                                       | Davoren, M. (Trinity College Dublin, Ireland, Aarhus University, Denmark,)                                                                                                                           | 3, 4, 86, 270, 276, 277, 279, 280, 294, 339 |
| Carrara, A.                                                                                         | 339                                                       | Davoren, M. (Trinity College Dublin, Ireland,)                                                                                                                                                       | 231, 233, 234, 333, 334                     |
| Carter, S.                                                                                          | 178, 220                                                  | Dawson, M.                                                                                                                                                                                           | 17                                          |
| Cassart, T.                                                                                         | 64                                                        | de Caluwé, E.                                                                                                                                                                                        | 102–104, 171, 223                           |
| Cerci, D.                                                                                           | 122                                                       | de Jonge, D.                                                                                                                                                                                         | 256                                         |
| Chaffe, J.                                                                                          | 14                                                        | de Kogel, K.                                                                                                                                                                                         | 23, 278                                     |
| Chaimowitz, G. (Forensic Psychiatry Program, St Joseph's Healthcare Hamilton, Hamilton, ON, Canada) | 56, 345                                                   | de Looft, P. (Fivoor Research and Treatment Innovation, Behavioural Science Institute Radboud University, and National Expercentre Intellectual Disabilities and Severe Behavioral Problems De Borg) | 224, 226                                    |
| Chaimowitz, G. (McMaster University)                                                                | 73, 316                                                   | de Looft, P. (Fivoor Science and Treatment Innovation)                                                                                                                                               | 197                                         |
| Chaimowitz, G. (St Josephs healthcare hamilton)                                                     | 136, 137, 274, 343, 344                                   | De Pau, M.                                                                                                                                                                                           | 34, 203                                     |
| Champagne, C.                                                                                       | 81–84                                                     | De Pol, M.                                                                                                                                                                                           | 165                                         |
| Chartrand, F.                                                                                       | 338                                                       | de Roos, M.                                                                                                                                                                                          | 50                                          |
| Choptiany, M.                                                                                       | 322                                                       | de Ruiter, C.                                                                                                                                                                                        | 283                                         |
| Chudiakow Gustavsen, C.                                                                             | 236                                                       | De Ruyck, W.                                                                                                                                                                                         | 128                                         |
| Cirkel, M.                                                                                          | 310                                                       | de Vries Robbé, M.                                                                                                                                                                                   | 10–13, 89                                   |
| Claeys, M.                                                                                          | 107, 336, 338                                             | Dean, K.                                                                                                                                                                                             | 15, 27                                      |
| Clarke, L.                                                                                          | 184                                                       | Declercq, A.                                                                                                                                                                                         | 352                                         |
| Clercx, M.                                                                                          | 51, 96, 208                                               | Decuyper, K.                                                                                                                                                                                         | 352                                         |
| Clooney, R.                                                                                         | 143                                                       | Dedio, A.                                                                                                                                                                                            | 281                                         |
| Clous, C.                                                                                           | 22, 34                                                    | Delcomyn, C.                                                                                                                                                                                         | 141                                         |
| Coffey, G.                                                                                          | 290                                                       | Deleuran Terkildsen, M.                                                                                                                                                                              | 87, 232, 244                                |
| Coleman, E.                                                                                         | 305                                                       | Deljavan, S.                                                                                                                                                                                         | 142, 247                                    |
| Collins, C.                                                                                         | 58                                                        | Delmage, E.                                                                                                                                                                                          | 350                                         |
| Collins, K.                                                                                         | 147                                                       | Demetriooff, S.                                                                                                                                                                                      | 107, 312–315                                |
| Connors, T.                                                                                         | 340                                                       | Demiraj, L.                                                                                                                                                                                          | 293                                         |
| Cooper, B.                                                                                          | 317                                                       | den Uil, L.                                                                                                                                                                                          | 226                                         |
| Corentin, C.                                                                                        | 209                                                       | Derbyshire, J.                                                                                                                                                                                       | 222                                         |
| Cornelia, A.                                                                                        | 130, 143, 144                                             | Deressa, T.                                                                                                                                                                                          | 152                                         |
| Creamer, A.                                                                                         | 327                                                       | Desmond, K.                                                                                                                                                                                          | 165                                         |
| Creamer, C.                                                                                         | 52, 216                                                   | Deveaux, F.                                                                                                                                                                                          | 69                                          |
| Creemers, V.                                                                                        | 106                                                       | Dickson, J.                                                                                                                                                                                          | 43                                          |
| Crissman, B.                                                                                        | 114                                                       | Didden, R.                                                                                                                                                                                           | 226                                         |
