

Abstracts of the XXXVIth International Congress on Law and Mental Health

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ABSTRACTS

English Language Sessions

1. Pre-Conference: Medical Complicity

Debating Medical Complicity in the War on Terror

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Human rights organizations and journalists have called attention to the weaponization of mental health knowledge and practice in the Abu Ghraib, Bagram, and Guantanamo Bay detention facilities ever since American President George Bush declared a global War on Terror in response to the 9/11 attacks. Bioethicists have raised concerns that psychiatrists and psychologists have prioritized state interests of national security over fiduciary responsibilities to patients through such actions as sharing detainee medical information with interrogators to exploit ailments, clearing detainees medically for violently “enhanced” interrogations that no longer counted as torture, avoiding discussions of post-traumatic stress disorder even when detainees displayed clear symptoms, and viewing suicide attempts as tactics to weaken the morale of prison guards rather than clinical emergencies needing treatment. In 2014, the Senate Select Committee on Intelligence found evidence that psychiatrists and psychologists working as employees within the Department of Defense and Central Intelligence Agencies debated whether their actions constituted torture, even after the Bush Administration redefined torture away from definitions in the United Nations Convention Against Torture that underpin international law. Using declassified government documents retrieved from the American Civil Liberties Union through the Freedom of Information Act, this presentation will trace how mental health professionals debated their actions as forms of medical complicity with War on Terror detainees.

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

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Despite over 70 years of denazification, independent inquiries and institutional investigations, extensive government involvement at the local and federal levels, and on-going scholarship in contemporary history, Austria continues to uncover tangible evidence that members of their medical and scientific communities shielded their own genocidal activities until the end of the twentieth century. To what extent has this extended process implied complicity? A whole new generation of mostly Austrian researchers have challenged the “avoidance imperative” with increasing determination though often under international pressure. Yet the intransigence with which the Viennese academy safeguarded Nazi murderers in their midst after 1945 and until today, compels us to examine what is known – and what is not. The tacit amnesty of Austrian Nazi scientists, whose story is less well-known than their German counterparts, may speak to a deeper malaise in the construction of Austrian national identity.

Conscientious Objection in Medicine: Principled Commitment or Complicity with Evil?

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According to some bioethicists, conscientious refusal of a medical service, which the physician deems unethical, would amount to violation of the fundamental ethical principle of beneficence unless the doctor were obligated to refer the patient to another professional (who is willing to provide the service) or to inform the patient where the service is available. Indeed, in some jurisdictions conscientious objection legislation requires the doctor to provide such information to the patient. Critics of regulations of this kind often hold that the physician, who provides such information to the patient, in fact cooperates with the patient who intends to use the service which the doctor deems unethical. In effect, provision of information regarding access to the questioned medical service is denounced as an act of complicity with wrongdoing. Such criticisms are not warranted because they rely on an outdated view of commitment to moral principles of the medical profession and an inadequate view of responsibility for the actions of others. First, in a democratic society, especially in a society with publicly funded healthcare, professional ethics of physicians need to be seen against the background of, and adjusted to, the values and ideals of that society. In a democratic society, provision of healthcare is not a private enterprise based on a contract between the physician and the patient. It belongs to a collective endeavour, which is shaped by shared values and ideals. Participation in this effort requires that physicians be committed to the democratic values and ideals. In effect, they need to adjust their personal moral commitments to the requirements of their professional role as shaped by the democratic values and ideals. Secondly, in some cases conscientious agents who provide information which is subsequently used for what they believe to be wrong are not responsible for that wrongdoing. Responsibility does not follow causal or quasi-causal links in every situation. Distribution of responsibility is primarily determined by relations between the values and ideals to which the persons involved are committed. Therefore, there is insufficient ground to conclude that the requirement to inform patients where they can obtain the service which the physician deems unethical, necessarily encourages complicity.

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

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Throughout the 12-year Nazi regime in Germany and conquered countries, licensed medical doctors and other health care personnel performed often ghastly medical experiments on unwilling concentration camp prisoners. The stated purpose of these experiments was to gain information deemed valuable for the saving of human lives. As to the question of whether this procedure is moral or immoral, two answers were usually given. One, it was argued that since these mostly non-Aryan prisoners were deemed “nonhuman,” the right of truly human beings to even possibly benefit from data derived from these experiments trumped any consideration of the rights of nonhuman beings to be harmed involuntarily, since according to Nazi logic they could not be

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

2. Access to Justice

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

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

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

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

Legal Aid in Psychiatry: An Exploratory Study from India

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The legal needs of persons with mental illness have not received due attention. Understanding the legal needs is of high importance as it enables the holistic management of a patient's condition. A free legal aid clinic (LAC) has been running in National Institute of Mental Health and Neurosciences (NIMHANS), Bengaluru, India for the past seven years. The study reported in this presentation set to explore the utility of the legal aid clinic at NIMHANS, Bengaluru, and to understand the legal needs of patients/caregivers, document the nature of legal aid that's offered at the clinic, and follow-up to understand the outcome of consultation in the legal aid clinic. A hospital based prospective exploratory type of research was designed for both the patients and family members consulting the LAC. Seventy-one cases were interviewed and 59 cases were followed up after two months. In 76.6% of the cases, the legal issue was related to the clinical condition. In 64.4% of the cases advice obtained at the clinic was implemented, 28.8% had their issues resolved, and 32.2% of cases have legal proceedings going on at follow up. This indicates that the legal aid clinic is a novel way of addressing the legal needs of patients with psychiatric disorders.

3. Accountability for Disability Violence

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

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

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

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

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

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

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

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

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

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

Jiyhun Kwon, *University of Toronto*

Kelly Hannah-Moffat, *University of Toronto*

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

Madness, Violence, and Power: A Radical Collection

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

Lucia Costa, *Empowerment Council, Toronto, Canada*

Peter Beresford, *Brunel University London*

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

4. Addiction I: Facets of Addiction

Gambling Typology Among Older Korean Immigrants

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

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

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

A Craving Perspective on Addictions and Serial Criminality

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

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

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

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

5. Addiction II: Four Major Addiction Realities in South Korea

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

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

In Korea, there is a social worker specializing in addiction, called the ‘social worker for substance abusers’. The study reported in this presentation explored possible causes of addiction through social workers’ reported experience as an expert on the addiction problems that are emerging as a serious problem in Korea. In the case study method that was used, phenomena were described through in-depth analysis of cases that fall within the boundaries of the space called ‘addiction related social welfare institution’ and traced over time 15 social workers for substance abusers who were interviewed in this study. The data collected from research participants were then individually analyzed to identify meaningful themes and perspectives. This presentation will discuss the findings of the study and their implications for the design of practical policies for individuals struggling with addiction in Korea and the role of the social worker in ensuring their welfare.

Four Major Addictions' Realities and Policy Responses in South Korea

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

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

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

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

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

A Meaning of Drinking Experience of Low-Income Single Mothers in South Korea

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

Jin Kwon, *Sogang University*

Seil Oh sj, *Sogang University*

The study reported in this presentation sought to understand the meaning and nature of drinking by low-income single mothers, using a descriptive phenomenological methodology and purposeful and reputational sampling techniques. Participants ($n = 7$) were selected among low-income single mothers who had either experienced or were experiencing a drinking problem at the time of interview, and were willing to talk about their drinking experience frankly. Through in-person and telephone interviews, data was collected in October 2014 and February 2015, and secondary data was collected in December 2015 and February 2016. Five essential themes were found upon analysis: counterattack from alcoholic dependence; transformation of alcohol from means to purpose; taking children as a momentum to reflect on drinking; living with an image of mother while tied up in drinking; and seeking a balance between drinking and daily life. The essential theme which discloses the meaning and nature of the drinking experience of low-income single mothers is 'hiding a drinker behind the mask and maintaining a mother's façade.' Based on the research findings, social welfare practical implications for low-income single mother drinkers will be discussed.

A Life History Research of a Drug Dealer

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

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

A Study on Meaning and Nature of the Experienced Cyberspace of Adults in South Korea

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

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

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

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

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

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

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

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

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

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

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

Research with incarcerated populations indicates high rates of trauma exposure, substance use, and PTSD compared to the general population. Incarcerated women report higher rates of sexual

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

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

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

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

Exploring the Role of Trauma and Mental Health on Substance Use Engagement During Reentry for Men and Women

Tanya Renn, *Florida State University* (Tanya.renn1@gmail.com)

Every year approximately 640,000 individuals return to the community from prison. The transition from prison to the community is a time of elevated psychological distress. Upon re-entering communities, individuals must navigate relationships with loved ones, identify a stable living

situation, secure employment, and participate in services or treatment. This period is often compounded by the unique life experiences of formerly incarcerated individuals that include disproportionate rates of trauma and violence. These factors increase the likelihood for problematic behaviors such as substance abuse. Substance use disorders are an epidemic among criminal justice involved individuals. Further, those that misuse substances are more likely to continue to engage in criminal behavior and to be reincarcerated. This study will present findings that explore the role of trauma and mental health, both historical and present, on substance use engagement during the time of reentry. Secondary data will come from a multi-state randomized controlled trial of both men and women who are exiting prison and reentering into the community. Multiple time points of data will be used to run regression models to explore the effect of trauma and mental health on substance use. Practice implications and areas for future research will be discussed.

Implementation of a Reentry Program for Men and Women with Co-Occurring Mental Health and Opioid Use Disorders

Sheryl Kubiak, *Wayne State University* (spk@msu.edu)

Opioid use disorders (OUDs) greatly affect individuals within U.S. prisons and relapse and overdose occur at high rates upon release from prison. However, there is a service gap in assisting those transitioning from prison to the community; particularly acute for those with OUD and a co-occurring mental health disorder (COD). Maintaining Independence and Sobriety through Systems Integration, Outreach, and Networking - Criminal Justice edition (MISSION-CJ) is an evidenced-based wraparound treatment designed specifically to treat those with CODs. The model uses a Risk-Need-Responsivity paradigm to facilitate treatment so that reduced recidivism and symptom improvement are part of recovery goals and program outcomes. MISSION was piloted in one male and female prison in Michigan in November 2017. Case managers and peer support specialists from community mental health programs begin meeting with participants three months prior to release and continue providing extant support, treatment, and the option for MAT for six months post release. Fifty individuals were enrolled within the first six months and the presentation will provide information on implementation of this cross-system program as well as initial outcomes.

7. Addressing Sexual Violence on a University Campus

Understanding the Policy and Legal Framework

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

One of the major themes regarding sexual violence concerns the failure of the mechanisms of the justice system—particularly the criminal justice system—to appropriately address sexual violence. In part as a result of these failures, institutions such as universities are being asked to do

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

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

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

Most universities have policies that address the various forms of sexual violence and endeavor to produce environments free from sexual and other forms of harassment and violence. This presentation will examine the nuances of sexual violence reporting and investigations and changing legislative requirements in a university context. Some of the themes discussed include the complexity of balancing due process with demands for visible accountability by faculty, staff, and students; the difficulties associated with disclosures that do not result in official actionable reports, the strengths and weaknesses of workplace cultural reviews in units when there are allegations of a toxic culture and unreported incidents but an absence of willing complainants; the challenges of identifying remedies and the management of institutional reputational risk.

Addressing Sexual Violence with Faculty

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

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

Sexual Violence Education in a Digital World

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

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

8. Administrative Justice, Accessible Justice, and Mental Health

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

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

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

Administrative Justice Design and Mental Health

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

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

9. Administrative Segregation: Policy-Based Evidence or Evidence-Based Policy?

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

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

In recent years, there has been significant attention given to the purported effects of administrative segregation—previously known as solitary confinement (SC)—on mental health. Solitary confinement—typically defined as isolation for 22 to 24 hours a day with little to no human contact—became common practice in the early 19th century. In recent decades, the practice has been redefined to differentiate between administrative segregation (AS) and disciplinary segregation (DS). Inmates can be placed in DS as punishment for misconduct; they can be placed in AS as a protective measure to prevent harm to themselves, others, or property. This presentation will critically review the research on the mental health of inmates placed in AS. In particular, this presentation will focus on whether there are any proven harmful effects of placement in AS. It will also look at whether research suggests a particular length of time that should be the limit for stays in AS. The presentation will examine the research for any evidence that AS affects those with mental illness differently than those without mental illness. Our findings support the notion that research in this area is limited. Study designs do not stand up to scientific standards, and findings are either too unrelated or unsupported to lend credence to arguments being made in the public arena.

Nuancing Penal Segregation

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

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

Policy Considerations on the Mentally Ill in Administrative Segregation

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

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

Clinical and Human Rights Issues Regarding Administrative Segregation

John Bradford, *McMaster University* (john_bradford@sympatico.ca)

Dr. Bradford was the expert witness on to Human Rights Cases in Ontario that sensitized the Province to human rights abuses related to seclusion and segregation in provincial correctional facilities. The first case was Christina Jahn. Christina Jahn made a Human Rights Application in

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

10. Advance Care Planning

Advance Care Planning: Strategies for Community and Clinical Initiatives

Gwendolyn Bondi, *Visiting Nurse Service of Northeastern New York, New York, USA*
(bondig@vnshomecare.org)

Advance care planning (ACP), as a process to assist individuals in making informed decisions about future medical care, is gaining ground in upstate New York. Phase I (Community Conversations: Bringing Voices to Advance Care Planning) was developed to educate the general community about Advance Directives and their relevance to health choices. Programs were designed for faith-based groups and civic organizations, reaching people upstream from illness where they work, live, and pray. Phase II (Advancing ACP Education in Medical Practices) was subsequently developed to involve medical groups, physicians, and their clinical teams. This Respecting Choices-certified instructor partnered with physicians who encouraged her to meet with their patients at regular intervals. She engaged and strategized with medical office staff to train them as ACP facilitators, and to sustain ongoing conversations with patients. She collaborated with hospital systems and home health agencies to cast a wider net, and she connected college students, whom she trained as ACP facilitators, with medical clinics. These practices generated multiple benefits. The collaborative nature of these strategies, tactical plans, and methods used with varied disciplines can be replicated in any community. Key elements of the initiatives will be discussed.

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

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

Today, with medical advances, people live longer and can expect to live several years with non-curable illnesses. Many will reach a point where medical technology may be able to keep them alive, but neither restore nor improve their health outcomes. Public opinion polls reveal that most people would rather be home than in a hospital or nursing home when dealing with such illnesses. At that point, patients and members of their social support networks (family) face difficult choices

about the kind of care they want. Americans often die alone in hospitals or nursing homes and in pain from non-curable illness. Despite the capability of modern medicine to ease most pain and suffering, the existence of good models of holistic care and the lack of available culturally-specific care are of concern. Thus, this presentation will examine ethical issues and barriers to providing person-centred hospice and palliative care until the end, discuss advance care planning as a tool for effective communication and treatment planning, engage attendees in a dialogue about reaching vulnerable persons and fostering resilience, and discuss strategies for preparing practitioners to address disparities in person-centred care.

11. Anxiety Disorders

Cannabis for Generalized Anxiety Disorders: Systematic Review and Meta-Analysis

Anees Bahji, *Queen's University* (0ab104@queensu.ca)

In recent years, cannabis has gained increasing popularity for use in the treatment of a variety of medical and psychiatric disorders. This study aims to conduct a systematic review and meta-analysis of controlled trials measuring the effect of cannabis on the symptoms of generalized anxiety disorder. Six online databases (MEDLINE, PubMed, Cochrane, PsycInfo, EMBASE, and Web of Science) will be systematically searched using pre-defined criteria with MeSH terminology (“generalized anxiety disorder”, “cannabis”, “treatment”). To be included, studies must be placebo-controlled, randomized, blinded, and scales must be used to measure the symptoms of generalized anxiety at baseline and following treatment. Exclusion criteria include the presence of significant untreated comorbid conditions (psychotic disorders, bipolar disorder, substance use disorders) in the past 12-months, and co-administration of other treatments (psychotropic medications, other substances, significant psychotherapeutic interventions, or neurostimulation). The articles will be uploaded into a reference sharing database, such as Rayyan, where co-authors can independently review articles, and a kappa-coefficient can be calculated for agreement on articles – if there are disagreements between authors, the articles will be maintained for re-assessment in a subsequent round of the review. Data will be transferred to SPSS for basic statistical analysis, and CMA (Comprehensive Meta-Analysis) for fixed and random-effects modelling.

12. Artificial Intelligence, Mental Health, and Health Disparities

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

Natasha H. Williams, *Attorney-at-Law, Newtown, USA* (nwilliams@rosegroup-llc.com)

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

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

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

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

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

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

For decades health professionals have collected tremendous amounts of bio-data related to human

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

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

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

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

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

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

The global burden of mental illness is significant, with high social costs. A large number of people

impacted by mental illness do not receive mental health services; and racial and ethnic minorities often receive less care. New advances in technology such as cognitive computing, which incorporates artificial intelligence, machine learning, and natural language processing, may help to address these disparities. Examples of specific capabilities that can be used to support patients and care-givers include sensors, mobile apps, social networking, computational neuroscience APIs, and data integration platforms. When combined into clinical solutions, these capabilities can enable a population health approach to mental illness, can empower individuals by providing personalized care, and can help providers gain individual insights about their patients.

Ethical Considerations of Artificial Intelligence and Health Disparity Populations

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

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

13. Attempts to Reduce Incarceration and the Changing Face of Community Supervision

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

Teresa May, *Harris County CSCD, Houston, USA* (Teresa.May@csc.hctx.net)

The overuse of jails in the United States (U.S.) has reached epidemic proportions, with nearly 12 million men and women entering jail every year and most for non-violent offenses. Among those

incarcerated, African Americans are four times more likely to be incarcerated than whites. Research has shown that even small amounts of jail time increase recidivism rates, disrupt families, and can have long term devastating effects on individuals, families, local communities, and the economy. This presentation will examine the effectiveness of a specialized docket created to increase diversion opportunities, decrease racial and ethnic disparity, and put a stop to the revolving door of the county and state jail for non-violent drug offenders. To evaluate the effectiveness of this strategy, a sample of African American and White drug offenders incarcerated in jail during 2015 will be compared to a 2017 sample of African American and White drug offenders served through the specialized docket. Specifically, the presentation will examine the specialized docket outcomes in relation to diversion to community supervision, pre-trial detainment, conviction, re-arrest, re-incarceration, and successful completion rates.

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

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

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

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

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

The United States is beginning to see a downturn in its rate of incarceration. Changes in practices that historically led to imprisonment of defendants has resulted in population fluctuations of those sentenced to community supervision. This has required the need to reevaluate community supervision practices in the United States as a whole. This presentation will explore a change in

probation practices of individuals assessed as low risk for reoffending. The practice change involved the development of specialized low risk caseloads whereby officers were assigned a higher caseload size and probationers received a less intensive supervision schedule. The study examines over 3,000 low risk probationers from Harris County, Texas supervised from 2013 to 2016. Changes in rates of arrest, charges for a new offense, and technical violations were examined to determine the impact of less intensive supervision practices on recidivism. Implications include the improvement of community supervision efficiency and effectiveness.