| Crocker, A.                                                                                         | 9, 69, 91, 92, 94, 150, 168, 185, 303, 321, 323, 336, 354 | Dirkzwager, A.                                                                                                                                                                                       | 35                                          |
| Cruise, K.                                                                                          | 175                                                       | Doherty, A.                                                                                                                                                                                          | 294                                         |
| Cucolo, H.                                                                                          | 253                                                       |                                                                                                                                                                                                      |                                             |
| Cynkier, P.                                                                                         | 149                                                       |                                                                                                                                                                                                      |                                             |
| Côté, A.                                                                                            | 90–92                                                     |                                                                                                                                                                                                      |                                             |
| Da Silva Guerreiro, J.                                                                              | 81–84, 168                                                |                                                                                                                                                                                                      |                                             |
| Daffern, M.                                                                                         | 31                                                        |                                                                                                                                                                                                      |                                             |
| Davidson, G.                                                                                        | 221                                                       |                                                                                                                                                                                                      |                                             |

---

|                     |                                    |                                                                                                                                                         |                       |
|---------------------|------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| Doherty, M.         | 311                                | Gabriel, E.                                                                                                                                             | 184                   |
| Domingue, J.        | 245, 311                           | Gagné, F.                                                                                                                                               | 336                   |
| Dong, K.            | 129                                | Garofalo, C.                                                                                                                                            | 62, 103               |
| Donninger, D.       | 28                                 | Garrett, N.                                                                                                                                             | 14                    |
| Douglas, K.         | 189                                | Geffner, R.                                                                                                                                             | 125, 126              |
| Douglas, R.         | 235                                | Geoffrion, S.                                                                                                                                           | 269                   |
| Doyle, E.           | 257–259                            | Georgaki, E.                                                                                                                                            | 192, 193              |
| Doyle, M.           | 36                                 | Gerritsen, C.                                                                                                                                           | 20, 200, 211, 340–342 |
| Drennan, G.         | 18, 181                            | Gerritsen, S.                                                                                                                                           | 201                   |
| Dresler, M.         | 226                                | Geus, S.                                                                                                                                                | 71                    |
| Drewelow, E.        | 249                                | Giguère, G.                                                                                                                                             | 213                   |
| Drieschner, K.      | 198                                | Gilbert, S.                                                                                                                                             | 82                    |
| Drob, T.            | 81–84                              | Gildberg, F.                                                                                                                                            | 131, 309              |
| Dubé, L.            | 336                                | Gillespie, S.                                                                                                                                           | 62                    |
| Duffy, D.           | 233, 234                           | Gilling, L.                                                                                                                                             | 60, 302               |
| Dufour, M.          | 69, 90–92, 120, 156, 168, 235, 354 | Gilreath, J.                                                                                                                                            | 119                   |
| Duivesteyn, C.      | 305                                | Gjestad, R.                                                                                                                                             | 353                   |
| Dumas-Michaud, A.   | 354                                | Gobbett, M.                                                                                                                                             | 218                   |
|                     |                                    | Gojer, J.                                                                                                                                               | 257–259, 284          |
| Edem, D.            | 260, 297                           | Goldberg, A.                                                                                                                                            | 330, 331              |
| Elert-Dobkowska, E. | 149                                | Gonzales, J.                                                                                                                                            | 253                   |
| Elezi, F.           | 293                                | Good, A.                                                                                                                                                | 275                   |
| Ellis, A.           | 339                                | Goodwin, J.                                                                                                                                             | 209                   |
| Elsom, A.           | 338                                | Goodwin, M.                                                                                                                                             | 72                    |
| Erbaş, Y.           | 103, 104                           | Gordon-Rawlings, T.                                                                                                                                     | 55                    |
| Erlacher, N.        | 164                                | Gorgens, K.                                                                                                                                             | 74                    |
| Ernst, M.           | 134                                | Gorsuch, L.                                                                                                                                             | 299                   |
| Eusterschulte, B.   | 109, 265                           | Goulet, M.                                                                                                                                              | 269                   |
| Evans, C.           | 142, 247                           | Grant, M.                                                                                                                                               | 327                   |
| Evans, O.           | 147                                | Gray, A.                                                                                                                                                | 69                    |
| Evertz, C.          | 58                                 | Greijmans, S. (Amsterdam UMC / Dienst Justitiële<br>Inrichtingen)                                                                                       | 105                   |
| Fanning, K.         | 6                                  | Greijmans, S. (Amsterdam UMC / Ministry of<br>Justice and Security)                                                                                     | 80                    |
| Faziluddin, S.      | 157, 322                           | Grenabo, S.                                                                                                                                             | 174, 236              |
| Felthous, A.        | 276                                | Griesel, D.                                                                                                                                             | 317                   |
| Fernandez, E.       | 253                                | Groenman, A.                                                                                                                                            | 177                   |
| Festerling, N.      | 184                                | Gupta, R.                                                                                                                                               | 14                    |
| Field, T.           | 337                                | Gustavsen, C.                                                                                                                                           | 174                   |
| Fitzgerald, C.      | 209                                |                                                                                                                                                         |                       |
| Fletcher, Z.        | 235                                | Habets, P. (Department of Developmental<br>Psychology, Tilburg University and<br>Knowledge Centre for Forensic<br>Psychiatric Care (KeFor), OPZC Rekem) | 170, 196              |
| Fluttert, F.        | 38                                 | Habets, P. (Knowledge Centre for Forensic<br>Psychiatric Care (KeFor))                                                                                  | 295, 296, 352         |
| Flynn, L.           | 37                                 | Hales, H.                                                                                                                                               | 347–350               |
| Franse, M.          | 255                                |                                                                                                                                                         |                       |
| Fraser, J.          | 56                                 |                                                                                                                                                         |                       |
| Frowijn, I.         | 101, 102, 225                      |                                                                                                                                                         |                       |
| Fulford, H.         | 154                                |                                                                                                                                                         |                       |
| Fullam, R.          | 188                                |                                                                                                                                                         |                       |
| Furness, T.         | 6, 31                              |                                                                                                                                                         |                       |

|                       |                      |                                                                                                                                                                                      |                                        |
|-----------------------|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| Handy, C.             | 118                  | Ismaeil, S.                                                                                                                                                                          | 153                                    |
| Hantelman, R.         | 346                  | Jacques, K.                                                                                                                                                                          | 336, 338                               |
| Hardman, M.           | 94                   | Jagtap, S.                                                                                                                                                                           | 20, 211                                |
| Harpøth, A.           | 232                  | Jankovic, M.                                                                                                                                                                         | 101, 197                               |
| Harris, P.            | 54, 73, 75           | Jansen, L.                                                                                                                                                                           | 179                                    |
| Hart, S.              | 39, 158, 215, 353    | Jeandarme, I. (FPC Antwerp)                                                                                                                                                          | 194                                    |
| Hart, V.              | 167                  | Jeandarme, I. (Knowledge Centre for Forensic<br>Psychiatric Care (KeFor))                                                                                                            | 296, 352                               |
| Harwood, C.           | 118                  | Jeandarme, I. (Knowledge Centre Forensic<br>Psychiatric Care (Public Psychiatric Care<br>Centre), Belgium and Forensic Psychiatric<br>Centre Antwerp)                                | 295                                    |
| Healey, L.            | 257–259              | Jefferies, G.                                                                                                                                                                        | 52                                     |
| Heikkilä, M.          | 127, 146             | Jensen, E.                                                                                                                                                                           | 76                                     |
| Heitzman, J.          | 149                  | Jentsch, A.                                                                                                                                                                          | 10                                     |
| Hermans, E.           | 226                  | Jentz, C.                                                                                                                                                                            | 232, 273                               |
| Heus, P.              | 172                  | Jewell, M.                                                                                                                                                                           | 88                                     |
| Heyndrickx, M.        | 169                  | Johnson, D.                                                                                                                                                                          | 157                                    |
| Heynen, E.            | 227–230              | Johnston, K.                                                                                                                                                                         | 318                                    |
| Higgs, T.             | 213                  | Jones, K.                                                                                                                                                                            | 202                                    |
| Hildebrand Karlén, M. | 47, 62, 238, 306     | Jones, R.                                                                                                                                                                            | 200, 340–342                           |
| Hill, C.              | 124                  | Jongsma, H.                                                                                                                                                                          | 22, 70                                 |
| Hill, D.              | 94, 107, 312–315     | Jørgensen, R.                                                                                                                                                                        | 121, 309                               |
| Hilterman, E.         | 12, 13, 89           | Kabasakal, N.                                                                                                                                                                        | 173                                    |
| Hilton, V.            | 138                  | Kaggwa, M.                                                                                                                                                                           | 136, 137, 343                          |
| Hitchcock, S.         | 108                  | Kahle, K.                                                                                                                                                                            | 119                                    |
| Ho, R.                | 292                  | Kargbo, A.                                                                                                                                                                           | 18                                     |
| Hoff, H.              | 353                  | Karsten, J.                                                                                                                                                                          | 65                                     |
| Hoffman, R.           | 24                   | Karstoft, L.                                                                                                                                                                         | 232                                    |
| Hofmann, A.           | 250, 252             | Kaunomäki, J.                                                                                                                                                                        | 127, 146                               |
| Hofvander, B.         | 306                  | Kaur, S.                                                                                                                                                                             | 148                                    |
| Holmberg, c.          | 47                   | Keinonen, K.                                                                                                                                                                         | 61, 63                                 |
| Holtman, M.           | 254                  | Kelly, K.                                                                                                                                                                            | 132, 304                               |
| Hughes, K.            | 99, 100              | Kemp, B.                                                                                                                                                                             | 266                                    |
| Huisman, W.           | 139                  | Kemp, K.                                                                                                                                                                             | 325–327                                |
| Hundal, H.            | 58                   | Kempes, M.                                                                                                                                                                           | 179, 255, 256                          |
| Hunt, D.              | 55, 267              | Kennedy, H. (Institute of Clinical Medicine, Health,<br>Aarhus University, Aarhus, Denmark<br>DUNDRUM Center for Forensic<br>Excellence, Trinity College Dublin,<br>Dublin, Ireland) | 273                                    |
| Hurren Paterson, E.   | 114                  | Kennedy, H. (Trinity College Dublin)                                                                                                                                                 | 2–4, 86, 87,<br>231–234, 294, 334, 339 |
| Hvidhjelm, J.         | 141                  | Kennedy, H. (Trinity College Dublin, Ireland,<br>Aarhus University, Denmark,)                                                                                                        | 241, 270,<br>276, 277, 279, 280        |
| Hybholt, L.           | 141                  |                                                                                                                                                                                      |                                        |
| Hölters, T.           | 122                  |                                                                                                                                                                                      |                                        |