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

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

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

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

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

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

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

Combining the visual criminology literature with the nascent scholarship on ‘critical hauntology’ this presentation will examine the 1994 illegal cell extraction and strip searches of eight women by a male institutional emergency response team in the now closed Kingston Prison for Women and Ashley Smith’s 2007 death in Grand Valley Institution for Women. Using image stills extracted from the correctional videography of the events as they unfolded in real time, the presentation will identify haunting parallels between the two cases with respect to illegal uses of force against women housed in segregation that led to legal attempts to prevent the public from viewing the videos. Despite the federal public inquiry into the 1994 incident and the subsequent restructuring of federal corrections for women in the decade that followed, the Smith case demonstrates the historical continuity of extra-punitive carceral control discourses and practices. Always difficult to garner public support for progressive rather than austere prison reform, the images of incarcerated women stripped naked, violently physically and chemically restrained, and permanently isolated in both cases provided the public with visual and ‘haptic’ evidence that correctional officials broke the law through the use of morally depraved, yet bureaucratically sanctioned, carceral control and management tactics.

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

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

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

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

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

This chapter seeks to outline the ways in which psy hegemony operates in Western medicine by analysing the ways in which pathological individualism has emerged since the nineteenth century. Contextualized within, and directly related to the way social relations of power, knowledge, and inequality have historically been structured in contemporary society, the chapter provides a feminist theoretical framework that critiques and challenges the assumptions and problems of dominant “psy” discourses and institutions. The discussion provides the groundwork for approaching human distress and struggles as socially structured problems rather than the consequence of a flaw or defect of abnormal individuals as seen in the current, popular ‘broken brain hypothesis.’ To do so, the chapter outlines and discusses the theory of psychocentrism to politicize and critique contemporary neoliberalism as a “sickening society” invested in individualism, pacification, and pathologization.

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

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

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

Dangerous Discourses: Masculinity, Coercion, and Psychiatry

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

In British Columbia, the introduction of modified Assertive Community Treatment Teams (ACT), a form of multi-disciplinary community-based treatment, recently began to include police as part of their professional complement. The way ACT is currently practiced in British Columbia is a gross departure from the model's original intent and, indeed, with how it is practiced in other jurisdictions. Typically, ACT is paired with housing and does not involve police on teams. Although coercive practices are most often associated with institutional and inpatient forms of care, they are routinely used in community-based mental health care. The use of involuntary committals and of restrictive and controlling interventions are disproportionately shown to impact men. This chapter explores the intersections of masculinity, psychiatric diagnosis, and discourses of dangerousness as they play out in coercive practices in community-based settings. This presentation will expose the ways in which these damaging practices crop up in new and innovative ways in community-based mental health, giving lie to the promise of recovery and person-centred models of mental health care. The presentation will contextualize our discussion through a historical examination of the role of psychiatric confinement and its links to colonialism and intersecting forms of oppression and discuss the implications of 'new' forms of psychiatric violence and coercion for the lives of men diagnosed with mental illness.

Gender, Madness, and the Legacies of the Prisons Information Group (GIP)

Michael Rembis, *University at Buffalo* (marembis@buffalo.edu)

In the early 1970s, following the incarceration of a number of political prisoners, French philosopher Michel Foucault and others formed the Groupe d'Information sur les Prisons (GIP) to investigate and make known the intolerable French prison system. Foucault and his friends and colleagues used 'the investigation' as a means of documenting and publicizing both the deplorable material conditions within the French prison system, and the intolerability of 'prison' as an organizing concept within French society. Drawing on a rich cache of newly translated documents, this presentation will build on existing scholarship by using the history of the GIP in the early 1970s to interrogate the role of the poststructuralist-postmodernist intellectual in creating gendered and ableist constructions of mad and incarcerated subjects. It argues that intellectual-organizers working in the twenty-first century need to challenge the legacies of a liberal political tradition that does not question its own gendered and ableist roots.

Traditions of Colonial and Eugenic Violence: Immigration Detention in Canada

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

Immigration detention in Canada is rationalized as necessary for the assessment and examination of immigrants who might present a threat to the public, or be deemed inadmissible due to "serious criminality" and therefore unable to attend hearings, procedures, or examinations. In March 2016,

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

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

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

In healthcare, and psychiatry specifically, mechanical restraints are most often used in circumstances where behaviours are believed to be a threat to the welfare and safety of others or the individual him or herself. However, the degree to which health care professionals justify the uses of mechanical restraints in relation to the perceived beneficial effects expressed by those who must experience them may very well prove to be quite different. In order to critically examine extreme practices where bodies are trapped, our study privileges the phenomenological experience of both female and male psychiatric patients placed under mechanical restraints. We turn to phenomenology, and more precisely Interpretive Phenomenological Analysis (IPA), to foster the development of health care that is informed by those who experience firsthand the effects of current psychiatric practices. In this chapter, we present the results of an empirical research project that investigates the lived-experience of patients regarding the use of mechanical restraints. We turn to poststructural feminist scholarship to account for the specific experience of women placed under mechanical restraints in psychiatric settings with the hope of generating tailored health care practices that are gender sensitive under this extreme circumstance.

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

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

Drawing on data from 120 inpatient charts, this presentation examines the concepts of “insight” and “judgment” as they are operationalized by psychiatrists in chart documentation. Within these charts, “insight” is understood as the degree to which patients believe they have a mental illness and comply with psychiatric treatment. Likewise, “judgment” is assessed as the patient’s ability to make logical decisions and appreciate consequences and, through documentation, is often

evaluated in relation to patient compliance with physician directives about hospitalization and treatments. When patients question or reject diagnoses, hospitalization, and/or medical treatment, such actions are interpreted as indicators of poor insight and judgment, and, therefore, as justification for further professional intervention. Such assessments of insight and judgment are gendered, racialized, classed, and sexualized. Our analysis shows that professional processes of attributing insight and judgment in psychiatric charts may be fundamental to the extent to which patients are granted control over their own treatment, and further, that some patients—those whose interpretations and lived realities are least relatable for the professionals documenting their experiences—are most particularly impacted by these processes. The presentation concludes that this warrants attention considering the fundamental role of these constructs in the justification of coercive measures such as involuntary detention and compulsory treatment.

15. Autism Spectrum Disorders

Autism Spectrum Disorders: Interactions with the Criminal Justice System

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

The Center of Disease Control's most recent estimates of the prevalence of Autism Spectrum Disorder (ASD) are one in 68. As such, it is critically important that we understand the role that this now relatively common but often misunderstood developmental disorder may play in the lives and behaviours of our clients. Due to their difficulties with social reciprocity, social communication, social cognition, and restricted interests, some individuals with ASD find themselves in the criminal justice system, charged with offences ranging from assault, to child pornography, to murder. Further, not only do social deficits contribute to misunderstanding of individuals with ASD as defendants, but also as victims of crime. This presentation will provide a brief overview of Autism Spectrum Disorder, including symptom pattern, diagnosis, and comorbidities with other neurodevelopmental disabilities and psychiatric disorders. The key behavioural and social characteristics of ASD will also be discussed, as will strategies for mitigation and for working with clients on the Autism Spectrum as they move through the criminal justice system.

16. Bioethics and Pluralism

Pluralism, Disagreement, and Informed Consent

Patricia Marino, *University of Waterloo* (pmarino@uwaterloo.ca)

This presentation will explore conceptual issues in responses to pluralism and value-based disagreements in bioethics contexts. In a recent book, the presenter argues that in contexts of value pluralism – in which we recognize multiple values such as benevolence, justice, honesty, liberty,

and fidelity – some disagreements arise because while we roughly share values, we direct and prioritize those values in different ways. Turner develops cross-cultural examples to argue that the social meaning of concepts like truth-telling and the prevention of suffering can differ widely from one community to another. In proposed responses to pluralism, Ainslie and Engelhardt each suggest expanding the range of cases in which we give people a right to choose for themselves. It will be argued that value-based and cross-cultural disagreements pose challenges for Ainslie and Engelhardt’s accounts: disagreements arising because of value pluralism can be disagreements about when, and how, the freedom to choose associated with informed consent is appropriate, and Turner’s examples suggest some specific ways that the truth-telling and choice associated with informed consent may itself involve the imposition of a value system.

Bioethics as Culture of Pluralism

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

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

Pragmatic Bioethics

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

There is an inherent defect with bioethics: Morality is not a fine machine that works with precision. Our ethics is the result of genetics, environment, and a variety of other factors which make it, at times, inconsistent. Therefore, to make reasonable decisions about what we should do, and what we should be, and how to live a good life – applied and theoretical ethics must be pragmatic. Pragmatism focuses on how we are able to do ethics and the contextual situations in which a particular moral issue resides, and then creates a system that works within the world as it is rather than how we can perfectly imagine it. That is where social and natural sciences come into the picture. These fields can inform us of what is the case now, as well as what is causally possible

within the context. Theoretical ethics should use this information as its foundation, and then create a narrative of where we can and should go.

17. Biological Roots of Violent Behaviour

Association Between Olfactory Deficits and Impulsivity Among Forensic Inpatients with Severe Mental Disorders: A Neuropsychological Study

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The link between impulsivity and frontal lobe impairments is no longer contradicted. Assessing behavioural impulsivity is important but challenging in forensic settings. Ideally, a good impulsivity test would be objective, non-verbal, non-behavioural, insensitive to psychotropic medication, easy to use, and inexpensive. Some recent studies suggested that hypofunction of the orbitofrontal lobe, the seat of olfactory discrimination, is closely associated with impulsivity. A group of 68 inpatients in a forensic hospital were individually interviewed and assessed with frontal neuropsychological tasks. Data were obtained with the Positive and Negative Syndrome Scale (PANSS), the Tapping, Manual Motor Sequences and Inhibition subtests of the Neuropsychological Assessment battery (NEPSY), the Continuous Performance Task-2, the Stop-It Signals, the Barratt Impulsivity Scale, and an anosmia test, the Smell Identification Test. The aim of this work is to determine if impulsive inpatients with severe mental disorders (SMD) show olfactory discrimination deficits. Multiple regression analyses will be conducted and discussed to provide further explanations on the strength and the nature of a link between anosmia and impulsivity among SMD inpatients. Clinical implications of these results regarding risk assessment for violence in SMD inpatients will also be discussed.

The Killer Inside Me: The Anthropological and Genetic Origins of Aggression and Violent Behaviour

Vincenzo Lusa, *Pontifical University of St. Bonaventura* (viclusa@libero.it)

Annarita Franza, *University of Florence*

The ambition to explain criminal behaviour scientifically has defined the field of criminology and inspired a vast number of studies in biology and psychology. The success of genetics in understanding human disease suggests that it could be a powerful tool in the scientific investigation

of human behaviour, including criminal behaviour. At the same time, genetics can easily be misunderstood, regardless of the validity of the studies or the motivation of the researchers. The goal of this presentation is to report on new tools to investigate the origins of aggressive behaviour, by linking evolutionary anthropology to genetics, criminology, and criminal law. This study will present a non-traditional approach to aggressive behaviour that will demonstrate how violence can be interpreted as not only an abnormal manifestation of individual pathology, but also as an adaptive trait of human nature. The evolutionary logic underlying the aggressive behaviour in humans will be presented. The results will be discussed in the light of case reports that, from unpublished cold cases to contemporary trials, will demonstrate what evolutionary criminogenesis can offer in terms of understanding antisocial behaviour. Finally, this presentation will discuss directions for future research.

Psychosocial Treatment of Prisoners with High Risk of Violence

López Capdevila Joan Manel, *Justice Department, Catalonia* (jmlopezc@gencat.cat)

While the Risk-Necessity-Responsibility model of Andrews and Bonta indicates that criminogenic needs explain criminal behaviour, the risk assessment scales (HCR-20, SVR-90, SARA) of Webster, Hart, Randall, and Others allow us to estimate how likely a violent behaviour can occur. In Catalonia, based on the previous criminological investigations and resources, the Directorate General of Penalties Services in collaboration with the Department of Evaluation and Psychological Treatment of University of Barcelona, is applying the RISCANVI scale to determine which risk factors explain violent behaviour and is guiding a treatment, individualized and contextualized, which manages this risk and helps a better adaptation of the prisoner. Specifically, psychosocial treatment programs are being carried out for people at high risk of violent behaviour who manage both risk factors and protective factors as well as style of interrelation with others, so that they modulate antisocial behaviours and attitudes and optimize competencies that promote a satisfactory life to themselves as to others and the community where they must reinsert.

18. Canadian Criminal Justice, Mental Health, and Human Rights

Canadian Criminal Justice, Mental Health, and Human Rights

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

Ivan Zinger, *Office of the Correctional Investigator, Ottawa, Canada* (ivan.zinger@oci-bec.gc.ca)

An important challenge for many countries, even for advanced democracies, is guaranteeing the human rights of persons accused of criminal wrongdoing and prisoners. This panel presentation will argue that the criminalization of persons with mental health issues (often correlated with the reduction of health care services in the community and the introduction of law and order legislative

measures), as well as their custody in inappropriate and ill-equipped prison settings, is not only bad public health and criminal justice policy, but a significant human rights violation. Diversion to civil commitment will be discussed, and challenges associated with the management and care of persons who have been found “not criminally responsible” will be highlighted. It will be argued that to be “tough on crime” can actually be achieved through rehabilitation rather than incarceration. Offenders with serious mental illness are entitled to programs and services that conform to “professionally accepted” mental health care standards, yet the number of offenders suffering from significant mental illness being admitted into Canada’s prisons and penitentiaries is increasing, and mental health services continue to be inadequate to address their needs and to the task of preparing them for safe release into the community.

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

Ivan Zinger, *Office of the Correctional Investigator, Ottawa, Canada* (ivan.zinger@oci-bec.gc.ca)

This presentation will provide a brief overview of the role and legislative mandate of the Office of the Correctional Investigator, and highlight challenges faced by Canada’s Federal prison Ombudsman to ensure human rights compliance of offenders with mental health issues. Offenders with serious mental illness are entitled to programs and services that conform to professionally accepted mental health care standards, yet the number of offenders suffering from significant mental illness being admitted into Canada’s penitentiaries is rapidly increasing, and mental health services continue to be inadequate to address their needs and to the task of preparing them for safe release into the community. Offenders with mental illness are more often unable to complete programs; preyed upon or exploited by others; placed in segregation and isolated from human interaction; classified at higher security levels; and released later in their sentences. It will be argued that the criminalization of persons with mental health issues (often correlated with the reduction of health care services in the community and the introduction of law and order legislative measures), as well as their custody in inappropriate and ill-equipped prison settings, is not only bad public health and criminal justice policy, but a significant human rights violation.

19. Challenges and Improvements in Caring for the Elderly

Encouraging Interprofessional Collaboration on Behalf of Older Individuals

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

There are many situations in which an older person with diminished or questionable cognitive and/or emotional abilities needs the services of both an attorney and a physician, and communication and collaboration between members of those two professions would be highly

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

Caring for the Elderly Community

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

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

Comparative Experiences of Long Term Care in The United States and Italy

Alison Barnes, *Marquette University Law School* (alison.barnes@marquette.edu)

Elders and people with disabilities depend on an array of services to avoid institutionalization. Whether and how they can access suitable services, typically the least restrictive alternative deemed to be the quality form of care, depends on financial availability and the nature and sources of help available. This presentation will discuss the ways that quality assistance can be reached, comparing the United States and Italy. Older and disabled people will seek to continue and be included in the community although stressful experience upsets a delicate balance of supports. Access crosses lines along which caregiving and benefits are organized. Earnings and self-support are not the only societal goals. Rather, for some, self-care and other activities are meaningful goals that are elusive without assistance and institutional care of any kind comes to be costly for families and government. Goals of self control and independence, which might reasonably be considered strong lifetime motivations, are very powerful. The associated fear of stigma, of being less than a whole, well adult, looms with the need for assistance. With changes in capability in old age and the survival of people with impairments, the options for supportive housing other than family also

are growing. One need not be homebound or idle yet be in need of assistance with living and some form of coliving might sustain a person for a lifetime.

Ageing Well Public Lecture Series & Preventing Pathological Ageing: Service Evaluation

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The world population is rapidly ageing. Although there are some genetic predispositions that we may need to take into account, both cognitive and physical stimulation while ageing help to preserve cognitive and physical functions that we don't want to lose. This is the main focus of the 'Ageing Well' lecture series, an online education platform for clinicians and allied health professionals. The 'Ageing Well' lecture series explores approaches which may enable people to live longer and healthier lives. Via this series, healthcare practitioners have the opportunity to refresh their knowledge and hear about the current research which they can use in their practice. A service evaluation, using a Likert scale questionnaire, was conducted on the 'Ageing Well' lecture series that was delivered to service users (n = 61). Preliminary findings (n = 45) indicate that the series has a positive impact on both the participants' knowledge and confidence. The intervention represents a step change in local service provision, which may have wider consequences in the local healthcare economy, as ageing has a substantial health and economic burden footprint. Findings from this service evaluation may be used to inform larger educational interventions to improve service users' knowledge and confidence in relation to their own ageing.

20. Challenges in Providing Mental Health Care

Older Offenders and New Challenges of Mental Health Care Professionals

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Mental health care professionals working in forensic psychiatric institutions and correctional settings face a new challenge – they are treating a rising population of older adults. This is a rather recent new phenomenon since the proportion of older adults has steadily increased since the mid-nineties in most industrialized countries. Older offenders are likely to have different needs, experience imprisonment differently, and require different support with resocialization and reintegration. There is a specialization for mental health care of older adults within the general population, however, not so for the offender population. Mental health care professionals might therefore be confronted with new challenges that they are not prepared for. The aim of our study was to explore the experiences of mental health care professionals in working with older offenders.

We conducted semi-structured interviews with 30 psychologists, psychiatrists, and nurses from the German and French speaking regions of Switzerland. The result of this qualitative study reveals the current provision of mental health care to older offenders, provides novel knowledge on the specific aspects within their treatment, and presents recommendations on how mental health care in prisons and forensic hospitals should be changed or adapted to address the increasing number of older offenders.

Dual Loyalty in Forensic Psychiatric Care

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Dual loyalty in the general delivery of prison healthcare and the respective recommendations from international bodies are widely debated. Additional problems appear in forensic mental healthcare because information about the patient-prisoner must be given to the legal institutions, but doing so might impact treatment success and doctor-patient relationship as well as confidentiality. European countries have different setups for affiliation of mental health staff and the resulting responsibilities. In Switzerland, this is determined on a cantonal level. This presentation will depict the current situation related to dual loyalty and reveal reasons for this. In Switzerland, older offenders are often sentenced to forensic-therapeutic measures rather than to prison sentences. In the context of our research project, we conducted semi-structured interviews with forensic experts and older offenders to explore mental health issues for this group of incarcerated persons. We also examined how forensic experts perceived dual loyalty and how older offenders viewed therapists' and experts' loyalties. These views are influenced by numerous factors such as location and type of institution, quality of mental health services provided, and type of sentence or length of stay, to name a few. The findings of the study may help develop approaches to solve problems related to dual loyalty in forensic-psychiatric care.