| Hörberg, U.           | 19, 282, 306         |                                                                                                                                                                                      |                                        |
| Højholt, S.           | 335                  |                                                                                                                                                                                      |                                        |
| Høybye, M.            | 241                  |                                                                                                                                                                                      |                                        |
| Igná, B.              | 58                   |                                                                                                                                                                                      |                                        |
| Ilcikova, J.          | 98, 100              |                                                                                                                                                                                      |                                        |
| Imbeault, A.          | 9, 69, 269, 303, 354 |                                                                                                                                                                                      |                                        |
| Inthiran, A.          | 7                    |                                                                                                                                                                                      |                                        |
| Iqbal, M.             | 231                  |                                                                                                                                                                                      |                                        |
| Irureta, M.           | 286                  |                                                                                                                                                                                      |                                        |
| Islam, A.             | 17                   |                                                                                                                                                                                      |                                        |

|                                                                                                                                                                                                                      |                   |                                                                                                                                                                                       |                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| Kennedy, J.                                                                                                                                                                                                          | 176, 219          | Lategola, D.                                                                                                                                                                          | 270, 277, 280          |
| Kerring, J.                                                                                                                                                                                                          | 131               | Latimer, É.                                                                                                                                                                           | 9                      |
| Keski-Valkama, A.                                                                                                                                                                                                    | 61, 63            | Lattas, D.                                                                                                                                                                            | 52                     |
| Khalsa, P.                                                                                                                                                                                                           | 120               | Lauge Berring, L.                                                                                                                                                                     | 141                    |
| Kiddie, E.                                                                                                                                                                                                           | 39, 215, 298, 300 | Lauwers, L.                                                                                                                                                                           | 128                    |
| Kilada, M.                                                                                                                                                                                                           | 342               | Lawrence, D.                                                                                                                                                                          | 123, 124               |
| Kilbane, S.                                                                                                                                                                                                          | 58, 240           | Layden, B.                                                                                                                                                                            | 158, 281, 320          |
| Kimata, B.                                                                                                                                                                                                           | 184               | Lazo, M.                                                                                                                                                                              | 153                    |
| King, C.                                                                                                                                                                                                             | 184, 328          | Le Blanc, M.                                                                                                                                                                          | 16, 354                |
| Kirchebner, J.                                                                                                                                                                                                       | 250               | Leahy, J.                                                                                                                                                                             | 233, 234               |
| Klassen, P.                                                                                                                                                                                                          | 250               | Leclair, M.                                                                                                                                                                           | 69, 168, 303, 336, 337 |
| Kleeven, A.                                                                                                                                                                                                          | 11, 13, 89        | Lee, R.                                                                                                                                                                               | 275                    |
| Kleijn, M.                                                                                                                                                                                                           | 171               | Leijse, M.                                                                                                                                                                            | 44                     |
| Kloiber, S.                                                                                                                                                                                                          | 165               | Lemieux, A. (Institut national de psychiatrie légale<br>Philippe-Pinel & Université de Montréal)                                                                                      | 91, 92, 321, 323, 354  |
| Kloss, O.                                                                                                                                                                                                            | 338               | Lemieux, A. (Ph.D., Planning, programming, and<br>research officer, INPL-Philippe-Pinel;<br>Research Associate, Department of<br>Psychiatry and Addiction, Université de<br>Montréal) | 168                    |
| Kolla, N.                                                                                                                                                                                                            | 165               | Lemmens, G.                                                                                                                                                                           | 311                    |
| Koning, N.                                                                                                                                                                                                           | 228               | Lim, J.                                                                                                                                                                               | 322                    |
| Koppert, S.                                                                                                                                                                                                          | 132, 304          | Lindberg, N.                                                                                                                                                                          | 127, 146               |
| Kramer, J.                                                                                                                                                                                                           | 175               | Lindekilde, C.                                                                                                                                                                        | 131                    |
| Kravtsenyuk, M.                                                                                                                                                                                                      | 129, 173, 316     | Lindner, A.                                                                                                                                                                           | 233, 234               |
| Krishnan, N.                                                                                                                                                                                                         | 67                | Lindsay, K.                                                                                                                                                                           | 346                    |
| Kroken, R.                                                                                                                                                                                                           | 353               | Livingston, J.                                                                                                                                                                        | 26                     |
| Kronfli, R.                                                                                                                                                                                                          | 260, 297          | Lockertsen, Ø.                                                                                                                                                                        | 174, 236               |
| Kropp, P.                                                                                                                                                                                                            | 215               | Lockertsen-Pedersen, A.                                                                                                                                                               | 239                    |
| Krüger, D.                                                                                                                                                                                                           | 283               | Loinaz, I.                                                                                                                                                                            | 214, 286               |
| Kudlak, G.                                                                                                                                                                                                           | 149               | Lossius Husum, T.                                                                                                                                                                     | 236                    |
| Kumapayi, F.                                                                                                                                                                                                         | 73                | Love, R.                                                                                                                                                                              | 33                     |
| Kurmane, H.                                                                                                                                                                                                          | 42, 152           | Love, S.                                                                                                                                                                              | 33                     |
| Kuutti, L.                                                                                                                                                                                                           | 61, 63            | Luigi, M.                                                                                                                                                                             | 9, 69, 150, 185        |
| Köppen, K.                                                                                                                                                                                                           | 135               | Luteijn, I.                                                                                                                                                                           | 49                     |
| Kötter, S.                                                                                                                                                                                                           | 265               | Lynch, F.                                                                                                                                                                             | 130, 143, 144          |
| Laake, A. (Faculty of Health Sciences, Department<br>of Nursing and Health Promotion, Oslo<br>Metropolitan University; and Oslo<br>University Hospital, Centre for Research<br>and Education in Forensic Psychiatry) | 174               | Machetanz, L.                                                                                                                                                                         | 250–252                |
| Laake, A. (Oslo Metropolitan University)                                                                                                                                                                             | 236               | MacKillop, J. (Faculty of Health Sciences, McMaster<br>University, Hamilton, Ontario, Canada)                                                                                         | 300                    |
| Lai, L.                                                                                                                                                                                                              | 73                | MacKillop, J. (McMaster University)                                                                                                                                                   | 298                    |
| Lalancette, S.                                                                                                                                                                                                       | 91                | Macías Vasileff, V.                                                                                                                                                                   | 103                    |
| Lalji-Mawji, S.                                                                                                                                                                                                      | 54, 75            | Maeder, E.                                                                                                                                                                            | 68                     |
| Lambin, R.                                                                                                                                                                                                           | 261               | Maestas, A.                                                                                                                                                                           | 261                    |
| Lancel, M.                                                                                                                                                                                                           | 65, 139           | Maguire, T.                                                                                                                                                                           | 31                     |
| Langer, L.                                                                                                                                                                                                           | 242               | Maheandiran, M.                                                                                                                                                                       | 200, 342               |
| Lantin, R.                                                                                                                                                                                                           | 6                 |                                                                                                                                                                                       |                        |
| Lantta, T.                                                                                                                                                                                                           | 32, 264           |                                                                                                                                                                                       |                        |
| Laporte, N.                                                                                                                                                                                                          | 48                |                                                                                                                                                                                       |                        |
| Lappalainen, R.                                                                                                                                                                                                      | 61, 63            |                                                                                                                                                                                       |                        |

|                                                                                                      |                       |                                                                                                 |                                            |
|------------------------------------------------------------------------------------------------------|-----------------------|-------------------------------------------------------------------------------------------------|--------------------------------------------|
| Mahoney, A.                                                                                          | 21                    | Micheal, D.                                                                                     | 151                                        |
| Maldonado Bouchard, S.                                                                               | 156                   | Mikkers, S.                                                                                     | 191                                        |
| Mamak, M. (Forensic Psychiatry Program, St<br>Joseph's Healthcare Hamilton, Hamilton,<br>ON, Canada) | 56, 345               | Mills, S.                                                                                       | 123                                        |
| Mamak, M. (St Josephs healthcare hamilton)                                                           | 136,<br>137, 343, 344 | Mizrahi, R.                                                                                     | 165                                        |
| Manaire, A.                                                                                          | 281                   | Modrowski, C.                                                                                   | 325, 326                                   |
| Mann, G.                                                                                             | 260, 297              | Monchalin, L.                                                                                   | 336                                        |
| Manninen, M.                                                                                         | 127, 146              | Moore, N.                                                                                       | 5                                          |
| Marginean, D.                                                                                        | 343, 344              | Moors, E.                                                                                       | 352                                        |
| Marhe, R.                                                                                            | 179, 271              | Morin, D.                                                                                       | 321, 323                                   |