21. Challenges Providing Mental Health Care in Prison

Self-Harming Behaviour in Remand Prisoners in Berlin

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Suicide in prisoners is a rare phenomenon; yet, it is one of the leading causes of death in prisons worldwide. Empirical evidence shows that suicidal ideation, suicide attempts, and self-harm are important risk factors when it comes to assessing prisoners' risk to commit suicide. Recently, research overviews claimed a lack of within-country investigations of potential organizational risk factors and their combination with individual risk factors for suicidal behaviour. In practice, whether a suicide attempt remains as such or not is sometimes arbitrary and drawing the line

between self-harm and suicidal behaviour is yet even more difficult. For this reason, we investigated every incident of self-harm during a pilot phase of six months in the remand prison facility in Berlin. Data on characteristics concerning the self-harming behaviour itself, for example potential lethality, were collected using forms and methods such as the Lethality of Suicide Attempt Rating Scale. Demographics and individual criminological and suicidal risk factors were also taken into account. The presentation will discuss the findings.

Aggressive Behaviour During Psychiatric Inpatient Treatment in a German Prison Hospital

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

Prison Suicide and the Impact of Drugs

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The prevalence of mental disorders and comorbid substance use disorders in prison environments is high. Also, the suicide rate in prison inmates is significantly higher than in the general population with drug abuse being, among others, an identified risk factor for prison suicide. Controlling drug abuse in prison is difficult, especially with evolving markets for drugs and limited resources. This retrospective study aimed to reveal the impact of drug abuse on prison suicide events. We identified the suicide events in the Berlin prison system from 2013 – 2017 and evaluated the medical records and, in cooperation with the department for forensic medicine, the autopsy reports with the specific drug analyses. The results give a detailed look at the role of drugs and the specific substances used in prison suicides and allow a first impression of the possible drug use behaviour patterns behind bars.

Aggressive Behaviour During Psychiatric Inpatient Treatment in a German Prison Hospital

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

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

Pattern of Drug Use in a Brazilian Prison Hospital

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

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

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

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

Legal Guardianship, Personal Rights, and the Ability to Dissent

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

Two percent of the German population was diagnosed with Dementia in 2016 and annual incidence is 300,000. Demographic change as well as diagnostic sloppiness not only lead to societal challenges and financial problems for families and health insurance funds, but also more and more legal cases turn up. A case report of law offices will demonstrate how easily the German Legal Guardianship Law can be abused in a medical specialist assessment for the guardianship court. A doctor of public health reported legal conclusions only (i.e., loss of ability of free volition) without one word of a medical explanation the personal rights of a 70-year-old male. The client was declared severely mentally ill and mentally not competent to dissent to guardianship. Only the fact the person was able to get legal aid by a lawyer and a respectful and critical judge saved him from substituted decision making by a guardian who might have taken him into an elderly care home by substituted decision making. Two years later this client still cares for himself in his own flat, which without legal aid would have fallen to the state to pay for the guardian and him being deprived of liberty in an elderly care home.

Mental Health Law Reform and Compulsory Treatment in The Netherlands

Matthé Scholten, *Institute for Medical Ethics and History of Medicine, Ruhr University Bochum* (matthe.scholten@rub.de)

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

Supported Decision Making in Severe Mental Illness

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Kevin De Sabbata, *Vrije Universiteit Amsterdam*

According to the General comment No. 1 (2014) by the Committee on the Rights of Persons with Disabilities on Article 12 of the UN-CRPD, supported decision making is supposed to replace all forms of substituted decision making. However, few clinicians are prepared to put this requirement of the UN-CRPD into practice, usually basing their reasoning on hypothetical extreme cases with self-harm or violence. Looking at real cases, examples will be given on how mental health services can be shaped towards full compliance with Article 12 of the convention. Cases include treatment of severe mental illness and explore the possibilities of a non-discriminatory and rights-based service provision. To fully implement such services, powers of psychiatrists need to be curtailed, service providers will need to move resources to the community, and a new balance of trust between service users and service providers needs to be established.

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

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

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

23. Changing Landscape of Mental Health

A Critical Examination of Ghana's New Mental Health Act

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

Reforming Mental Health Services in Israel

Uri Aviram, *The Hebrew University of Jerusalem* (uri.aviram@mail.huji.ac.il)

This presentation will address efforts to reform mental health (MH) services in Israel, transferring the locus of treatment and care from psychiatric hospitals to communities and integrating MH services into the general medical system as required by the National Health Insurance Act (1994). The objective is to understand the hindering and facilitating factors that affected the implementation of this policy objective for over 40 years, and what may explain success and timing of this policy change. The study used quantitative and qualitative methods to assess trends of population served, budgets, personnel, and programs, as well as major issues and interest groups. Findings indicated significant changes within the MH service system during the last 15 years, creating favourable conditions for the reform. Key factors that may explain the success of the

passage of this reform and its timing are the coalition headed by the political and administrative leadership of the Ministry of Health. In spite of a strong opposition trying to block the reform, this leadership recognized the opportunity and used its political and administrative power to influence the government to approve the MH reform, implementing it on July 2015. Factors endangering the success of the reform will also be discussed.

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

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

Elizabeth Fistein, *University of Cambridge*

Michael Dunn, *University of Oxford*

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

Understanding the Major Obstacles in Implementation of Mental Health Care Act 2017 in India

Mohmad Saleem Jahangir, *University Of Kashmir* (saleemjehangir@gmail.com)

Mental health is a major global distress and India is not far behind in facing a possible mental health epidemic. To combat this, Indian parliament passed a Mental Health Care Bill, and with this initiative India now has a wide-ranging legislation that provides for national health care facilities, spells out regulations, and ensures the protection of the rights of persons with mental illness. Theoretically, the law has been described as “an Act to provide for mental healthcare and services for persons with mental illness and to protect, promote and fulfill the rights of such persons during delivery of mental healthcare and services and for matters connected therewith or incidental thereto”. The Bill also establishes the role of the State as a significant stakeholder by putting the onus on the government to ensure care, treatment, and rehabilitation of those with mental health problems. However, looking at the diversity of the Indian population, there are varied socio-economic and cultural obstacles which come in way of its effective implementation.

This presentation will enumerate and analyze the various socio-economic and cultural obstacles which come in the way of effective implementation of the Mental Health Care Act in India.

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

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Yang Shao, *Shanghai Mental Health Centre, Shanghai, China*

Huajian Ma, *Shanghai Mental Health Centre, Shanghai, China*

Weimin Yang, *Shanghai Mental Health Centre, Shanghai, China*

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

24. Changing Status of Women Around the World

Russian Politics of Masculinity and the Decay of Feminism: The Role of Dissent in Creating New "Local Norms"

Alexandra Orlova, *Ryerson University* (aorlova@ryerson.ca)

Over the past decade the Russian state has been pursuing the politics of masculinity by actively undermining feminist dissenting voices and presenting feminism as something that is foreign and inappropriate for the Russian context. While the #MeToo movement is gaining momentum in the West and results in the re-examination of entrenched gender stereotypes and barriers, this presentation aims to examine why Russian domestic feminism is not able to generate similar re-examination of values within Russia. The presentation argues that in order to effectively combat gender stereotyping and reduce structural barriers that continuously relegate women into the

private sphere, new “local norms” based on gender equality have to develop. In order for these new local norms to gain public acceptance, the role of “translators,” such as civil society and domestic activists cannot be underestimated. Unfortunately, in today’s Russia such “translation” work is highly discouraged by the state. Moreover, feminist dissenters are presented as “mentally unstable” and lacking in good judgment, as was evident in the Pussy Riot trial. The Russian state is unwilling to cede some of its power and account for dissent in order to advance gender equality, thus perpetuating both physical and mental harm to women in the process.

Impact of Change in Social Values on Crime Against Women in Chandigarh, India

Shailja Beniwal, *Mehr Chand Mahajan DAV College for Women* (shaely999@gmail.com)

To control crime against women, many efforts have been made by the socialized world. Gender specific stringent laws have been made which were deterrents for the perpetrators of crime to some extent, but these became less effective after passage of time and in the changing scenario. Society is transforming in India towards women’s empowerment. Women are becoming more self independent and liberal. Restrictions on women have reduced, their lifestyle and sense of clothing has become more liberal and the tendency toward the consumption of alcohol and culture of night out parties has increased. Due to this, women have become more vulnerable to crimes like rape, sexual assault, kidnapping, and abduction in the modern era in India. A study has been conducted to assess the impact of these change in social values on crimes against women in one of the developed and well-planned city – Chandigarh. Views of both police and the general public were obtained. The nature of crime against women was analyzed during the period 2010 to 2015. It has been found that changes in social values do significantly affect the crime rate, so attention should focus on control through social efforts as well.

Systemic, Cultural, and Organized Gender Inequality in Matrimonial Property Regimes Around the Globe

Randall Benton Wilhite, *The University of Texas School of Law* (rwillhite@gmail.com)

Research shows that global trends have emerged showing a disparity in marital property rights along gender lines. This disparity is often rooted in cultural and historical precedents, often based on local mores which sometimes view men as the dominant spouse, allowing them to divorce their wives relatively easily and sometimes even through mere oral renunciation. Women, on the other hand, face many more challenges. Despite movements to address gender discrimination, there remains inequality along gender lines interspersed throughout the world. Some of the gender discrimination is overt and intended (often “excused” by religious beliefs and male-dominated governments and customs); some, however, relate to the application of what would otherwise appear to be gender-neutral laws that have the effect of creating a discriminatory environment as those laws are applied. Though women’s movements are advancing family-related rights, still, too often left behind are the predominant male-owned and class-divided community and state. Despite this, a complex range of factors – social, legal, and ideological – are often found to underlie

the persistent gap between women's legal rights and their actual ownership of property, especially real property, leaving women and their children vulnerable and dependent on society for assistance.

25. Claims and Defences in Court

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

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

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

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

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

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

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

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

Aloy Kumar, *Wake Forest Baptist Medical Centre, Winston-Salem, USA*

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

Historicizing the Judicial Acceptance of Psychiatric Injury Claims in England

Imogen Goold, *University of Oxford* (imogen.goold@law.ox.ac.uk)

Kate Kelly, *University of Bristol* (ck16846@bristol.ac.uk)

This presentation will examine the development of the English courts’ approach to negligently-inflicted psychiatric injury claims from an historical perspective, first tracing the development of the English court’s approach to psychiatric injury claims. It will then offer an overview of how mental injury has been understood over the past two centuries, and the notion of the hysterical woman within this framework. The presenters will posit the idea that the current law can be best understood as a sympathetic reaction to the notion of the ‘hysterical woman’. They will argue that this approach can both explain the early resistance to recognizing such claims, but also the enthusiasm for compensation in others. They will further argue that the rather confused and conflicting approaches in English law can be understood as a result of the lack of a clearly developed normative basis for compensation. This failure, it will be suggested, has arisen as a result of the reactive nature of the way in which the law has developed, which has undermined the courts’ development of a more ethically coherent and reasoned approach. The presenters will argue that an understanding of the background to the current law can aid in improving the coherence of this area of law in the future.

26. Collaborative Initiatives to Support Quality of Life and Well-Being

Evaluation of an Online Mindfulness Module

Diana Petrarca, *University of Ontario Institute of Technology* (diana.petrarca@uoit.ca)
Bridgette Atkins, *University of Ontario Institute of Technology*

Jon Kabat-Zinn (1998) defines mindfulness as: “Paying attention, on purpose, in the present moment, and non-judgmentally.” Mindfulness enables individuals to develop greater awareness of their thoughts and feelings and to recognize thoughts as mental events and not necessarily the reality, which can facilitate their ability to let go and not allow their thoughts to control them. Ultimately, this can lead to individuals recognizing the signs of stress and anxiety earlier and being better able to manage the challenges they will undoubtedly experience in their life. This presentation will provide a brief demonstration that highlights the main components of an online mindfulness module created by two University of Ontario Institute of Technology faculty members, and an educational developer from the University’s Teaching and Learning Centre, along with multimedia support. The primary focus of the presentation will be on the evaluation phase of this project, including the methods, data collection, analysis, and findings.

Developing Empathy for Effective Interpersonal Relationships: Demonstration and Evaluation of an Online Empathy Module

Wendy Stanyon, *University of Ontario Institute of Technology* (wendy.stanyon@uoit.ca)
Marjory Whitehouse, *University of Ontario Institute of Technology*

Empathy is the ability to understand what another person is feeling in a given moment and it is a foundational skill for developing effective interpersonal relationships. Human brains are hardwired to experience the emotions that another individual is feeling. However, a person's ability to express empathy is on a continuum. Some people are naturally empathic, others have little empathy, and the majority of people lie somewhere in the middle. Fortunately, individuals can learn to be better at empathy. The level of effort required depends on where the person is on the continuum. This presentation will provide a demonstration of an online empathy module created by faculty members from the University of Ontario Institute of Technology and a multimedia developer from Durham College’s Centre for Academic and Faculty Enrichment (C.A.F.E.). An overview of the key stages in the development process, the challenges experienced and the evaluation phase of this project will also be discussed.

Mental Health Response Team

John Grant, *Durham Regional Police Service, Durham, USA* (jgrant@drps.ca)
Bruce Townley, *Durham Regional Police Service*

There has been a substantial increase over the past five years on the demands of health care and emergency service providers that relate to the needs of the vulnerable citizens living in the Durham Region, a large geographical area located in the Greater Toronto Area (GTA) in Ontario, Canada and home to more than 600,000 people. It has become vital that agencies pool their expertise and resources to better address these issues. In the summer of 2017, Durham Regional Police Service and Lakeridge Health Oshawa, one of Ontario's largest community hospitals, entered into a formal partnership to respond to the needs of individuals in crisis who are living with mental illness, and better support front line policing. The program has been highly successful in many ways, including connecting clients to services while keeping them out of overcrowded emergency departments. This presentation will discuss the development phase of the program, as well as the challenges, successes, and recommendations stemming from this community initiative.

Durham Region Vulnerable Persons Early Intervention Program

Bruce Townley, *Durham Regional Police Service, Durham, USA* (btownley@drps.ca)
John Grant, *Durham Regional Police Service*

Durham Regional Police Service's (DRPS) Mental Health Support Unit (MHSU) consists of two teams, each comprised of a Police Constable partnered with a Registered Nurse. Since its inception, this community mental health service has identified a large number of vulnerable members of the Durham community including seniors, at-risk youth, and homeless citizens who, although not currently experiencing a mental health crisis, are clearly in need of resources and supports. DRPS applied for government funding to address the needs of this growing number of vulnerable individuals and in May 2018 they received funds to develop and evaluate a Vulnerable Persons Early Intervention Program, in partnership with various community organizations. The Program includes a Mobile Response Team whose mandate is to identify, locate, and triage vulnerable individuals with the goal of intervening prior to them experiencing a crisis and supporting them in obtaining required services. This presentation will discuss the milestones completed in the first year of this two-year project including the development, implementation, and evaluation framework of the Program. It will also highlight challenges, successes, and any preliminary findings.

Facilitating Mindfulness Sessions for Faculty/Staff at the Royal Military College of Canada

Daniel Desjardins, *Royal Military College of Canada*, (daniel.desjardins@rmc.ca)

Mindfulness is the practice of bringing our awareness to what we are experiencing in the present, both internally and externally, without judgment (Kornfield, 2009). Current literature has established the effect of mindfulness on subjective well-being and resilience. Mindfulness has the capacity to assist individuals to respond to adversity with an increased awareness and intentionality, thereby reducing physiological and psychological stress. In the spring of 2017, faculty and staff at the Royal Military College of Canada (RMC) expressed an interest in learning

more about mindfulness and the Principal of RMC was supportive. In response, a member of RMC's military faculty and a mental health nurse teamed up over a period of six months to facilitate a series of two-hour mindfulness meditation drop-in sessions on RMC's campus located in Kingston, Ontario. This presentation will highlight the planning and implementation of these sessions, the content that was covered, the types of mindfulness practices that were included, and the feedback received from the faculty and staff.

27. Community Collaboration in Pursuing Outpatient and Jail-Based Competency Restoration as Alternatives to Overcrowded State Hospitals: A Texas Experience

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

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

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

Developing Community Partnerships to Deliver Outpatient and Jail-Based Competency Restoration Services

Beth A. Lawson, *StarCare Specialty Health System, Lubbock, USA*
(blawson@starcarelubbock.org)

This presentation by the CEO of a community public mental health authority (StarCare Specialty Health System) and commissioner of the Texas Judicial Commission on Mental Health discusses the council's recommendations to the Texas legislature to amend the state's criminal competency statutes in 2017 to expand the utilization of outpatient and jail-based competency restoration services. The legislature also made matching grant funding available to local entities to provide these services. StarCare is located in Lubbock, Texas, which has a population in excess of 250,000, but is surrounded by rural counties and is over 300 miles from any metropolitan area. StarCare worked closely with local county officials, the courts, and the private defender's office to obtain grant funding for jail-based competency restoration, and to maintain a local continuum for outpatient and inpatient competency restoration services. Further innovation and community collaboration is necessary, however, across Texas to meet demand and in response to long waiting lists for beds at the state's forensic hospitals.

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

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

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

Community Collaborations for Competency Restoration Alternatives: Implementation by the Courts

Drue Farmer, *Judge, Lubbock, USA* (dFarmer@co.lubbock.tx.us)

This presentation will focus on the ability of local courts to be catalysts for cooperation between the key stakeholders at the local level in the overlap between the criminal justice system and the public mental health system. Cooperation between the courts, local governmental officials, prosecutors, defence attorneys, probation, and the community mental health authority will be shown to be key to implementing and maintaining outpatient and jail-based competency restoration services. The local goal is to provide a continuum of placement resources for offenders who are determined to be incompetent to stand trial. Unlike the vast majority of the state, the local community mental health authority operates both an inpatient psychiatric hospital that can accept

alleged offenders who are adjudicated as incompetent, along with an outpatient competency restoration program. More recently, a state funding grant for Lubbock County's jail-based competency restoration program was awarded following collaboration between the county and the public mental health authority. Local officials are also collaborating to seek legislative authority to implement a hybrid program that would include elements of both outpatient competency restoration, along with a residential component.

An Integrated Mental Health Docket for Criminal Competency Proceedings

Mark Hocker, *Judge, Lubbock County, USA* (MHocker@co.lubbock.tx.us)

The presenter serves as a judge of a criminal misdemeanor court in Lubbock County, Texas and oversees the mental health docket for all criminal competency proceedings for the felony and misdemeanor state courts in Lubbock County. This presentation will focus on the efforts by the local courts to consolidate criminal competency proceedings into a centralized docket before the same judge. Although not a mental health court, per se, the utilization of a centralized mental health docket permits the development of judicial expertise and promotes consistency in application of the pertinent statutory provisions. The court also works closely with state prosecutors, defence attorneys, jail officials, and the local public mental health authority regarding the availability of appropriate competency restoration services. Community collaboration is a key element in successfully improving the judicial oversight and delivery of competency restoration services.

28. Community Supervision, Mental Health Programming, and Re-entry

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

Sarah Cusworth Walker, *University of Washington* (Sara.WALKER@dhsosha.state.or.us)

Traditional approaches to probation supervision heavily emphasize punishment and show poor outcomes for reducing reoffending. Recent innovations in adult models of probation integrate social skills education (EPICS) and reward-based motivators (JSTEPS) to improve compliance and reduced recidivism. Youth models of probation are largely modelled off adult models and there is current interest in examining whether these innovations would be effective for adolescents. There is reason to be skeptical that these models will work as well without significant adaptation. Adolescent developmental science indicates that youth are highly influenced by their immediate surroundings, peer networks, and value reward over measured risks. Consequently, attempts to integrate therapeutic components within probation for youth will

need to take into account the influence of the youth's social networks in the home and with peers. While these principles are fairly well known among juvenile justice practitioners, few practical models of developmentally appropriate supervision exist. This presentation will provide an overview of a new approach to juvenile supervision and pilot study findings. The model integrates principles of family systems theory, contingency management, and positive youth development to promote youth goal achievement, engagement in behavioral health services, improved family climate, and outcomes.

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

Kim Bogucki, *Seattle Police Department, Seattle, USA* (kim.bogucki@seattle.gov)
Amber Flame, *The IF Project*
Emily Stefhon, *Seattle Police Department*

The Seattle Women's Reentry (SWR) initiative is a pilot program implemented in Seattle, Washington to serve women coming out of prison in 2017-2018 in King County, Washington in the United States. SWR is an outgrowth and extension the IF Project, a police-corrections collaborative crime reduction and crime prevention initiative. This presentation will discuss the implementation of the IF Project's Seattle Women's Reentry initiative: A police-led, comprehensive, gender responsive reentry program for women. Historically, women coming out of prison have not received the same reentry services as men. Women's reentry needs differ from their male counterparts in many ways including responsibility for children, history of physical and sexual assault, and social support. Seattle Women's Reentry Programmatic elements addressing the unique needs of women reentering the community are presented including the pre-release Personal Reentry Education Plan (PREP), post-release programming, reentry support, and case management. Challenges in serving women coming out of prison and future development of the SWR initiative will be discussed.

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

Jacqueline B. Helfgott, *Seattle University* (jhelfgot@seattleu.edu)
Elaine Gunnison, *Seattle University*
Tia Squires, *Seattle University Department*
Kidst Messelu, *Seattle University Department*
Nadine Guyo, *Seattle University Department*

This presentation will report findings from a quasi-experimental mixed-method evaluation of the IF Project's Seattle Women's Reentry (SWR). The SWR is a gender responsive reentry initiative with focus on self-inventory to build awareness and coping skills operated by the Seattle Police Department's IF Project in collaboration with the Washington State Department of Corrections. A mixed-method quasi-experimental design was employed to evaluate the impact of SWR programming on participant reentry trajectory, experience, success, and recidivism. Subjects were

an experimental group of 70 women released from the Washington Corrections Center for Women to King County and comparison group of 20 women released to Skagit, Whatcom, and Snohomish Counties between January 1, 2017 and December 31, 2018. Data was collected prior to program participation, at monthly intervals post-release, and one-year post-release. Pre-release data collection includes interview, institutional file review including health/mental health history, Psychopathy Checklist-Revised (PCL-R) and Level of Service-Case Management Inventory (LS/CMI) assessments, and administration of a self-report survey designed to measure self-esteem, self-efficacy, and trauma experiences. Findings, methodological challenges, and future development of the SWR initiative are presented and discussed.

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

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

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

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

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

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

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

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

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

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

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

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

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

The use of outpatient compulsion in the form of Community Treatment Orders (CTO) is increasing across much of the Western world but continues to be controversial due to concerns over patient rights and the evidence for their effectiveness. The literature shows that the group of patients subject to CTOs remain stable across the many jurisdictions where such legislation is available. They tend to be male, middle aged, diagnosed with schizophrenia, and with long histories of using mental health services, often under compulsion. CTOs have been available in Norway since 1961 and has therefore one of the longest traditions of using outpatient compulsion. While reports suggest high level of usage, the completeness and quality of existing registers have been

questioned. The Norwegian Outpatient Commitment Study (NOCS) was designed to a) ascertain the number and characteristic of patients on CTO the period 2008-2012 and b) obtain detailed information about patients on their first ever CTO in 2008/09. In this presentation we answer the following questions: (1) What are the characteristics of the CTO population in Norway? (2) What is the justification for and content of CTOs in Norway? (3) What is the association between patient characteristics and outcomes?

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

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

Gavin Davidson, *Queens University Belfast*

Pearce McCusker, *Glasgow Caledonian University*

Hanna Jobling, *University of York*

Thomas Slater, *Cardiff University*

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

CTO Rates of Use: The Context and Implications of Change

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

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

30. Community Treatment Orders II: Issues in the Implementation of Community Treatment Orders

Community Treatment Orders: Towards a New Research Agenda

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

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

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

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

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

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

Beyond Coercion-Providing Treatment and Support Without Coercion

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

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

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

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

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

31. Community Treatment Orders III: Experiences and Challenges

CTOs: What Professional Codes of Ethics Have to Say

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

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

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

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

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

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

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

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

The Impact of CTOs on Recovery Oriented Practice

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

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

32. Community Treatment Orders IV: Outpatient Commitment and Protecting Safety: Rational, Law, Process, and Outcomes

Risk of Criminal Justice System Involvement Among People with Recent Psychiatric Hospitalizations

Jonathan D. Prince, *City University of New York* (jprin@hunter.cuny.edu)

Are people with severe mental illness more likely than other individuals to have criminal justice system involvement (CJSI)? Researchers have yet to examine CJSI among only the most severely ill individuals with past-year psychiatric hospitalizations. Among these individuals (N=2671; National Survey of Drug Use and Health, 2006-2014), we used logistic regression to assess CJSI-risk and identify risk-factors. The following potential risk factors were included in the logistic model: Gender, marital status, income, past-year use of substance abuse treatment, and indicators of substance use disorder (alcohol only; cocaine only; both alcohol and marijuana only; both alcohol and prescription painkillers only; alcohol, marijuana, and cocaine only). In relation to people without past-year psychiatric hospitalization or substance use disorder, those with both inpatient stay and substance use disorder were 11.00 times as likely (CI=8.26-14.65, $p<.001$) to be arrested and booked for breaking the law in the last 12 months, while those with psychiatric hospitalization (only) were 3.62 times as likely (CI=2.73-4.79, $p<.001$) and those with substance use disorder (only) were 5.39 times as likely (CI=4.98-5.83, $p<.001$). After using our findings to identify people who are at greatest risk for CJSI, preventative interventions could be offered.

The Balancing of the Need for Treatment & Civil Liberties

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

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

The Risk of Outpatient Commitment with Difficult and Dangerous Individuals: The Israeli Experience

Samuel Wolfman, *Haifa University* (s.wolfman@wolfman-law.com)

The Israeli Mental Act authorizes to involuntarily hospitalize or to involuntarily community treat mentally ill individuals who may present dangerousness for self or for others. Such involuntary hospitalizations or community treatment can be enforced both in a civil route or in a criminal route – when mentally ill persons found to be not responsible for the criminal offense or when they lack capability to stand trial. The aim of the law is to give the mental health authorities the opportunity to treat such patients in order to reduce their dangerousness and move them to remissions in their illness state, while using less constrictive measures. The outpatient involuntary treatment in Israel is practiced initially when the degree of dangerousness is a priori in a low grade that enables its

reduction by community treatment, or as a secondary state, further to involuntary hospitalization when the individual has stabilized and his dangerousness is evaluated to be in a reduced form. The presentation will describe the process of involuntary community treatment in Israel and ask whether such outpatient treatment has achieved the expected goals of the law and indeed eliminated the risk of dangerousness with less constrictive measures.

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

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

This study considers whether and by what means community treatment orders (CTOs) provide needed-treatment addressing their legal mandate to protect the safety of self and others. Over a 12.4 year-period records of hospitalized psychiatric patients, 11,424 with CTO-exposure and 16,161 without CTO-assignment were linked to police records. Logistic and OLS-regression, with propensity-score-adjustment and control for 46 potential confounding factors, were used to evaluate the association of CTO-assignment with perpetration and victimization of major crimes against persons (PCAP and VCAP, respectively). Contrasted with hospitalized patients without CTO-assignment, and after adjusting for prior crimes and victimizations, ethnic-bias, neighborhood disadvantage, and other between group differences, CTO-assignment was associated with a reduction of 17% in initial-PCAP-risk, 11% in initial-VCAP-risk, 9% in repeat-PCAPs, and 6% in repeat-VCAPs. Ten community-treatment-contact-days in interaction with CTO-assignment was associated with a 3.4% reduced PCAP-risk but unrelated to VCAP-risk. While being able to bring people in for needed-CTO-linked-re-hospitalization was associated with a 13% reduction in initial-PCAP and a 17% reduction in initial-VCAP-risk, CTO assignment's association with risk-reduction in conjunction with providing access to needed-treatment via re-hospitalization and community-based service adds support to the conclusion that outpatient commitment is to some extent fulfilling its legal protection objective.

33. Community Treatment Orders V

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

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

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

Community Treatment Order Assemblages: Emerging Issues in the Process and Practice of Making Community Mental Health Treatment Compulsory

Alison Schneller, *University of Auckland New Zealand* (a.schneller@auckland.ac.nz)

Most research, including empirical studies on the use of CTOs, in New Zealand and elsewhere do not focus on the processes, practices, participants, their interconnections, and effects in making CTOs. This limits our understanding of the varied human and nonhuman elements and conditions involved in the creation and maintenance of CTOs. This presentation draws on findings from the presenter’s PhD research conducted in New Zealand, which focuses on the existing medical and legal procedure for making CTOs. The research involves analysis of publications and organization documents, key informant interviews, and on-site observations of processes. Using the concept of assemblage to underpin an analytical framework, this presentation will bring together social, affective, material, legal, and clinical discursive elements in the “CTO assemblage”. It will explore how these elements combine to both enable and constrain participants’ actions in different circumstances. Viewing CTOs as assemblages allows for fresh insights into some of the most basic aspects of CTO procedures, challenging existing conceptions of the processes, roles, types of knowledge, and their effects in the process of making and maintaining CTOs. This research has implications for mental health law practice, policy, and law reform relevant to appropriate use of CTOs.

34. Competency to Stand Trial

Development of a Workbook for Trial Competency

Renee Tivoni Mack, *University of California, Berkeley* (reneemack@berkeley.edu)

John Wyman, *Napa State Hospital, Napa, USA*

Structural competence has been suggested as a potential strategy to improve quality and eliminate disparities for marginalized individuals in health care settings. This presentation puts forward an expansion of structural competence to behavioural health care in the criminal justice setting and an application of structural competence to the rapidly expanding need for trial competency restoration. A Structural Approach to Trial Competency (SATC) is an example of how structural

competence can be adapted to the forensic mental health setting and applied to trial competence instruction. SATC incorporates and acknowledges the structural influences that play a role in patient incarceration by using a simple and easily comprehensible workbook. Structural Competence is a means of enhancing understanding among practitioners to the variety of social, cultural, and economic forces that influence: Health behaviours, health outcomes, provider and patient interactions, and healthcare delivery, demanding that attention be paid to the interplay of race, class, gender, oppression, and symptom expression in health care. The end goal of structural competence is to equip clinical trainees and providers with a language and ability to act on systemic causes of health inequalities.

Competency to Stand Trial in the Elderly

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

Trauma and Competency to Stand Trial

Elizabeth Owen, *Columbia University* (eao8@tc.columbia.edu)

This presentation will focus on the role of trauma in competency to stand trial evaluations. Competency to stand trial evaluations have been long been identified as the most important inquiry in the area of criminal mental health as they are part of the bedrock of the commitment to the right to a fair trial. Certainly, they are the most frequently ordered and performed criminal evaluations, with an estimated 90,000 up from the oft-cited 60,000 per year in the United States in 2000. Adverse Childhood Experiences as measured by the ACE have been linked to social, emotional, and cognitive impairment; adoption of health-risk behaviours; disease, disability, and social problems; and early death. More specifically, more childhood traumas as measured by the ACE are correlated with an increase in criminal behaviour, suicidality, and psychosis. While trauma symptoms have not yet been associated as one of the characteristics of those deemed unfit to proceed, to primarily focus on the presence or absence of psychotic symptoms does this population, and our understanding of the depth of impact trauma has on an individual's

adjudicative functioning, a disservice to the defendant, the forensic evaluator, the courts, and ultimately the criminal justice system.

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

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

Substance use and delinquency among adolescents have been reported to be positively and strongly associated. However, most studies had been from the Western world, with very limited data from Southeast Asia. Using demographic data, medical records, and urine drug testing routinely collected by Tulakarn Chalermprakit Hospital (the Institute for Juvenile and Family Justice Development) and the Central Juvenile and Family Court of Thailand, we estimated the prevalence of psychiatric disorders and substance abuse/substance use disorders among youth in the juvenile justice system in Bangkok, Thailand from July 1, 2016 to June 30, 2018. Most of the study participants were diagnosed with at least one of the mental disorders and many had co-occurring mental illness and substance use disorders. High prevalence of conduct disorder and other behavioural and emotional disorders with onset usually occurring in childhood and adolescence were noted, followed by any substance use disorder. Mental disorders were common among these youth and the prevalence were exceptionally high. The findings highlight the need for routine, comprehensive mental health assessment and intervention for all juveniles within the justice system, as well as proper policy response, to identify those who need treatment and prevent further escalation of substance use and criminal behaviours.

35. Complicity

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

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

The right to participate in and enjoy the cultural life of your choice, and the right to belief and religion are protected by the Constitution of the Republic of South Africa, 1996. For many South Africans, these rights include the right to consult a traditional health practitioner, including a diviner, herbalist, and faith healer to diagnose and treat mental illnesses. To ensure that the members of the public who use the services of traditional health practitioners are also protected, the Traditional Health Practitioners Act 22 of 2007 (“the Act”) was enacted, recognizing traditional health practitioners. Unfortunately, studies have indicated that the patients with serious mental disorders experience maltreatment and/or negligent care from diviners. Many patients with

serious mental disorders are diagnosed with being bewitched, which has serious implications in various cultures, including stigmatization. The patients are, furthermore, not referred timeously for psychiatric treatment and suffer as a result. The presentation will examine the recognition of traditional health practitioners within mental health law by firstly discussing the different diagnostic systems used. The presentation will reflect on whether the value of the service traditional health practitioners provide to the community outweighs the adverse effects on patients. In conclusion, possible recommendations will be discussed.

Revisiting the Infamous Pernkopf Anatomy Atlas: A Tale of Complicity

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

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

The Life Esidimeni Tragedy: A Patient Safety Perspective

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

Philip Stevens, *University of Pretoria*

William Oosthuizen, *University of Pretoria*

The Life Esidimeni tragedy, in which 144 mental health care patients unlawfully and negligently lost their lives while under the care of the Gauteng Provincial Health Department, is perhaps the most egregious fundamental rights infringement since the advent of South Africa’s democracy. The Marathon Project, described as ‘tortuous and murderous’ by former Deputy Chief Justice Moseneke, was imposed with a complete disregard and contempt for constitutional duties and rights, international obligations, the local laws regulating mental health care, and medical ethics. Despite the existence of a seemingly commendable regulatory framework multitudinous safety failures transpired. The appalling events and their aftermath will be examined from a patient safety perspective and three distinct concerns will be considered. We must try to understand how this could have happened, attempt to learn from the system (and individual) failures to evaluate the possibility of recurrence and what can be done to minimize that possibility, and perhaps, reconsider responses to harm and our conception of accountability.

Compliance and Defiance: An Examination of the Responses of the Medical Profession to Institutional Child Abuse Within Religious Settings in Twentieth Century Ireland

Claire Richards, *University of Worcester* (c.richards@worc.ac.uk)

The presentation will attempt to offer an understanding of the historical and cultural significance of the power and control of the authority of the Irish Roman Catholic Church (IRCC), and its impact on the health and welfare of children within its Industrial and Reformatory Schools in Ireland during the last century. Various reports and research have since highlighted the culture of obedience and conformity towards the IRCC, particularly the testimonies of victims and survivors in the report by the Commission to Inquire into Child Abuse (CICA, 2009). There will be a consideration of the apparent culture of collusion with the IRCC and the lack of accountability with the relevant government departments such as health, social care, and the police. The presentation will specifically consider the power of this ecclesiastical authority and its impact on health professionals who had responsibility for the healthcare of children. The culture of fear is re-examined in the context of medical professionals speaking out or intervening against the abuse and neglect of children or, their silence and reluctance to challenge on behalf of a child. The presentation will conclude with a focus on the role of professional advocacy in safeguarding children.

36. Contemporary Issues in Law and Aging

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

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

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

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

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

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

Advance Directives and Medical Assistance in Dying: Conflicting Perspectives

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

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

Dignity in Old Age

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

Dignity is seen commonly as an ethical obligation owed to human persons. The dimensions of this obligation, in today's post-secular society are, however, subject to wide discussion and debate; for, the term, "human dignity," and its preservation, defies universal agreement. Since dignity is incapable of being "operationalized," it is argued that it cannot be recognized as a policy standard. Indeed, in the United States, there has simply been no coalescence around the rational possibilities that exist for a legal theory of human dignity. Thus, the legal ontology of dignity lies

in obfuscation. Yet, there are others who assert that dignity is a socio-legal normative value and – internationally – must be even recognized as a human right. This presentation will examine efforts to manage death in a humane and dignified manner, which will be examined and tested in order to develop policies for fostering the goals of human dignity and, consider as well, courses of action available for the prevention of indignity.

Protecting the Rights of Older People in International Law

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

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

37. Contemporary Research-Based Perspectives on Elder Abuse

Perpetrator-Victim Dynamics in Elder Abuse

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

A fully realized analysis of perpetrator-victim dynamics in elder abuse is a considerably more complex undertaking than merely identifying risk factors associated with victimization, such as victim dependency and vulnerability. Equally critical in this context are the motivations and intentions of the perpetrator and the contextually driven and historically informed nature of the interactions that precede, constitute, and ensure from specific patterns and instances of abuse. How do these interactions truly affect the shared and individual lives of those involved? Development of multi-disciplinary theoretical frameworks for analyzing elder abuse, generating more holistic policy responses, and constructing effective practice models requires a more sophisticated understanding of the nature, context, and interpersonal dynamics of abuse in later life. In so doing, we must attain a valid conceptual and definitional consensus, while challenging stereotypical perceptions of older people, agist assumptions, and misconceptions about elder abuse found in professional discourse and the wider society.