| Marin, M.                                                                                            | 269                   | Morison, B.                                                                                     | 336                                        |
| Markiewicz, I.                                                                                       | 34, 149, 180          | Morris, B.                                                                                      | 148                                        |
| Martin, M.                                                                                           | 288                   | Moulden, H.                                                                                     | 56                                         |
| Martinez, L.                                                                                         | 150                   | Muchall, S.                                                                                     | 53                                         |
| Martire, K.                                                                                          | 95                    | Mudathikundan, F.                                                                               | 58                                         |
| Marxen, M.                                                                                           | 324                   | Mueller-Coyne, J.                                                                               | 125, 126                                   |
| Masri, A.                                                                                            | 205                   | Mughal, W.                                                                                      | 338                                        |
| Masthoff, E.                                                                                         | 172, 197, 224, 225    | Mulder, E.                                                                                      | 11                                         |
| Matt, T.                                                                                             | 18                    | Munoz, S.                                                                                       | 21                                         |
| McAskill, M.                                                                                         | 257–259               | Munthe, C.                                                                                      | 306                                        |
| McCorrister, C.                                                                                      | 338                   | Murphy, G.                                                                                      | 184                                        |
| McEwan, T.                                                                                           | 188                   | Murray, N.                                                                                      | 294                                        |
| McFadden, D.                                                                                         | 221                   | Muthuswamy, S.                                                                                  | 118                                        |
| McGregor, A.                                                                                         | 285                   | Møllerhøj, J.                                                                                   | 244                                        |
| McHugh, S.                                                                                           | 125, 126              | Naccarella, L.                                                                                  | 6                                          |
| McIntosh, A.                                                                                         | 157                   | Nagtegaal, M.                                                                                   | 28, 59, 199                                |
| McIntyre, C.                                                                                         | 39, 215               | Naidoo, Y.                                                                                      | 73                                         |
| McKenna, B. (Auckland University of Technology)                                                      | 31, 88, 303, 337      | Neal, T.                                                                                        | 95                                         |
| McKenna, B. (Mason Clinic)                                                                           | 14                    | Nelson, R.                                                                                      | 219                                        |
| McKeown, A.                                                                                          | 176, 219, 275         | Neri, G.                                                                                        | 267                                        |
| McKeown, M.                                                                                          | 248                   | Nicholls, T. (Department of Psychiatry, Faculty of<br>Medicine, University of British Columbia) | 69                                         |
| McLaughlin, P.                                                                                       | 233, 234              | Nicholls, T. (University of British Columbia)                                                   | 25,<br>298–300, 303, 336                   |
| McMahon, J.                                                                                          | 74                    | Nielsen, B.                                                                                     | 244                                        |
| Meadwell, E.                                                                                         | 248                   | Nijdam-Jones, A.                                                                                | 25, 93, 94, 107, 281, 314, 320,<br>336–338 |
| Mebius, L.                                                                                           | 328, 329, 331         | Nijman, I.                                                                                      | 223, 224                                   |
| Meddeb, A.                                                                                           | 62                    | Nilsson, T.                                                                                     | 238, 306                                   |
| Meerit, P.                                                                                           | 66                    | Nixon, M.                                                                                       | 188                                        |
| Meijers, J.                                                                                          | 179                   | Noordermeer, S.                                                                                 | 71                                         |
| Memis, H.                                                                                            | 182                   | Nordby, C.                                                                                      | 189                                        |
| Mens, J.                                                                                             | 172                   | Norton, E.                                                                                      | 178, 220                                   |
| Mertin, R.                                                                                           | 307                   | O'Shea, D.                                                                                      | 332                                        |
| Meulen, P.                                                                                           | 229, 230              | Ogilvie, J.                                                                                     | 114                                        |
| Meyer, S.                                                                                            | 324                   |                                                                                                 |                                            |
| Michael, Z.                                                                                          | 212                   |                                                                                                 |                                            |



|                                                                                                                                                                                                             |                  |                      |                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------------|-----------------------------------|
| Olagunju, A. (Forensic Psychiatry Program, St Joseph's Healthcare Hamilton, Hamilton, ON, Canada)                                                                                                           | 54, 73, 75       | Pouille, A.          | 246, 308                          |
| Olagunju, A. (St Josephs healthcare hamilton)                                                                                                                                                               | 136, 137         | Pouls, C.            | 296                               |
| Olausson, S.                                                                                                                                                                                                | 47               | Power, M.            | 118, 190                          |
| Oncu, F.                                                                                                                                                                                                    | 182, 183         | Pradhan, N.          | 263                               |
| Ostermeyer, B. (Department of Psychiatry and Behavioral Sciences, Oklahoma City, University of Oklahoma, USA)                                                                                               | 54               | Presta, B.           | 56                                |
| Ostermeyer, B. (Department of Psychiatry and Behavioral Sciences, University of Oklahoma, Oklahoma City, USA)                                                                                               | 73, 75           | Price, S.            | 5                                 |
| Ouimet-Comtois, A.                                                                                                                                                                                          | 235              | Quigley-McBride, A.  | 215                               |
| Overbeek, G.                                                                                                                                                                                                | 177              | Raeisi Makiani, F.   | 165                               |
| Ozturk Onder, D.                                                                                                                                                                                            | 183              | Rask, M.             | 19, 306                           |
| Parent, G.                                                                                                                                                                                                  | 151              | Ravin, L.            | 162                               |