Defining “Elder Abuse” in the Context of Legal Discourse

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

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

The “Personal Tragedy” Model of Domestic Elder Abuse

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

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

Problems with a “Significant Harm” Standard for Elder Abuse

Rebecca Zerk, *Aberystwyth University* (reb15@aber.ac.uk)

The ongoing “Pan-Wales Adult Protection, Domestic Abuse and Hate Crime Study” has identified intriguing variations in the way a “significant harm” standard is interpreted and applied by local authorities in cases of elder abuse. Employing a multi-method research design with both quantitative and qualitative methods of data collection, this study has determined that the element of subjectivity involved in assessing levels of harm—based upon a particular respondent’s professional judgment—tended to increase inconsistencies in both threshold testing and subsequent responses. Whilst respondents acknowledged that small differences were

understandable, they also opined that current practices have led to wide variations in threshold decisions, with an uncertainty as to how to address fluctuations in the threshold test. There is clearly a need for greater clarity in defining the ambiguous and inconsistent concept of “significant harm” in this context, and consequently for crafting revised procedures in response to cases of elder abuse.

Elder Abuse Under Conditions of Confinement

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

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

38. Continuum of Psychojudicial Services with High-Conflict Families

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

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Rachel Birnbaum, *King's University College*

Michael Saini, *University of Toronto*

Nick Bala, *Queen's University*

Francine Cyr, *Université de Montreal*

Persistent interparental conflict after separation remains the strongest predictor of poor psychological adaptation in children. To prevent conflict escalating and to promote coparenting, conflict management should be a priority and judicial resolution at trial, a last resort. Even though family law trials remain low, high conflict cases are demanding for professionals involved and legal processes may increase parental conflict and psychological distress experienced by family members. The present study aims to describe the characteristics of legal pathways that include recourse to family law trial. We analyzed 2,100 family court files in Quebec and Ontario, Canada, including 126 cases that went to trial. Our results show that family cases from Quebec, involving

younger children and characterized by higher levels of conflict are more likely to go to trial. This presentation will discuss family needs through family justice pathways and implications of these results to social policies.

Parental Reports About Their Experiences with the Family Justice System

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

There has been a great deal of discussion in many countries with enhancing programs and services for children and parents to assist them as they make their way through family restructuring post-separation. The programs and services provided are meant to enhance and strengthen parenting abilities, resilience as well as their coping abilities post separation. As part of a broader longitudinal research agenda in two Canadian provinces exploring parental and children's outcomes in the family justice system, this presentation focuses on n=866 in-depth interviews in Ontario with parents over three-time periods. The interviews explored each parent's views and experiences with mediation services, the strengths and challenges of being represented by a lawyer and being self-represented, as well as alternative dispute services in the family court during child custody and access disputes. Themes gathered on these issues raise significant concerns by parents about the family justice system and the services that are meant to promote resolution and strengthen resilience in parenting post separation. Practice, research, and policy implications will be highlighted to better understand how the services and programs can better meet the needs of children and families as well as the impact on parent-child relationships post-separation.

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

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

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

Catherine La Rosa, *Justice, Quebec, Canada*

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

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

challenges associated with this interdisciplinary collaboration will be discussed and the mind shifts required by all the actors will be described.

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

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

Karine Poitras, *Université de Québec à Trois-Rivières*

Francine Cyr, *Université de Montreal*

Élisabeth Godbout, *Université de Québec à Trois-Rivières*

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

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

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Michael Saini, *University of Toronto*

Catherine Turbide, *Université Laval*

Families involved in high conflict post separation and divorce pose unique challenges for child protection services. Recent qualitative studies have documented the struggles faced by child protection workers when responding to allegations made by acrimonious ex-partners. This study builds on these exploratory findings by conducting an online survey of child protection workers (n = 309) in Quebec. Results confirm that child protection cases with high conflict families are both challenging and complex, further complicated by workers' lack of operational definition of high conflict situations, a lack of clear role expectations of working with families involved in high conflict, and no clear mandate on how best to effectively and consistently respond in these complex

cases. Many workers expressed feeling higher levels of stress and feeling not properly equipped to work with families involved in high conflict. Team work, supervisors' support, access to training, and the creation of high conflict specialized teams were seen as methods to improve service for families involved in high conflict. Implications for practice include developing both an integrated approach and a differential response to better respond to families involved in high conflict.

39. Controversies in Bioethics

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

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

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

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

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

Contemporary Muslim ethicists often declare that Islamic teachings have cared for the welfare of Muslims since the naissance of the Islamic community, and that the Prophet Muhammad instructed his followers how to avoid the spread of diseases, or even how not to contract them to begin with. In general, it is accepted in Islamic sources that prevention is better than attempting a cure. Some examples of this attitude will be given. Regarding immunization, contemporary scholars advance two contradictory opinions. The first supports immunization, in line with the preventive approach mentioned above; the other recommends reducing the resort to

immunizations, claiming that some of the immunizations are more hazardous to the human body than helpful; another explanation is that by using immunizations the Muslim believer expresses distrust in God to cure all diseases (tawakkul). Such a fatalistic attitude, not unique to Islam, can, if accepted, hinder the resort to medications, surgery, etc., altogether. This presentation will discuss the advantages and disadvantages of both attitudes, as Muslim jurists see them, and evaluate how Muslim populations today can navigate these two extremes.

The Bioethical Challenges of Biosocial Research in Criminology

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

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

Was Jesus' Death an Assisted Suicide?

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

40. Correctional Psychiatry in the US

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

Management of Cognitive Impairments in the Aging Prison Population: An Integrated Approach.

Ernest Graypel, *Corizon Health, Missouri, USA* (Ernest.Graypel@corizonhealth.com)

Research indicates that inmates tend to age faster than members of the general population in the community. Depression and various kinds of dementia are among most common mental disorders of elderly inmates, but considering that many of these patients may have multiple medical comorbidities, the possibility of them become delirious is also very high. These diseases may present with cognitive impairments, and it usually requires a team of medical and mental health professionals to recognize and effectively manage these conditions. This presentation proposes these patients be managed by a team of different levels of mental health professionals in close collaboration with the medical team. The source of referrals for this program is either result of screening (psychometrist or QMHP) or a direct referral by another specialist or a custody. The process initially involves use of psychological tests to rule-out delirium and then confirm/rule out presence of major cognitive disorders. If the presence of delirium is ruled out in the patient, he/she will be enrolled into mental health chronic care clinic, and the physical health physician will act a consultant to co-manage patients' medical conditions if they are present in the patients.

Enhancing Mental Health Services in Correctional Systems Using Telepsychiatry

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

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

the use of innovative technology and the implementation of collaborative models of care to enhance our commitment to providing high quality care to our patients in correctional systems.

Correctional Psychiatry at the Cook County Department of Corrections

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

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

2018 US Corrections Prescribing Practice Resource

Elizabeth Ferguson, *Augusta University* (elizabeth@frmrisk.com)
Abdi Tinwalla, *Wexford Health Sources, Pittsburgh, United States*
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The newly published American Academy of Psychiatry and the Law (AAPL) Practice Resource for Prescribing in Corrections was developed by correctional psychiatrists with various backgrounds including clinical administration, system consultations, research, teaching, and direct patient care for inmate patients. Some contributors are actively involved in administration, oversight, and academic endeavors related to psychiatric prescribing in jails and prisons. The process of developing the resource document incorporated a thorough review that integrated feedback and revisions into the final draft including the Council of AAPL. The Practice Resource is a broad document that includes medication issues pertaining to health care operations, general matters related to prescribing, evidenced based prescribing practices in correctional settings, and several special topics. The chair of AAPL's Corrections Committee will review the utility of the document and the legal framework that correctional psychiatrists and administrators operate under in the United States. This presentation will also delve into the topics of misuse, abuse, and diversion of psychotropic medications. The need for custody and health care staff to have a high index of suspicion for diversion and trafficking will be discussed. Specific non-controlled medications that are frequently abused will be reviewed. Strategies for mitigating the risk of misuse will also be discussed with time at the end for audience members to share any additional strategies.

41. Crime, Prison Environment, and Mental Health in Brazil

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

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

Women Condemned for Theft

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

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

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

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

While patients with major mental illness do not always commit violent crimes, those that do are

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

Impulsive-Control Disorders & Illegal Acts, an Epidemiological Study

Rafael Freire, *University of São Paulo* (rafael.n.freire@hotmail.com)

Psychiatric disorders usually bear a straight relation to legal issues of any kind. However, it is expected that people diagnosed with impulse-control disorders are even more involved with the practice of illegal acts, whether because of aggression or lack of payment or any other irresponsible and social inadequate behavior, having more troubles with prosecution and eventually being penalized for that. Compulsive shopping may lead to non-compliance of debts and other financial commitments; kleptomania and intermittent explosive disorder may result in prison; gambling itself is illegal in some states and countries, and so on. There is still a high frequency of comorbidity associated, which can make the diagnosis and identification of impairment even more difficult. Based on these facts and on a previous study conducted in our University comparing the incidence of legal issues among psychiatry and general patients, we intend to identify the proportion of those diagnosed with impulsive-control disorders that has been sued or fined due to this psychiatric condition.

42. Criminal Justice System Alternatives

Replacing Models for the Criminal Justice System with the Concept of Safety

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This presentation will propose a different conceptual analysis of the criminal justice systems. It will suggest the replacement of the concept of models for the criminal justice system in general, and Herbert Packer's models in particular, with the concept of safety and hazards. The advantages of this suggestion are twofold. First, while the rights of accused persons can be sacrificed on the

altar of the “war on crime”, safety is about a process of persistent improvement. Second, as opposed to the Due Process model, as described by Packer, which does not embrace victims' rights and needs and does not implicate therapeutic values, the concept of safety and hazards captures more aspects of the criminal process, such as respecting the rights and needs of victims of crime and the therapeutics needs of all participants in the criminal process. Whereas working with more than two contrasting models is cumbersome, the concept of hazards in safety terms can bring all these values under the same roof.

New Regulation About Alternative Measures of Imprisonment for Drug Addicts in Spain

Carmen Martínez Perza, *Judge, Algeciras, Spain* (cmperza@gmail.com)

At the end of 2015, the Spanish Penal Code underwent a major reform that affected a large part of its articles. One of the sections that were modified is related to alternatives to prison in general and, particularly, to measures directed at people who have committed crimes because of their drug addiction. This presentation will address the changes that were carried out, noting the progress that occurred, as well as the recommendations of the criminal enforcement system regarding the objective and the introduction of mediation as an objective way of resolving the conflicts that have come to the criminal jurisdiction. This presentation will discuss what services/resources have been taken into account, what devices are required to carry out these measures, and whether Spain has a system of alternatives to prison that is sufficiently effective in terms of re-socialization of the offender?

Exploring an Inuit Approach to Wellness and Justice in a Canadian Circumpolar Region

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Shirley Tagalik, *Aqqiumavvik Society, Arviat, Canada* (inukpaujaq@gmail.com)

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Louis Angalik, *Arviat, Canada*

Definitions of wellness, addiction, mental illness, and rehabilitation are currently embedded in Western systems of health and justice. Since colonization, Inuit cultural systems of care, wellbeing, and rehabilitation have been compromised. Western systems often fail to consider Inuit perspectives that emphasize reconciliation of an individual to the community. This research which defines health and wellbeing within an Inuit context aligns with the collective Canadian process of reconciliation with Indigenous communities. Aajiiqatigiingniq, an age-old cultural system, may offer new possibilities for community wellness and justice within the Canadian Arctic territory of Nunavut. It is a system embedded in a holistic worldview that addresses the individual, family, community within a complex spectrum of wellbeing and the supports required to establish health and harmony. In our exploration of this cultural system, this presentation will assess the potential for aajiiqatigiingniq to provide Inuit-defined therapeutic support to a Wellness Court. The study

aims to assess the agility of the concept of aajiiqatigiingniq as a foundational construct for a wellness framework. By engaging Inuit knowledge holders across the community, this collaborative project develops a culturally embedded wellness indicator framework that enables the community to assess its capacity to provide Inuit-defined consensus-driven therapeutic support to a prospective fly-in Wellness Court in a Canadian circumpolar region.

Restorative, Relationship, and Human Rights-Based Jail Diversion for the Mentally Ill Offender

Alexandria Boutros, *DePaul University* (al_boutros@hotmail.com)

Due process mandates that one has the right to a fair and speedy trial. Inherently this means that one who is mentally ill has the right to be fairly identified by the court as mentally ill and speedily put on a path that will rehabilitate the offender. However, after the closure of a majority of state hospitals, the only other option for mentally ill offenders was prison. The institution of prison was not meant to rehabilitate mentally ill persons, especially not the seriously mentally ill. Due to the resulting inability to treat the millions of mentally ill offenders annually being sentenced to prison, many researchers and scholars have begun looking further into alternatives to housing mentally ill offenders in correctional institutions. One particular alternative, and the focus of this presentation, is diversion programs that divert individuals from either jail or prison into a community-based mental health care program. A deeper focus of this presentation will be pinpointing what aspects of diversion programs make them efficient, and what aspects could possibly have a negative effect on divertees. Case studies of diversion programs will be assessed and compared for their program specifics and the overall effectiveness of each program in terms of recidivism.

43. Criminal Responsibility

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

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

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

Criminal Liability of the Perpetrator Diagnosed with the Psychoorganic Syndrome

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

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

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

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

Yvonne Daly, *Dublin City University*

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

44. Criminalization Revisited

Crime and Vulnerability Among Mentally Ill Citizens: A Review

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

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

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

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

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

Bipolar Disorder in Forensic Psychiatry

Thomas Kirkegaard, *Ministry of Justice, Copenhagen, Denmark*
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In Denmark, psychiatric treatment is recommended to people who were insane at the time of committing the offence. Individuals with schizophrenia and paranoid psychosis as well as other psychoses are per definition insane. For people with bipolar disorder the intensity of the symptoms determinates if the person is insane or not. Variances may occur within the forensic

psychiatric population with bipolar disorder, in regards to crimes committed, demographics, and treatment possibilities. Compared to other countries, Denmark has a low incidence of concurrent bipolar disorder and sentencing to psychiatric treatment. This could indicate that some persons are not properly diagnosed and seen as suffering from personality disorders with hypertym tendency or temper. Likewise, alcohol or substance abuse could potentially eclipse their disorder. For this presentation, cases of patients with bipolar disorder or other affective disorders assessed at Clinic of Forensic Psychiatry from 2007-17 were examined. Case characteristics including demographic, significance of disease, substance abuse, and type of crime will be presented.

Criminalization of Persons with Autism

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There has been increasing focus on Autism Spectrum Disorders (ASD) in connection with crime within the last few years, partly because of some spectacular cases. However, no evidence has been found for a higher rate of offending among persons with autism. Despite this, there seems to be an increase in persons with ASD undergoing Forensic Examination in Denmark. This poses a problem and, when sanctioned, persons with ASD do not fit into either the probation system or the treatment/psychiatric system. This presentation will report data from a forensic examination conducted from 2012 to 2017 on persons with ASD, with a focus on demographic data, educational level, and functioning, in order to give an impression of the group, the rate of offences, and the kind of offences. Based on the data from the examinations, this presentation will address the following questions: Is there an increase in forensic examinations concerning persons with ASD? What kind of offences are they? Can the offending be understood in the context of ASD? Do we see the same pattern of offending in Denmark compared to other countries? Are there external/structural factors in Denmark that might influence the rate of charges against persons with ASD?

A Qualitative Analysis of 50 Female Non-Psychotic Violent Offenders

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

At the Prague IALMH conference in 2017, we presented the results of a research project evaluating gender differences in non-psychotic violent offenders over a ten-year period at the Clinic of Forensic Psychiatry in Copenhagen, specifically whether more female offenders were recommended for treatment instead of prison compared to their male counterparts. We found that a significantly larger proportion of the women were indeed recommended for treatment than men, even when controlling for a number of confounders such as diagnosis and substance abuse. However, there was no significant difference when focusing solely on those charged with severe violence. This presentation will feature a qualitative description and analysis of the 50 female offenders in the project, who were recommended for treatment as a more crime-preventive measure than prison. It will, specifically, look at the criminalization process,

i.e., identifying the criminogenous factors and how treatment could be assumed to be effective as a preventive intervention. The presentation will also feature a description of the two groups demographically as well as in terms of psychiatric diagnosis and treatment history, e.g., whether or not they had been sentenced to treatment earlier and, if so, what they might have gained from previous treatment.

45. Crisis Intervention Team (CIT) Training in Policing and Correctional Contexts

Crisis Intervention Integration into the Law Enforcement Agency

Chris Fowler, *Police Department, Seattle, USA* (Chris.Fowler@seattle.gov)

Behavior health is a critical issue facing governments at all levels. It is often Law Enforcement agencies that come into contact with individuals either in crisis or very near the point of crisis. Law Enforcement is expected to interact with those in crisis with limited resources. It becomes a not uncommon clash as Police Officers attempt to solve a problem with little, if any, training and often few outreach services. Many officers are put into the unfortunate circumstance of using a wide range of force options to detain individuals. This can result in jail bookings or forcible transport to a mental health facility. How should Law Enforcement manage behavior health Issues? What tools are necessary to provide officers with a range of responses to those in Crisis? Expectation management from senior leaders both within and outside the Police Agency is the first step. Police Agencies should provide a base level training or advance “crisis Intervention” training to equip officers with an opportunity to understand behavior health issues and a chance to deescalate these situations. Finally, enhancing the community outreach opportunities for those in crisis so that an Officer has resources to refer an individual limiting potential use of force, bookings, and unhelpful response protocols.

Impact of Crisis Intervention Training on Outcomes with People in Crisis

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Preeti Chauhan, *John Jay College of Criminal Justice*

Crisis Intervention Team (CIT) is the leading model in the United States in educating and training police officers in understanding and managing situations with persons in crisis. Despite the wide implementation of CIT in 49 US states and four countries, little research has been done assessing the effectiveness of CIT. Some research on CIT have suggested positive outcomes, including reduction in negative attitudes about persons with mental illness and lower rates of force among CIT officers (Ellis, 2014; Hanafi et al., 2008; Compton et al., 2014; Morabito et al., 2012; Compton et al., 2014). However, these studies have used officer self-report data collected through surveys or in-person interviews. The present study will expand on this literature by utilizing department-wide, officer-level data from a large, urban, northwestern police department in the

US. This data will allow for analyses of all use of force and crisis incident data from 2015 to present. Our findings will demonstrate the impact of CIT on use of force and dispositions in crisis encounters compared to in non-crisis encounters. Further, this presentation will analyze the role of officer and subject demographics, officer experience, amount of CIT received, and subject demeanor in use of force and disposition outcomes.

The Crisis Intervention team (CIT) Model in a University Police Department

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

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

Legal and Mental Health Perspectives on Crisis Intervention Team (CIT) Training

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Susan Schoeld, *Crisis Diversion Program Manager, King County Mental Health*

This presentation focuses on police de-escalation in the face of behavioral crisis. How often are the subjects of police-involved deaths people in behavioral crisis? What kinds of training have proven effective in helping police recognize mental health disorders and utilize de-escalation tactics? What's the best messaging to persuade police departments of the value of such training? What obstacles prevent police officers and departments from gaining skills to de-escalate members of the public? Beyond training, how does hiring and supervision factor into a police agency's success in dealing with people in behavioral crisis? Learning how to support the work of responding to individuals with behavioral health needs and address the issue of treatment over incarceration or commitment takes time, patience, and a willingness to recognize the unique culture and needs of law enforcement. This presentation will provide insights and experiences from legal and mental health perspectives regarding implementing crisis intervention in large police departments in the Pacific Northwest in the Seattle Police Department and King County Sheriff's Office to advance police training and offer perspectives on how best to interact with people with mental health issues.

Corrections-Focused Crisis Intervention

Emily Malterud, *Washington State Criminal Justice Training Commission, Washington, USA* (malterud@seattleu.edu)

The transinstitutionalization of persons with mental illness in the United States into correctional facilities from mental hospitals in the 1960's and 70's is one that is well documented within the criminal justice literature. In conjunction with this transition, the cultural shift from penal welfarism to a culture of control and rise in overall incarceration rates has left officers working within correctional institutions with few resources regarding topics surrounding mental health. A lack of focused training on mental health issues in corrections creates an environment prone to violence and un conducive to a decrease in recidivism. Borrowing from Crisis Intervention Team (CIT) training popularized in law enforcement throughout the United States, this presentation will propose a curriculum for a corrections-focused CIT training, emphasizing information on the recognition of symptoms of mental illness and strategies of care, suicide recognition and prevention, and de-escalation training in an institutional setting.

46. Critical Methods: Institutional Ethnography

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

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

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

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

Sonya L. Jakubec, *Mount Royal University* (sjakubec@mtroyal.ca)
Rob Wipond, *Independent Researcher and Journalist*

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

The Business of Managing Nurses’ Recovery from Substance Use Problems

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

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

47. Cultural Competence: Best Strategies for Forensic Evaluations

Cultural Competency

Valerie R. McClain, *Consulting Psychologist, Tampa, USA* (vraemac@aol.com)

This presentation will focus on providing education to the audience concerning cultural competence in forensic psychological evaluations. Cultural differences will be addressed with regard to both interviewing and assessing clients with psychological tests. Ethical guidelines for appropriate selection and use of tests which address cultural differences and normative data bases will be addressed including intelligence tests, neuropsychological testing, and personality measures. Case examples will be used to illustrate applications to immigration cases, competency, and insanity evaluations, and developing mitigation strategies in criminal cases including death penalty cases. Special emphasis will be placed on understanding the ethnic or reference group and the degree of involvement with the culture of origin and host culture. The use of the DSM-V with regard to diagnostic considerations within various cultural populations will be discussed within the context of legal applications with regard to considering mental health disorders as understood in the host culture.

Immigration Hardship Psychological Evaluation: Cultural Issues and Assessment Challenges

Mark Ackerman, *Consulting Psychologist, Atlanta, USA* (drmark1@bellsouth.net)

This presentation will review procedures in conducting the forensic psychological evaluation for immigration matters within the United States. When psychological hardship is uncovered through these evaluations, pending deportation of undocumented residents can be avoided if extreme hardship to their U.S. citizen relatives (e.g., spouses, children, parents) is uncovered. However, challenges sometime emerge even for expert examiners including clients with limited understanding of the process, clients who malingering, and difficulty in detection of psychological hardships as a result of cultural norms causing minimization/denial of symptoms, shame, or fear about sexual or domestic abuse or other forms of neglect, and embarrassment regarding accurate self-report of medical and psychiatric conditions. This presentation will reference guidance from the DSM-5 cultural formulation in overcoming these barriers to assist the psychologist and the immigration courts in coming to a fair and objective decision about the cases they review. Clinical material will be included to illustrate key points and legal perspectives.

Assessment of Indigenous Individuals in Forensic Settings

Yolanda C. Leon, *Consulting Psychologist, Ruskin, Florida* (suncoastpens@gmail.com)

This presentation will focus on effectively conducting psychological evaluations on indigenous defendants in forensic settings. Clinically relevant, scientifically supported research/evidence based approaches in the assessment of indigenous defendants and in forensic settings and the challenges faced by examiners is essentially non-existent. Brief case vignettes will be used to illustrate best practice. Forensic psychologists are often called upon to conduct forensic psychological evaluations on these individuals, who are often believed to be Spanish speaking. Their indigenous background presents multiple challenges to the forensic examiner, even those familiar with Mexican, Central and South American cultures. Some of the challenges presented by these indigenous, dialect-speaking defendants are complex, multifaceted, and often poorly understood by the courts. Some of these challenges include: Significant communication difficulties with staggering implication; frequent difficulty grasping complex legal concepts; physical characteristics that are often mistaken for dysmorphic features implying possible intellectual comorbidities; individuals who have fled persecution by government entities, resulting in mistrust or fear of the defense team and/or forensic examiners.

48. Current Characteristics of Violence in Mental Illness

Violence and Mental Illness: What Does Structural Magnetic Resonance Show?

Patricia Rivoire Menelli Goldfeld, *Maurício Cardoso Forensic Psychiatric Hospital, Porto Alegre, Brazil* (pgoldfeld21@gmail.com)

Alcina Juliana Barros, *Departamento de Pericia Medica e Saude do Trabalhador do Estado do Rio Grande do Sul, Porto Alegre, Brazil*

Lisieux Elaine de Borba Telles, *Federal University of Rio Grande do Sul*

Clarissa Severino Gama, *Federal University of Rio Grande do Sul*

Neural substrates that are specifically the basis of violent behavior and its structural analogues remain poorly understood. It is not well established if there is a common biological basis for aggressive, impulsive, and violent behavior across clinical populations. It is known that the Limbic System and the Frontal Area of the brain are involved in human emotions and behavior. Many neuroimaging studies have found bilateral hippocampal decline in schizophrenic patients, in patients with a first episode of schizophrenia, and in first-degree relatives of these patients. Narayan et al. compared individuals with antisocial personality disorder and history of violence with schizophrenia with and without history of violence and found the violence associated with inferior medial frontal cortical thinning and in the lateral sensorimotor cortex, particularly in the right hemisphere, and surrounding areas (areas of Brodmann 10, 11, 12, and 32), both in schizophrenics and antisocial. A systematic review of the Bireme, PubMed, Psych-Info, Embase, and Lilacs databases of the period 1994-2018 was carried out to know and compare the findings of structural magnetic resonance imaging in patients with different diagnoses of mental disorders.

Vicarious Trauma in Forensic Mental Health Professionals

Alcina Juliana Soares Barros, *Federal University of Rio Grande do Sul*
(alcina.foreense@gmail.com)

A cross-sectional study using a mixed-methods design was performed to examine the associations among countertransference induced by sex offenders, defense mechanisms, and manifestations of vicarious trauma in forensic psychiatrists and psychologists. Fifty-six Brazilian forensic psychiatrists and psychologists participated in a convenience sampling that occurred from October 2016 to May 2017. Countertransference, defense mechanisms, and vicarious trauma were assessed using the Assessment of Countertransference Scale, Defense Style Questionnaire-40, and Trauma and Attachment Belief Scale, respectively. Qualitative data analysis using grounded theory was also performed to explore the influence of sex offender assessments on the experts' personal and professional lives. Positive and moderate correlations were found between feelings of indifference and the Other-Safety TABS subscale ($\rho+.43$, $p = .002$) and between immature defense mechanisms and TABS total score ($\rho+.45$, $p < .001$). Qualitative data showed changes in the professionals' identity, worldview, and beliefs related to safety and trust. Specific maladaptive coping strategies such as feelings of indifference and immature defenses during the assessment of sex offenders were associated with manifestations of vicarious trauma in forensic psychiatrists and psychologists.

Mass Shooters in Brazil: A Study Case

Denise Rocha Stefan, *Brazilian Psychiatric Association, Salvador, Bahia, Brazil*
(deniserstefan@gmail.com)

This presentation will review known data on mass shooters in Brazil and discuss a case study. According to the formal definition of the New York City Police Department, a mass shooter is an individual engaged in killing or attempting to kill people in a confined and populated area. Their attacks must have involved a firearm and appear to have struck random strangers or bystanders. In addition, it must not have occurred solely in domestic settings or have been primarily a gang related incident, a drive-by shooting, a hostage-taking attempt, or a robbery. This presentation will only consider offenders who have killed three or more victims. It will be shown that in Brazil, very few cases meet these criteria despite high homicide and suicide rates. This is consistent with findings of international studies. The case studied occurred in a movie theatre in the city of São Paulo. Three people died, five people were injured and more than 15 people had been exposed to death risk. This presentation will show the relevant aspects of the case and discuss the diagnostic hypotheses.

Child and Adolescent Sexual Abuse in Southern Brazil

Mariana Ribeiro De Almeida, *Forensic General Institute of Rio Grande do Sul, Porto Alegre, Brazil* (mralmeida_83@terra.com.br)

This presentation will report on a preliminary study on child and adolescent sexual abuse in the

state of Rio Grande do Sul, located in southernmost Brazil. Porto Alegre, the state's capital, is home to a national reference center in the evaluation of children and adolescents who suffered sexual violence. The center is responsible for the forensic evaluation of all victims in the state and is therefore an important source of data on the subject. The study gathered preliminary data focusing on variables such as total number of victims, age, gender, city of origin, time elapsed between the occurrence of the abuse and its investigation, presented symptoms, and perpetrator within a six-month period, from September 2018 to March 2019. This presentation aims to shed light on this important subject and guide other studies in the future.

From Feminine to Femicide: What's the Link Overall?

Vivian Peres Day, *Brazilian Psychiatric Association, Porto Alegre, Brazil*
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Despite advances concerning civil rights and new laws in Brazil and other countries, the number of female homicides is rising. While the deaths of men in the streets all around the world are tragic and concerning, women fatalities usually occur at home and the aggressors are their own intimate partners. Why is this? There are risk factors concerning social and cultural aspects, but others, such as pregnancy, are universal. Why is femininity so threatening? What unconscious influences are at work in the contemporary world? How do these aspects appear in the subjective world in the psychoanalytic settings, and how do therapists deal with different gender roles? Countertransference may point us to a way to understand these complex and paradoxical issues. Is the analyst still exposed to the same feelings, thoughts, and enactments as he (or she) was in the past and how does it matter for the treatment? This presentation will share some findings of a research that investigates these questions and maybe shed some new light on and provide new perspectives for dealing with violence in society.

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

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

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

Increasingly, there is a recognition that even brief exposure to the criminal justice system is a disruptive and traumatic experience, especially for people who have mental health or substance use needs. Justice and mental health stakeholders are seeking ways to divert people with mental health treatment needs from the justice system as early as possible in the trajectory of criminal

justice involvement. A first step towards adapting programming to meet the needs of people who are incarcerated for the first time who are also assessed as having high clinical mental health and/or high substance use service needs, is to identify sociodemographic, criminal, and clinical characteristics of this group. This presentation will do so while comparing characteristics of these individuals to other groups of offenders. Findings from this study will inform stakeholders about relevant screening and assessment for clinical and criminogenic needs that would prioritize prevention and diversion earlier in the criminal justice system.

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

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

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

Combating the US Opioid Epidemic Through Strategic Community-Based Change

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

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

due to drug-related endocarditis, seeking a second transplant due to continued drug use, will be presented.

Crisis Intervention Team Data Collection and Information Sharing

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

Ruth Simera, *Northeast Ohio Medical University*

Matthew Courser, *Pacific Institute for Research and Evaluation*

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

Mark R. Munetz, *Northeast Ohio Medical University*

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

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

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

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

This presentation will survey recent U.S. and Australian studies on a perceived crisis in legal education. The statistics concerning anxiety and depression among law students (twice the national average in the U.S., even though pre-law students reflect the national average), as well as

alcoholism and substance abuse in the legal profession, are alarming. Possible causes include the personality characteristics of students who go to law school (i.e., a predisposition for unhappiness), the structure of legal education (including the case method, Socratic dialogue, lack of feedback), and classroom techniques such as “cold-calling” that lead to shame, embarrassment, and a sense of inferiority. Proposed solutions include (i) psychoeducation (informational, not therapy), (ii) teaching coping mechanisms (speaking up more, avoiding catastrophism, countering negative thoughts), (iii) encouraging a sense of belongingness (a key to well-being) by creating a welcoming classroom, (iv) professors admitting their own anxiety or depression, (v) teaching “stress hardiness” (including a sense of control, sense of purpose, cognitive flexibility), (vi) “self-efficacy theory (a sense of competency and control), (viii) exercising more, (ix) meditation, and (x) mindfulness training.

Incorporating Mindfulness into the Legal Education Curriculum

Katerina P. Lewinbuk, *South Texas College* (klewinbuk@stcl.edu)

This presentation will offer valuable insight for dealing with commonly-known law school challenges including highly competitive situations, intellectually-demanding work, multi-tasking, and the ensuing stress and difficult emotions. The benefits of mindfulness are well-documented by legal scholars and supported by a number of credible studies, suggesting that the skills resulting from mindfulness practices will make students better lawyers. Mindfulness training offers students a new insight: third person perspectives of their own performance in legal skills. This insight will expose cognitive biases and develop awareness of mental processes and emotions, such as distraction, anger, or anxiety. Once students gain this level of awareness, they can adjust and improve their performance in legal skills, such as client interviews, mediation, and even litigation. Specifically, mindfulness has been shown to help individuals develop better habits of focus, listening, flexibility, and concentration, thereby fitting squarely within the legal profession’s needs. Students are introduced to basic mindfulness meditation and other practices and given opportunities to apply them to client interviewing and other important legal skills, while also developing effective communication skills.

Untangling Fear in Lawyering

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

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

particularly the professional fields of medicine, engineering, finance, entrepreneurship, journalism, and sports. If we can unwind the knots of fear, we can analyze it, discern its essence, alter our emotional, mental, and physical relationship with it, and transform this perceived hindrance into a gift in the practice of law and enhanced well-being.

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

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

As a contemplative practice, meditation takes different forms. A dictionary definition of the verb to ‘meditate’ states that it is ‘to focus your mind and free it of uncontrolled thoughts’ (Waite & Sara Hawker: 599). Practices with a global following include transcendental meditation, loving-kindness meditation, vipassana meditation, mindfulness meditation, and heartfulness meditation. Given the differences that exist between systems of meditation, there is no single comprehensive definition to cover all. According to Goleman and Davidson (2017: 9), ‘*Meditation* is a catch-all word for myriad varieties of contemplative practice, just as *sports* refers to a wide range of athletic activities.’ This presentation will consider the potential value that meditation adds to legal education. It will explore the introduction of meditation in law schools and review the rationale for its use in this context. The presentation will also consider the findings of a number of clinically orientated studies highlighting the significance of meditation for the development of student resilience (including Holly Rogers’ (2013) work on mindfulness meditation and Seppala et al.’s (2014) research on loving-kindness meditation). In light of the beneficial effects for resilience and the enhancement of well-being more generally, the possibilities for further research on the efficacy of meditation will be explored.

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

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

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

51. Death Penalty

The Death Penalty in Japan: From a Psychiatric Viewpoint

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

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

Prosecutorial Discretion in Capital Cases: Arbitrary and Capricious?

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

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

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

Creating a Good Death: Lessons from Japan

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

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

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

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

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

Postoperative Cognitive Dysfunction: An Additional Challenge to Ill Geriatric Patients

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

Surgery is common in older adults and typically performed to improve functional status or prolong life. A high percentage of older patients presenting for surgery will have cognitive impairments despite no previous documentation or diagnosis of dementia, but screening for cognitive impairment (one of the primary risk factors for postoperative cognitive dysfunction) is not routinely performed and may confound the consenting process. Complex medical decision-making capacity is increasingly needed in the aging population to understand the potential risks and benefits of surgery and its resulting hospitalization. This capacity, however, is paradoxically

impaired by illness as well as by medical interventions to improve health. Older adults often prioritize preservation of cognition over survival, yet surgery and its resulting hospitalization are associated with significant short- and long-term cognitive dysfunction, which is not normally discussed in the consenting process. Meeting this challenge involves understanding and reducing the risks of postoperative cognitive dysfunction and undertaking preventative measures to mitigate its impact. This presentation will discuss the risks, implications, and prevention of postoperative cognitive dysfunction in older patients.

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

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

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

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

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

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

question of whether surgical cures should be offered to all treatable conditions in frail patients who are weak and often impaired.

53. Decriminalization of Mental Illness and Prison Diversion

Complex Co-Occurring Disorders and Demand for Prison Diversion

Julian Myles Somers, *Simon Fraser University* (jsomers@sfu.ca)

We use the term complex co-occurring disorders (CCD) to describe criminal offenders with concurrent substance use and mental disorders as well as precarious housing or homelessness. Offenders who experience CCD require coordinated interventions to achieve diversion from prison and to promote recovery. The present study investigated the prevalence and distribution of CCD as the basis for estimating demand for integrated services. Using linked data for the entire province of British Columbia, Canada (3.7 million adults), there were 2202 individuals that met our inclusion criteria for CCD. Participants were sentenced to prison 4.2 times in the preceding five years, and many of the communities with the highest prevalence rate for CCD were in rural and remote areas. The findings demonstrate that people with CCD are not restricted to urban settings, and that inter-agency services are needed in many communities. It is necessary to revise public policies in light of new evidence concerning the risks and vulnerabilities of offenders with CCD, and the effectiveness of interventions at achieving crime desistance and recovery with this population.

Criminalization of Mental Illness and Jail Diversion Programs as a Remedy

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

Aloy Kumar, *Wake Forest Baptist Medical Centre, Winston-Salem, USA*

Ellis Turner, *Meharry Medical College*

Rahn K. Bailey, *Wake Forest Baptist Medical Centre, Winston-Salem, USA*

With approximately half of incarcerated inmates having mental health issues, society has not been successful in its commitment to the mentally ill. The existence of disproportionate mentally ill patients in the criminal justice system results from unnecessary detentions, lack of long-term psychiatric inpatient support, and insufficient funding for community-based treatments (effects of *Souder v. Brennan*). Due to a lack of alternatives, the criminal justice system becomes the path of least resistance for mentally ill, non-violent “criminals.” Although their behaviour may be explained by their mental state, they receive inappropriate disposition. The pseudo-solution of incarcerating the mentally ill, progressively burdens the system. Utilization of jail diversion programs can potentially reduce the burden on local criminal justice budgets in the short term by

removing offenders from the criminal justice system at arrest and in the long term by treating mental illness that may precipitate problem behaviour.

Decriminalizing Mental Illness: A Law and Public Health Approach

Jennifer S. Bard, *University of Cincinnati* (jennifer.bard1@gmail.com)

In the United States, the city jail in most large cities is also the largest provider of mental health services. A 2006 Bureau of Justice Statistics report indicated that 45% of federal prisoners, 56% of state prisoners, and 64% of local jail inmates met the criteria for a mental health disorder. The underlying event triggering a confrontation is often a relatively minor infraction. However, because people with mental illness may not respond quickly to instructions or behave as instructed, small incidents can escalate into major confrontations. A recent multi-feature piece of legislation, the 21st Century Cures Act, is attempting to address this issue by providing special training so that law enforcement personnel (and other first responders such as fire fighters) can receive training to differentiate between responding to calls concerning people with mental illness and those concerning true threats to public safety. While better than nothing, this presentation will seek to develop an alternate response system that creates a clearer distinction between responding to an individual in distress because of illness and those intended to protect public safety from an individual intent on causing harm.