| Parente, L. 1–4, 86, 231, 233, 234, 270, 276, 277, 279, 280, 339                                                                                                                                            |                  | Ray, I.              | 40, 41                            |
| Parikh, K.                                                                                                                                                                                                  | 75               | Raymond, A.          | 202                               |
| Patel, K.                                                                                                                                                                                                   | 340              | Reed, L.             | 161                               |
| Patel, S.                                                                                                                                                                                                   | 153              | Reeder, I.           | 17                                |
| Patzer, J.                                                                                                                                                                                                  | 107              | Reef, J.             | 192, 193                          |
| Payant, M.                                                                                                                                                                                                  | 81–84            | Rees, C.             | 60, 302                           |
| Pedersen, M.                                                                                                                                                                                                | 243              | Revelj, J.           | 19                                |
| Pelletier, K.                                                                                                                                                                                               | 160              | Ribeiro da Silva, D. | 127, 146                          |
| Pene-Gestro, B.                                                                                                                                                                                             | 337              | Richards, K.         | 43                                |
| Penney, S.                                                                                                                                                                                                  | 20, 41, 200, 211 | Richardson, K.       | 188                               |
| Perreault, A.                                                                                                                                                                                               | 156              | Richmond, C.         | 275                               |
| Perrottet, D.                                                                                                                                                                                               | 168              | Rijckmans, M.        | 170                               |
| Philcox, N.                                                                                                                                                                                                 | 176, 219         | Ritzema, S.          | 192, 193                          |
| Phillips-Davis, R.                                                                                                                                                                                          | 108              | Roaldset, J.         | 174, 236                          |
| Piasecki, M.                                                                                                                                                                                                | 162, 261         | Robbers, S.          | 310                               |
| Pierre, M.                                                                                                                                                                                                  | 336, 338         | Robert-Berger, E.    | 323                               |
| Pillai, K.                                                                                                                                                                                                  | 5, 14, 88        | Romero, A.           | 125, 126                          |
| Pinard, G. (Centre intégré universitaire de santé et de services sociaux de la Mauricie-et-du-Centre-du-Québec - Institut universitaire en déficience intellectuelle et en trouble du spectre de l'autisme) | 321              | Ronse De Craene, V.  | 169                               |
| Pinard, G. (CIUSSS Mauricie-et-Centre-du-Québec)                                                                                                                                                            | 323              | Rosenfeld, B.        | 17, 319                           |
| Pol, A.                                                                                                                                                                                                     | 70               | Ross, T.             | 135                               |
| Polnay, A.                                                                                                                                                                                                  | 117              | Rotter, M.           | 253                               |
| Popma, A.                                                                                                                                                                                                   | 11               | Rowaert, S.          | 121, 169, 243, 246, 308, 309, 311 |
| Poudyal, S.                                                                                                                                                                                                 | 263              | Rowen, M.            | 324                               |
|                                                                                                                                                                                                             |                  | Rowsell, K.          | 55                                |
|                                                                                                                                                                                                             |                  | Roy, C.              | 133                               |
|                                                                                                                                                                                                             |                  | Roy, L.              | 150, 168                          |
|                                                                                                                                                                                                             |                  | Ruhe, M.             | 105, 201                          |
|                                                                                                                                                                                                             |                  | Rusjan, P.           | 165                               |
|                                                                                                                                                                                                             |                  | Rutigliano, M.       | 3, 4, 86, 270, 276, 277, 279, 280 |
|                                                                                                                                                                                                             |                  | Ryan, L.             | 206                               |
|                                                                                                                                                                                                             |                  | Ryan, T.             | 93                                |
|                                                                                                                                                                                                             |                  | Rynczak, D.          | 202, 206                          |
|                                                                                                                                                                                                             |                  | Rypdal, K.           | 353                               |
|                                                                                                                                                                                                             |                  | Saccoccio, T.        | 340                               |
|                                                                                                                                                                                                             |                  | Salazar Vega, E.     | 325                               |

|                   |                                |                                                                                                           |                              |
|-------------------|--------------------------------|-----------------------------------------------------------------------------------------------------------|------------------------------|
| Samuels, J.       | 175                            | Steppacher, J.                                                                                            | 292                          |
| Sanches, M.       | 200, 211, 341                  | Stirpe, L.                                                                                                | 56                           |
| Sandbaek, A.      | 273                            | Stojanovic, E.                                                                                            | 184                          |
| Sargent, D.       | 167                            | Sulek, A.                                                                                                 | 149                          |
| Schaftenaar, P.   | 105, 208                       | Summersby, E.                                                                                             | 259                          |
| Schmidt, J.       | 140                            | Svensson, C.                                                                                              | 47                           |
| Schneider, R.     | 187                            | Swanepoel, F.                                                                                             | 181                          |
| Schopen, J.       | 325, 326                       | Söderberg, A.                                                                                             | 78                           |
| Schremmer, D.     | 204                            | Sørensen, D.                                                                                              | 335                          |
| Schröder-Best, M. | 77                             | Sørensen, L.                                                                                              | 232, 273, 335                |
| Schulte, R.       | 53                             | Talja, T.                                                                                                 | 32                           |
| Schuyt, P.        | 199                            | Taylor Hopkins, J.                                                                                        | 119                          |