54. Designing Trauma-Informed Systems

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

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

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

commitment to the organization, staff members experienced greater degrees of autonomy and participation in the organization's activities. Commitment may be conceptualized as both a determinant and effect of workplace experiences. Future research may develop strategies to increase the retention of participants across time in organizational settings.

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

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

Denise J. Krause, *University at Buffalo*

Samantha P. Koury, *University at Buffalo*

Creating trauma-informed environments is critical to all service delivery systems given the high prevalence of trauma and adversity. There is a growing need for concrete skills and strategies in order to ensure that professionals and organizations effectively implement Trauma-Informed Care (TIC) in a way that fosters an environment of safety, trustworthiness, choice, collaboration, and empowerment. Due to the considerable theoretical overlap it has with TIC, solution-focused practice can provide the specific skills and language that create trauma-informed environments. Solution-Focused Trauma-Informed Care (SF-TIC) considers TIC the “what,” or the overarching framework, and solution-focused techniques the “how,” as they provide concrete strategies for both organizations and professionals to foster the five values/principles of TIC. This presentation will demonstrate how specific solution-focused skills and language can be used to create trauma-informed environments. Concrete examples of how SF-TIC language can be used to elucidate the values/principles of TIC with staff, clients, students, the community, etc. will be given. Presenters will also share their successes and “lessons learned” when working with different systems of care implementing SF-TIC.

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

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

Maria Picone, *Catholic Charities of Buffalo, Buffalo, USA*

Jamy Stammel, *BestSelf Behavioral Health, Inc., Buffalo, USA*

Social work is a profession in which many students (and practitioners) have their own trauma histories. As students delve deep into difficult course content and witness challenging practice situations, social work education can be extremely triggering. This presentation will explore how field education and experiential learning can be particularly difficult for students with histories of trauma and highlight how agencies and field educators can create trauma-informed environments and opportunities for students. The presentation will explore the research in this field and spotlight two agencies' efforts to create trauma-informed field placements for Master of Social Work (MSW) students. Catholic Charities of Buffalo and BestSelf Behavioral Health have both been at the forefront of adopting and implementing trauma-informed care in Western New York. Maria Picone (of Catholic Charities) has worked tirelessly over her 42-year career to incorporate trauma-

informed principles into her work and leadership. Jamy Stammel has also been a committed proponent of trauma-informed treatment and philosophy at BestSelf Behavioral Health, a certified community behavioral health clinic in Buffalo, NY. Together with Katie McClain-Meeder (UB School of Social Work), this presentation will explore the challenges and importance of integrating the principles of trauma-informed care into field supervision and education.

Creating Trauma-Informed School Systems

Chelsie Ciminelli, *University at Buffalo* (chelsiel@buffalo.edu)
Travis W. Hales, *University at Buffalo*

Schools that are trauma-informed recognize the pervasiveness of trauma and adversity within teachers, staff members, and students, understand how trauma impacts children, adolescents, and adults, and seek to incorporate this knowledge into daily educational practices. This knowledge is further utilized to inform school policies and procedures, provide a trauma-informed framework guiding the teachers' interactions with students and staff, and to make changes to the physical environment, all in order to reduce the risk of re-traumatization while promoting healing and growth. This presentation will describe the work that The Institute on Trauma and Trauma-Informed Care (ITTIC) has done to create trauma-informed schools as well as discuss the unique challenges of implementing and operationalizing trauma-informed approaches in schools. It will also cover the organizational assessments that may be implemented to assess school's readiness to change, the applicability and utility of trauma-informed approaches within school settings, school climate (i.e., staff's psychological perceptions of the school environment), and trauma-informed practices, policies, and procedures. It will be argued that incorporating assessment data into interventions significantly improves school's receptivity to the innovation and ultimately the success of its implementation.

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

Braden K. Linn, *University at Buffalo* (bradlinn@buffalo.edu)
Catherine Dulmus, *University at Buffalo*
Laura R. Maggiulli, *Hillside Family of Agencies, Inc., Rochester, USA*
Maria Cristalli, *Hillside Family of Agencies, Inc., Rochester, USA*

Youth in mental and behavioral health services (including child welfare) are an especially vulnerable population. Clinical reports suggest that they often come from fragile families, and are exposed to household dysfunction, trauma and violence, and neglect. Despite the existence of clinical reports, precise data on the rates of exposure to trauma and adversity and their impact on clinical presentation and treatment outcomes remains unclear. This investigation reports on the prevalence of exposure to ten different potentially traumatic stressors (such as abuse, neglect, and traumatic loss) and resulting clinical outcomes from youth serviced by a large youth and family agency in the United States (n=525). The most common exposure to traumatic stress was

experiencing traumatic loss (40.4%), followed by witnessing domestic violence (27.8%), parent drug/alcohol use (27.8%), and emotional abuse (24.8%). Youth who reported exposure to traumatic stressors had significantly higher internalizing [$F(1, 523) = 170.82, p < .000$] and externalizing symptoms [$F(1, 523) = 249.69, p < .000$]. However, exposure to traumatic stress did not increase the likelihood of unsuccessful discharge. These results suggest that youth with exposure to traumatic stress have a more complex clinical presentation but are responsive to treatment efforts.

55. Developments in Legal Insanity in Europe and China

Legal Approaches to Criminal Responsibility of Mentally Disordered Offenders in Europe

Michiel van der Wolf, *University of Groningen* (vanderwolf@law.eur.nl)

The moral tradition of not holding the mentally disordered criminally responsible for certain offences seems to have similar roots across Europe in Hebrew and Roman law and Greek philosophy, while the church influenced its further development. However, the legal context and the national perspective on the contents of the tradition create a wide variety of doctrines and consequent assessment practices. This presentation will explain a few major distinctions in the legal approaches to criminal responsibility of mentally disordered offenders in European jurisdictions and its implications for assessment practice. First of all, differences in the ‘form’ of the responsibility doctrine are related to the context within criminal law and procedure, as well as the context within sentencing law and mental health law. Secondly, differences in the ‘substance’ of the responsibility doctrine are explained on three dimensions: the definition of insanity - legal versus medical competence -, the test of insanity - a general versus a specific relation between disorder and offence -, and the scale of responsibility - gradual versus dichotomous. In the presentation, the implications for the behavioural scientific disciplines that are generally asked to assess criminal responsibility will be discussed, as well as recent debates about the doctrine.

Legal Insanity and Forensic Services in Italy

Stefano Ferracuti, *Sapienza Università di Roma* (stefano.ferracuti@uniroma1.it)

The assessment of imputability in Italy has undergone a progressive evolution. There has been a widening of the non-punishment in relation to the presence of mental disorders with increased responsibility of mental health workers in the management of people affected by mental disorders and offenders. The original position, in fact, allowed access to defence based on non-imputability almost only in the presence of very serious psychotic conditions (Schizophrenia or severe bipolar disorder), or overt dementias. In 2005 the Court of Cassation extended the possibility of non-imputability also to "severe personality disorders" if the crime is causally connected with the

psychiatric pathology. The Court of Cassation has not affirmed that in order not to be imputable there is a need for the presence of a psychotic decompensation in the context of a personality disorder. To this decidedly more "psychological" perspective of non-imputability, the closure of the Forensic Psychiatric Hospitals and the transfer of competences once delegated to the legal system to the national health system also increased the burden of duties on the psychiatric services. It is very doubtful that the territorial psychiatric services can cope with this extension of competences.

Legal Insanity: The Netherlands in an International Perspective

Gerben Meynen, *VU University Amsterdam* (g.meynen@vu.nl)

In this presentation, some characteristics of legal insanity in the Netherlands will be discussed. In the Dutch criminal justice system, insanity evaluations are usually ordered by the prosecution or by the court. Infrequently, the defence is raised by the defendant. In the standard case, the evaluation is performed by a psychiatrist or a psychologist, or by both a psychiatrist and a psychologist. A small minority of defendants are assessed by a multidisciplinary team in an observation clinic, the Pieter Baan centre in Utrecht. One characteristic of legal insanity in the Netherlands is that no legal standard specifies the criteria for an insanity plea. This is different from, for example, England, where the M'Naghten Rule provides the criteria for legal insanity. Another characteristic is that behavioural experts must render their explicit opinion about the defendant's (degree of) criminal responsibility. The presentation will discuss these and some other features of the Dutch system, also, albeit briefly, comparing them to Anglo-American jurisdictions.

Introducing Legal Insanity in Sweden

Tova Bennet, *Lund University* (tova.bennet@jur.lu.se)
Susanna Radovic, *University of Gothenburg*

Under Swedish criminal law, individuals are considered legally responsible and liable for their intentional unlawful actions, regardless of their mental state at the time of the crime. Since the current Penal Code (1965) there has been no possibility of acquittal on the basis of legal insanity in the Swedish criminal justice system. The above does not mean that mental state is of marginal relevance in Swedish law. The mental state of the defendant plays a crucial role for the choice of sanction. The Penal Code prohibits the courts from sentencing an offender to imprisonment if the crime was committed under the influence of a 'severe mental disorder'. In cases where the defendant is found to suffer from a severe mental disorder, the court may commit him to forensic psychiatric care if, with regard to his mental condition and other personal circumstances, compulsory psychiatric care is called for. The court may not sentence a mentally disordered offender to imprisonment if the defendant: as a consequence of a severe mental disorder lacked the ability to understand the meaning of the act or to adjust their actions according to such understanding. Forensic psychiatric care is in those cases still a viable sentence.

Forensic Psychiatric Evaluation of Capacity for Criminal Responsibility and Ultimate Issue: China

Hu JiNian, *China University of Political Science and Law* (hujinian@yahoo.com)

Forensic psychiatrists in China have traditionally been asked to evaluate the capacity for criminal responsibility. Since the early 1980's they are requested to examine suspected criminal offenders who were suspected of suffering from mental illness and therefore may have had impaired criminal responsibility. In those days the modern forensic psychiatric evaluation system was established in China. Recently, the criticism that forensic psychiatrists should not do this kind of evaluation but leave it to fact triers has become bigger in China. Critics partially based their arguments on the spirit of the ultimate issue article in Federal Rules of Evidence (FRE). In this presentation the developments in China will also be compared with the theoretical and practical differences in insanity defense in western countries, such as the U.S. In the presentation it will be argued that the current evaluation system should be maintained based on the principle that the evaluation system should match the basic criminal procedure system in a certain country.

56. Developments in Scottish Mental Health and Capacity Law and Practice

The Mental Health Tribunal for Scotland: The Views and Experiences of Patients, Named Person, Practitioners, and Tribunal members

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

Michael Brown, *Queens University Belfast*

Aisha Macgregor, *Edinburgh Napier University*

In 2001, the Millan Committee recommended new mental health legislation that would be underpinned by principles that were patient-centred and human rights-based. It also recommended that a mental health tribunal be established as this was considered the most appropriate forum to ensure adherence to such principles. The Mental Health (Care and Treatment) (Scotland) Act (the 2003 Act) reflected these recommendations leading to the establishment of the Mental Health Tribunal for Scotland. The Tribunal has now been operational for over a decade and a wealth of data and experience therefore exists from which to evaluate its effectiveness. Such an evaluation of the role of the Tribunal is clearly relevant in terms of whether it is living up to its original policy and legislative objectives. It is also pertinent in light of significant human rights developments since the enactment of the 2003 Act, and structural and jurisdictional changes potentially impacting on such role. This presentation will discuss a Scotland-wide study currently being undertaken by Edinburgh Napier University and Queen's University Belfast which will evaluate how effectively the Tribunal is giving effect to the 2003

Act and developing human rights principles. Its findings are also likely to have relevance to other jurisdictions.

Can We Get There from Here? The Prospects for a New Legal Framework for Mental Health and Capacity in Scotland

Colin McKay, *Mental Welfare Commission for Scotland, Edinburgh, Scotland*
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This presentation will outline recent trends in the use of mental health and incapacity law in Scotland and the focus on rights in the Scottish Government's mental health strategy. It will discuss whether the various reform initiatives underway, including reviews of incapacity legislation and of the place of learning disability and autism in mental health law, provide a basis for a coherent, rights-based legal framework, which reflects the aspirations of the UN Convention on the Rights of Persons with Disabilities. The implications for Scotland of the 2018 review of the English Mental Health Act will be considered. The key areas requiring resolution will be explored, including the interfaces between judicial and professional authority, treatment for mental and physical conditions, past and present wishes, and procedural and social and economic rights.

Health and Social Care Directorate, Scottish Government, Edinburgh UK

Kirsty McGrath, *Equality, Engagement, CRPD, ECHR, Edinburgh, Scotland*
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In 2009, the UK Government ratified the UNCRPD. The Scottish Government's commitment to meeting its obligations under the convention is demonstrated in its delivery plan 'A Fairer Scotland for Disabled People- a delivery plan to 2021 for the UNCRPD' - which was published in 2016. This plan seeks to enable and empower disabled people to live the life they choose and to participate equally in society. Of the many commitments in the plan, one is to review the Adults with Incapacity (Scotland) Act 2000, (AWI) with particular reference to looking at the policies on guardianship, and consider the circumstances in which supported decision making can be promoted. This presentation will discuss the approach taken by the Scottish Government to date in reviewing the AWI legislation and considering in particular the practical challenges faced in the promotion and delivery of effective support for decision making.

Understanding and Supporting Treatment Decision-Making Capacity in Psychosis: An Overview of Edinburgh-led Research on the Psychology of Decision-Making in Psychosis

Paul Hutton, *School of Health and Social Care, Edinburgh Napier University*
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Psychosis is associated with an increased risk of impaired treatment decision-making capacity ('capacity'). Patients who lack capacity report experiencing greater coercion from services, reduced autonomy, and their clinicians are less likely to use shared treatment decision-making. There is therefore a pressing need to improve both our understanding of capacity in this group, and develop safe and effective strategies to support it. In this talk, the progress of an Edinburgh-led research programme to develop such strategies, and the new theoretical model this work is based on, will be presented. The extent to which existing research supports this model will be reviewed, drawing on several systematic reviews and meta-analyses published by our group. New observational and experimental work which directly tests the central claims will be presented, as well as our planned programme of work. Finally, the implications of our findings for our current conceptualisation of capacity in psychosis, and interventions to support it, will be considered.

57. Difficulties with Profiling Lone Violent Actors: Under-Utilization of Evidence- Based Assessment

Shakespeare on Security

Harold Bursztajn, *Harvard University* (harold_bursztajn@hms.harvard.edu)
Dr. Daniella Keidar, *The University of Haifa* (keidaril@netvision.net.il)

As with much that is conflictual, Shakespeare illuminates the undiscovered country of security pitfalls and their prevention. Selected security themes will be explored with reference to what can be learned from his plays. The plays which will inform this exploration will include *Macbeth* (illustrated by the remarkable Mika Ninagawa interpretation) regarding the consequences of flight or fright concreteness, compulsivity, and constriction of imagination). Another Shakespeare's work which will inform our exploration will be *King Lear* (illustrated by the Grigori Kozinstev film production which featured Boris Pasternak's translation and Schostakovitch's score) which includes themes of how insecurity and fear can breed insensitivity and denial and unintended and tragic consequences. On the other hand, the *Tempest* (production to be specified) illustrates a model where reasonable precautions based on intelligence and temporal sensitivity are taken to address insecurity based on a traumatic history.

Forever Alone

Andrew Nanton, *Oregon Health & Science University School of Medicine* (nanton@ohsu.edu)

Through a variety of web sites and social media, a disparate collection of angry young men has found a voice and a purpose. Fueled by a culture of perpetual adolescence and insincere

reassurance of their endless potential (including the indirect promises from commercial marketing of sexual success) they have become jaded. In this way isolated disaffected youth, formerly isolated almost by definition, have been able to connect to one another about their disconnection from others via internet forums. This has taken the ironic form of a kinship about their loneliness and insecurity, often manifesting as a call to violence at the injustice of their lack of promised success, in ideologies such as “incel” (a portmanteau of “involuntary celibates”). Young men identified with this violently misogynistic ideology, such as Elliot Rodger, Alek Minassian, and Christopher Harper, have already been responsible for the deaths of 25 people. The Southern Poverty Law Center has identified the “incel” subculture as a hate group. The overlap between the theme of revenge for the powerless and the narratology of the power fantasy as emphasized by interactive media will be explored.

Autism Spectrum Disorder and the Lone(ly) Actor Mass Shooter

Joseph Chien, *Oregon Health & Science University* (jocn16@gmail.com)

One overlooked commonality among several recent mass shooters is a diagnosis or suspicion of underlying autism spectrum disorder (ASD). A recent study (Allely et al. 2017) noted that, while overall rates of violence in ASD are low, out of 75 mass shooters reviewed, 22 of these individuals either had a diagnosis of ASD or strong suggestive signs of ASD. Some researchers suggest that more attention should be focused on identifying which individuals with ASD are at higher risk for perpetuating violent acts, such as a history of trauma, co-morbid psychiatric conditions, and deficits in social cognition (Im, DS 2016). This presentation will explore how symptoms unique to autism spectrum disorder might contribute to the making of a mass shooter. For example, deficits in social interaction may lead to building frustration with failed relationships and progressively burdensome isolation; similarly, concrete and inflexible patterns of thinking may limit problem-solving ability when it comes to conflicts.

Difficulties with Profiling Lone Violent Actor: Under-Utilization of Evidence-Based Assessment

Gen Tanaka, *Oregon Health & Science University* (tanakag@ohsu.edu)

Identifying lone-actor violent offenders is difficult. The violent act itself often goes out of the blue and predicated on actions that do not reach the radar of the judicial system. In addition, the post hoc-analysis is conducted under intense public, political, and temporal pressures. This reality lends itself to mistakes in identifying a motive or demographic of the offender. Inherent to such an analysis is a tendency toward certain cognitive biases based on historical offenders and known patterns, akin to “profiling” a likely serial homicide offender. This presentation will aim to discuss the strengths and weaknesses of such an approach. In contrast to a serial offender, lone actors tend to fly under the radar until the nodal event and often commit suicide or decline post detention analysis. This lends itself to a highly speculative post hoc-analysis of their behavior. Profiling can definitely strengthen analysis but cognitive tunneling and closing one’s self off to information are the primary risks to avoid.