| Schwarz, L.       | 145                            | Taylor, C.                                                                                                | 341                          |
| Schütz, C.        | 298, 300                       | Tedesco, A.                                                                                               | 173                          |
| Scott, C.         | 339                            | Tenback, D.                                                                                               | 70                           |
| Seclì, E.         | 1, 86, 270, 276, 277, 279, 280 | Terefe, A.                                                                                                | 152                          |
| Selhi, Z.         | 235                            | TErkildsen, M.                                                                                            | 241, 273, 335                |
| Selimi, R.        | 227                            | Ternes, M.                                                                                                | 317                          |
| Sergiou, C.       | 46                             | Thijssen, D.                                                                                              | 226                          |
| Seto, M.          | 69, 257–259                    | third, G.                                                                                                 | 60                           |
| Shafti, M.        | 34, 58, 207                    | Thomas, D.                                                                                                | 97–100                       |
| Shahab, R.        | 157                            | Thompson, C.                                                                                              | 114                          |
| Sheerin, K.       | 325–327                        | Thompson, D.                                                                                              | 43                           |
| Sheridan, G.      | 212                            | Thomsen, E.                                                                                               | 68                           |
| Sijbrandij, M.    | 35                             | Thomson, B.                                                                                               | 346                          |
| Sijtsema, J.      | 103                            | Thomson, C.                                                                                               | 337                          |
| Silsby, J.        | 125, 126                       | Thomson, L.                                                                                               | 60, 111, 301–303             |
| Simpson, A.       | 7, 20, 85, 200, 211, 340–342   | Tibollo, M. (Memorial University of<br>Newfoundland)                                                      | 173                          |
| Sitter, T.        | 163                            | Tibollo, M. (Psy.D LL.B. Associate Minister of<br>Mental Health and Addictions,<br>Government of Ontario) | 316                          |
| Sittner, L.       | 237                            | Timme, R.                                                                                                 | 159                          |
| Sligter, B.       | 65                             | Tingleff, E.                                                                                              | 121, 131, 166, 243, 309, 311 |
| Smid, W.          | 106                            | Tomczuk, F.                                                                                               | 149                          |
| Sobkow, K.        | 315                            | Tomlin, J.                                                                                                | 34, 58, 207, 240             |
| Sommervold, N.    | 184                            | Tomlin, W.                                                                                                | 54                           |
| Souverein, F.     | 348                            | Tressová, D.                                                                                              | 101, 195                     |
| Spidel, A.        | 291                            | Trillingsgaard Mejdahl, C.                                                                                | 244                          |
| Spreen, M.        | 197                            | Trägårdh, K.                                                                                              | 238                          |
| Springael, M.     | 294                            | Tsui, H.                                                                                                  | 25                           |
| st-louis, c.      | 133                            | Tyagi, S.                                                                                                 | 289, 322                     |
| Stafford, M.      | 354                            | Tyler, N.                                                                                                 | 188, 318                     |
| Stahl, S.         | 339                            | Uhrskov Sørensen, L.                                                                                      | 87, 241, 244                 |
| Stams, G.         | 227–230                        | Vacca, J.                                                                                                 | 336                          |
| Statsch, P.       | 23, 278                        | Vaillancourt-Morel, M.                                                                                    | 83, 84                       |
| Steck, R.         | 57                             |                                                                                                           |                              |
| Steel, C.         | 267                            |                                                                                                           |                              |
| Steel, Z.         | 290                            |                                                                                                           |                              |
| Steeman, K.       | 311                            |                                                                                                           |                              |

---

|                                                                     |                        |                       |                  |
|---------------------------------------------------------------------|------------------------|-----------------------|------------------|
| van 't Klooster, S.                                                 | 199                    | Waite, R.             | 320              |
| Van Berlamont, M.                                                   | 128                    | Waldman, J.           | 155, 187         |
| van Bokkem, S.                                                      | 53                     | Waldman, L.           | 155              |
| van Dam, L.                                                         | 177                    | Walker, H.            | 21, 117          |
| van de Groep, I.                                                    | 271                    | Walker, T.            | 275              |
| van den Broek, E.                                                   | 208                    | Wall, M.              | 248              |
| van den Broek, T.                                                   | 351                    | Wallinius, M.         | 19, 62, 239, 306 |
| van der Wolf, M. (Leiden University)                                | 199, 330, 331          | Walls, B.             | 233, 234         |
| van der Wolf, M. (University of Groningen,<br>University of Leiden) | 191–193                | Waqar, M.             | 231              |
| van Dongen, J.                                                      | 62, 179, 351           | Waqar, U.             | 342              |
| van Enthoven, M.                                                    | 139                    | Waqas, S.             | 68               |
| van Es, R.                                                          | 192, 193               | Warburton, K.         | 8, 339           |
| Van Gysel, L.                                                       | 246, 308               | Warren, H.            | 168              |
| van Kordelaar, W.                                                   | 113                    | Wasio, J.             | 338              |
| Van Lierde, E.                                                      | 311                    | Watt, A.              | 123, 124         |
| van Lieshout, S.                                                    | 170                    | Watt, K.              | 353              |
| van Oudenaren, M.                                                   | 35                     | Webber, N.            | 108              |
| van Weeghel, A.                                                     | 22, 34                 | Weber, A.             | 262              |
| van Woerkom, M.                                                     | 223                    | Weber, P.             | 134              |
| Vander Beken, T.                                                    | 203                    | Whiting, D.           | 110              |
| Vandeveld, S.                                                       | 203                    | Wijma, H.             | 191              |
| Varpula, J.                                                         | 32                     | Wiki, A.              | 337              |
| Vatnar, S.                                                          | 189                    | Wiki, N.              | 336, 337         |
| Veldhuizen-Ochodničanová, E.                                        | 50                     | Wilkie, T.            | 85, 316, 340     |
| Veling, W.                                                          | 22                     | Williams, J.          | 8                |
| Ventura, M.                                                         | 8                      | Williamson-Butler, S. | 327              |
| Verschueren, S.                                                     | 194, 295               | Wilson, L.            | 272              |
| Verstegen, N.                                                       | 29                     | Wingrove, T.          | 272              |
| Vestphal, T.                                                        | 309                    | Winsor, M.            | 218              |
| Vieira, A.                                                          | 327                    | Witteveen, A.         | 35               |
| Villeneuve, M.                                                      | 151, 287               | Woebbe, T.            | 87               |
| Vo, N.                                                              | 284                    | Wolff, J.             | 325, 326         |
| Vogel, E.                                                           | 22                     | Wood, C.              | 338              |
| Vogel, V.                                                           | 29, 106, 113, 208, 310 | Wood, E.              | 338              |
| von Düring, U.                                                      | 145                    | Yigezu, M.            | 42               |
| Voskes, Y.                                                          | 105, 201               | Yue, Y.               | 120              |
| Vovchuk, A.                                                         | 281, 320               | Yumul, R.             | 5                |
| Väätäinen, L.                                                       | 264                    | Ziegler, M.           | 265              |
| Völm, B.                                                            | 34, 135, 249           | Zigon, J.             | 241              |
| Wainwright, V.                                                      | 115                    | Zumbach-Basu, J.      | 145              |

---