Differentiating Beliefs from Delusions in Lone Actor Violence

Karl Mobbs, *Oregon Health & Science University* (Karl.Mobbs@dhsosha.state.or.us)

Forensic psychiatric analysis of the motivation for lone actor violence frequently leads the perpetrator down one of two tracks within the judicial system. The perpetrator may be perceived to be delusional and thus a case for leniency is made in pursuing an insanity plea. Alternatively, they may be identified as exhibiting an extreme belief which leads to a punitive approach. The delineation between psychosis and extreme beliefs is far from simple. Both require a longitudinal analysis of the culprit's biology, schemas, influences, asocial, and social behavior. This analysis enables one to compare present with past behavior to discern similarities or differences that will tip the legal system towards one of the respective tracks. Such analysis is time consuming and often difficult given that this small rare sub-population tends to work alone and often presents a misanthropic world view. The episodic nature of mental illness, as opposed to the consistency of the personality disorder, can often be clarified with diligent attention to the appropriate data.

58. Disability and Criminal In/Justice

Bringing the Convention on the Rights of Disabled Persons (CRPD) Together with the Convention on the Rights of Indigenous Peoples (UNDRIP)

Constance Macintosh, *Schulich School of Law* (constance.macintosh@dal.ca)

Many countries are signatories to both the UN Convention on the Rights of Disabled Persons (CRDP) and the UN Convention on the Rights of Indigenous Peoples (UNDRIP). Although the CRPD makes reference to Indigenous persons with disabilities being subject to aggravated forms of discrimination, and UNDRIP requires states to take special measures to support Indigenous peoples with disabilities, the scholarship on the intersection of these two instruments is scant. United Nations agencies that work either with persons with disabilities, or with Indigenous communities, have also treaded lightly in this area. This presentation will explore what it could mean to interpret these instruments together, and apply preliminary findings against situations such as mental health supports for incarcerated Indigenous persons who are over-represented and underserved within prison systems, and accessibility in First Nation communities where questions of Indigenous sovereignty and jurisdictional reach add further dimensions which must be engaged. These questions are particularly pertinent in the Canadian context, as the federal government has committed to ensuring that all of its legislation is consistent with UNDRIP, and is also undergoing a process of exploring accessibility legislation that would potentially apply within First Nation communities.

Carceral Ableism: Disability, Mental Health, and “Alternatives” to Incarceration

Liat Ben-Moshe, *University of Illinois-Chicago* (Liat.benmoshe@utoledo.edu)

Disability and madness are largely missing from our analysis of incarceration and its resistance. When disability or madness *are* present they are conceived as a deficit, something in need of correction (medically/psychiatrically or by the correction industry itself), but not as a nuanced identity from which to understand how to live differently including re-evaluating responses to harm and difference. Often what is heard about people with various mental differences, disabilities, and substance users who are caught in the criminal injustice system is that they need medical help and treatment and not incarceration and punishment (such as ‘the mentally ill should not be in jail’). But often what is touted as treatment and medical help is no less coercive and normalizing than other forms of incarceration. This presentation will discuss such ‘alternatives’ through the frame of carceral humanism (coined by James Kilgore 2014) and what the presentation will call carceral ableism and sanism. The presentation will demonstrate that disability and mental difference are not (or not only) medical conditions but the basis of social movements with deep histories of oppression and resistance that can lead to a more complex discussion of alternatives to incarceration.

Specialized Courts and the Management of Complex and Mental Health Needs

Paula Maurutto, *University of Toronto* (p.maurutto@utoronto.ca)

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

This presentation will examine innovations in how Canadian courts and community organizations are seeking to address the complex and mental health needs of individuals who come into conflict with the law. These individuals are more vulnerable to detention and arrest and are more likely to be remanded to detention facilities and custody for relatively minor offences. A number of specialized court models, including Community/Wellness, Mental Health, and Gladue (Indigenous) courts have emerged to manage those with mental health and complex needs. Using national qualitative interviews from specialized courts, this presentation will examine 1) how courts understand and intervene upon the legal subject with mental health and complex needs, and 2) how knowledge exchange between courts and community organization structures supervision and outcomes. Particular attention will be paid to how legal provisions shape court responses.

Advocacy and Activism: A Formidable Force for Change

Patrick McGee, *Australian Federation of Disability Organisations, Melbourne, Australia* (thiswhisperinginourhearts@gmail.com)

Australians for Disability Justice is a national Australian campaign that advocates for changes to legislation policy and practice for people with disability involved in the criminal justice

system. This presentation will highlight the role of the Activist in the context of Disability Justice and the powerful connections between Advocacy and Activism that can be harnessed to create powerful social, legal, and policy change. Australians for Disability Justice Activism began in response to the specific conditions of individuals. Talking about their situation in public gave others experiencing detention and systemic injustice the chance to share the stories by attachment to a larger conversation. This sharing was therapeutic but also led to a national picture emerging through narrative that was then developed into a national policy position supported by a developing research agenda. By 2014 this ad hoc advocacy work had become a systemic coordinated advocacy campaign by which to talk about people with disability in the criminal justice system. A conversation that had not occurred in the national space.

The Operation of Trespass Legislation and the Erasure of Persons with Mental Health Disabilities

Tess Sheldon, *Independent* (tess.sheldon@gmail.com)

Who gets to use public and semi-public space? Who belongs? Hidden from view, persons with mental health disabilities are systemically excluded from their communities. Trespass legislation has a disproportionate impact on persons with mental health disabilities, operating as a displacement tactic, inspired by neoliberal agendas and colonial conceptions of property. The presentation will explore the utility of statutory human rights legislation to challenge mental health profiling by security staff in shopping malls. It will also explore the application of constitutional law to the issuance of trespass orders to homeless persons with disabilities. There are troubling barriers to challenging the discriminatory issuance of a notice pursuant to trespass legislation. The presentation will chart the limits and possibilities of statutory human rights, civil, and constitutional law to challenge the erasure of people with disabilities from public and semi-public spaces. It will conclude with a critical evaluation of law's utility to confront the systemic exclusion of persons with disabilities.

59. Disability and In/Equality

From Invisibility to Inclusion: Examining the Experiences, Practices, and Policies of Accommodating University Faculty with Mental Health Conditions in the Ontario Workplace

Roxanne Mykitiuk, *Osgoode Hall Law School* (mykitiuk@osgoode.yorku.ca)
Odelia Bay, *Osgoode Hall Law School*

This paper is part of a larger interdisciplinary study that focuses on the praxis of promoting systemic change in policies, organizations, and attitudes to advance the inclusion of people with episodic disabilities (ED) in Canadian workplaces. This particular presentation will focus on one type of ED: mental health disabilities, in one work site: the university. The paper relies on qualitative and arts based research methods, as well as conventional legal methods to examine:

barriers to inclusion and accommodation faced by employees; unsuccessful and successful practices of accommodation; and the consequences of non-response. The presentation will employ a critical social relational model of disability recognizing disability as produced within social contexts, while also promoting recognition of the embodied and experiential aspects of disability. This model of disability is attentive to the ways in which diversity in embodiment and social location shape disabled peoples' experiences, which further allows an intersectional analysis that accounts for the ways in which gender and other factors impact the situation of workers with EDs. Applying a gender analysis to the issue of ED in the workplace is important because many of the most prevalent ED-associated mental health conditions are more common in women.

Governing Neurodiversity: Ethics, Science, and Regulation

Anne-Maree Farrell, *La Trobe University Australia* (a.farrell@latrobe.edu.au)
Adrian Carter, *Monash University*

This presentation will explore the concept of neurodiversity in the governance of neurodevelopmental disorders. Conceptually speaking, neurodiversity embraces the idea of the embodied mind, positing that neurological differences should be recognized and accepted, and rejecting the deficit model promoted by biomedical accounts. It draws on an examination of a case study involving sensory processing disorder (SPD). Under the DSM-5, sensory processing differences are currently viewed as symptoms of Autism Spectrum Disorder (ASD). However, this sits alongside a growing body of scientific evidence and professional practice that such differences should now be viewed as a separate disorder with its own diagnostic criteria, treatment regime, and funding support. Drawing on findings from this case study, it will be argued that embracing the concept of neurodiversity in understanding neurological differences would assist in a more critical understanding of how nosology structures questions of ethics, science, and regulation in the context of neurodevelopmental disorders. In turn, this invites a broader consideration of its consequential impacts upon those affected by such disorders.

Progressive Implementation, Caseplanning, & Conceptual Challenges to CRPD Realization

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

Reconfiguration of access to resources to support people with disability under neoliberal governance and personalization reforms heighten the importance of equality and other principles contained in the Convention on the Rights of Persons with Disabilities (CRPD), but its implementation has been slow and domestic law and policy also struggles to adjust to the new context. This presentation will explore possible reasons for lack of purchase of the CRPD and domestic law in setting priorities. It will engage issues associated with complex caseplanning such as Australia's National Disability Insurance Scheme (NDIS), the challenge of realizing CRPD safeguarding obligations within informal care and support arrangements, and the meeting of conceptual challenges of fostering relational autonomy and minimizing vulnerability in settings such as dementia care. The presentation will argue that

in addition to conceptual limitations of overly broad and vague conceptions such as the equality principle of the CRPD or theoretical conceptions of vulnerability, a significant contribution stems from the lack of fitness for purpose of law in addressing social issues.

The Meaning of 'Discrimination'

Peter Bartlett, *University of Nottingham* (Peter.Bartlett@nottingham.ac.uk)

Debates on CRPD compliance are based on differing understandings of what 'discrimination' means. This presentation will explore these differences in the light of General Comments 1 (Equality before the Law) and 6 (Equality and Non-Discrimination), and the overarching objectives of the CRPD. The presentation explores how far a different approach may be taken by law and policy into decision-making regarding people with psychosocial and developmental disabilities, what 'reasonable accommodation' means, and how all this is to be understood in terms of the compulsion of people with psychosocial and developmental disabilities.

60. Disability and Sexual Offences

Registering Disability: Exploring Sex Offender Registries and Persons with Developmental Disabilities

Lisa Michelle Whittingham, *Brock University* (lisa.whittingham@brocku.ca)

Sex offender registration is used internationally to protect community members by monitoring and tracking any offenders convicted of a sexual offence following their release into the community. Despite research indicating that these registries provide limited efficacy for both offender rehabilitation and community safety, they continue to be a popular form of surveillance. To date, there has been very little attention given to the impact of sex offender registries on persons with developmental disabilities (e.g., autism spectrum disorders, intellectual disabilities). The goal of this presentation is to explore the current literature regarding sex offender registration in Canada and the United States, and the assumptions regarding persons with developmental disabilities who engage in sexually-based offences. Based on this exploration, the discussion will focus on how conceptual frameworks such as the Good Lives Model and the United Nations' Convention on the Rights of Persons with Disabilities can help to understand the needs of this unique population and to properly address their supports and challenges, while also promoting community safety.

61. Dissonant Philosophy, Dissonant Law: Problems in Mental Health Policy and Practice

Where is the Camp? Psychiatry and the State of Exception

Leah Marie Ashe, *University of Notre Dame* (lashend@gmail.com)

This presentation will issue a radical biopolitical critique, engaging two lines of work to uncover the juridical-philosophical particularities that undergird contemporary psychiatric legitimacy and operation. First, the presentation will assume Agamben's articulation of the "state of exception" and his positioning of "the camp" as the "nomos of the modern." The camp (for Agamben) is "the space... opened when the state of exception begins to become the rule": both inside the law and outside the law, it is brought into being *by* the law and yet operates outside the normal juridical order. Psychiatry operates in a parallel form: its legal privilege consists in its power to suspend the regnant juridical order (for those under its control) while being instantiated (itself) by that same order, and the space of psychiatric internment is, like the camp, both inside and outside the law. Second, the presentation will draw upon decolonial writings to suggest one particular political maneuver by which people are made eligible for, and assigned membership in, this psychiatrized state of exception and demoted to a "zone of nonbeing": "epistemicide."

Torture in Psychiatry

Francisca Figueroa, *Observatory of Institutional Violence, Santiago, Chile*
(franciscasm@gmail.com)

The Convention on the Rights of Persons with Disabilities adopts an absolute prohibition of torture and cruel, inhumane, or degrading treatments or punishments. This opens a space in the contemporary human rights discourse to examine the area of compulsory or forced psychiatric treatments, which usually affect people with psychosocial disability as well as persons who use mental health services. Protected by its own therapeutic discourse and by regnant legal codes in many countries, practices such as psychosurgery, sterilization, electroconvulsive methods, the use of isolation, and the physical and chemical contention in the psychiatric institutions, without free and informed consent of the person affected, comprise an inescapably lucid case of state violence. Current human rights standards make it possible to understand as torture many paternalistic and authoritarian practices that are used as forms of control, discipline, and discrimination upon persons with psychosocial disability, and move us towards a hopefully irreversible path leading to their abolition.

An Indian Feminist's Perspective on Mental Health: Coloniality, Law, and Epistemic Injustice

Lavanya Seshasayee, *The Global Women's Recovery Movement, Bangalore, India*
(lavanya.seshasayee@gmail.com)

This presentation will be an Indian feminist's personal narrative that aims to deconstruct "abnormalities" by deconstructing the corresponding political and legal dynamics of psychiatry. It will explore the possibilities for and dynamics of facilitating a role reversal in the

Psychiatrist-Consumer relationship. The necessity to negate, challenge, and reverse the hegemonic Psychiatrist-Consumer relationships in our attempt to enter the realm of the extraordinary from the mundane via recovery is an issue that is being addressed very recently in professional Indian psychiatric contexts. The narrative captures this experiential experiment very vividly via a rights-based (UNCRPD compliant) phenomenological approach (FSA- Feminist Self Advocacy) exemplifying the lived experience of a feminist with schizophrenia. Would exploring the situational dynamics facilitating my extraordinary attempt to speak truth to power, through personal empowerment via client-driven FSA (Feminist Self Advocacy and its components of legal activism), help make an unjust mental health system respond to women's unique needs?

Problems Generated by the Use of Psychopathological Categories in Mental Health Policy

Valentina Toval, *Observatory of Institutional Violence, Santiago, Chile*
(vale.toval.g@gmail.com)

The State's mental health policies are based on a categorization of users determined by their psychopathologized diagnoses (DSM); this can produce violence and threaten the human rights of patients. This is reflected in the lack of thought given to the real meaning that social determinants, such as socioeconomic variables, education, and family, among others, have in the treatment itself. It is also reflected in the possibility of segregation, because categorization moves away from the social integration of the patient into the community. As a result, today's users of psychiatric services find themselves with a narrative identity established and determined by the idea of a diagnosis that deprives them of freedom and tightly circumscribes their possibilities of "being". It is through this narrative, then, that people condense and articulate their lived experiences into a "story", affixing them in temporality and establishing them as parts of their identities; and, in reducing their personal experiences to an explanation based on pathology, people alienate themselves from their own experiences and make impossible a real recovery. This presentation will analyze the problems generated in the treatment of suffering people when the state encourages, via its public policies, precisely the sort of pathologization that precipitates it.

Why Japan has the Highest Number of Beds Per Population in Psychiatric Hospitals – and Why the Government Wants to Keep Them

Mari Yamamoto, *Advocacy Center of Persons with Psychosocial Disability, Tokyo, Japan* (mariyamamot@gmail.com)

Japan has the largest number of beds in psychiatric hospitals in the world and there are many long-stay inpatients. Over 30,000 persons are kept in psychiatric hospitals for over 20 years, and there are about 190,000 persons kept for over one year. Furthermore, the government claimed that 60% of inpatients staying over one year are "severe and chronic patients" and they need a long stay in

psychiatric hospitals. Even in 2025, the “demand” for beds for long stay inpatients is forecast to be 100,000 beds. This comes as the result of the government’s generally discriminative policy and legislation: recently, for example, the government established a new policy to send persons with dementia to psychiatric hospitals as if these wards are terminal institutions. The presentation will discuss one of the strategies to change the situation, which is to use the UN human rights mechanism including the individual complaints to the Working Group on Arbitrary Detention, from which we got the opinion that one case of forced hospitalization was arbitrary.

62. Domestic Violence I

Into the Vortex: Women Ending or Leaving Domestic Violence

Lyn Marie Francis, *Western Sydney University* (jl.francis@bigpond.com)

Women who experience domestic violence face enormous and complex barriers which prevent or delay them from seeking help and leaving or ending violent relationships. Barriers include a constant state of fear from their partner, low self-esteem, physical or mental isolation, and low energy reserves delaying decision-making or help seeking. Another identified factor restricting women from help seeking or ending violent relationships is the ‘*culture of pretence*’ (Francis, James, & Loxton, 2017) defined as a state of being where abuse is not consciously acknowledged, identified, or recognized and for all appearances to those outside the relationship, everything appears ‘normal’. Women may overcome such barriers or may be forced to identify and confront the reality of a violent relationship before disclosing domestic violence, seeking help, or leaving or ending the abuse. The provision of social support may empower women and assist them to overcome such barriers or disempower them making it more difficult to terminate and recover from abusive relationships. This presentation will discuss findings from a research project regarding women’s perceptions regarding leaving or ending domestic violence and social support during that process. In addition, the presentation will discuss findings considering experiences of support services who work with women experiencing domestic violence.

Trauma Recovery and Empowerment Model (TREM): Group Treatment for Survivors of Domestic Violence

April Bee Dirks, *Mount Mercy University* (adirks@mtmercy.edu)

Trauma Informed Care is a first-rate treatment protocol for serious assault and trauma that is experienced during episodes of domestic violence. This presentation on the topic of Trauma Informed Care for survivors is an in-depth review of the treatment method. Techniques for treatment of survivors with PTSD and secondary trauma will be reviewed as well as an exploration of group treatment methods. The Trauma Recovery and Empowerment Model (TREM) is an evidence-based group treatment method that has been found effective for treating women with histories of sexual and physical abuse. Group treatment models are effective because a main principle of Trauma Informed Care is that a survivor needs to be respected, informed, connected, and hopeful regarding their own recovery. The TREM approach is an application of Trauma

Informed Care in a group therapy setting that highlights the importance of building trust, confidence, and connecting with others who have also experienced similar trauma. Resilience and group treatment are important aspects of treating abuse survivors.

Attributions for Violent Behaviours by Intimate Partners

Paula Sismeiro Pereira, *Polytechnic Institute of Bragança, Bragança, Portugal*
(paula.sismeiro@gmail.com)

For some decades the study of attributions for violent behaviour was a relevant branch of research in intimate partner violence. Some of those studies questioned the socially well-established idea that women provide acceptable explanations for their own violent behaviour, while men provide self-serving attributions. Despite the promising avenue to the understanding of intimate partner violence, this field of research is not receiving broad attention. Those studies have mostly a quantitative approach. This presentation uses a qualitative approach to explore self and hetero attributions for the violent behaviour between men and women convicted by intimate partner homicide. The data was gathered through individual in-depth interviews, collected in jail during the time of sentence serving. At research time men had served a mean of 45 months in prison (SD= 8,11), while women had served 90 months (SD= 30,02). Data analysis focuses on the appraisal of self-motives for violence, and on attributions of responsibility. For relationships marked by mutual violence, partner's motives were analyzed. Male and female explanations for violence will be compared and discussed in connection with emotions experienced and related behaviour.

Gendering Capacity: The Two-Sided Vulnerability of Survivors of Abuse

Georgina Dyan Campelia, *University of Washington* (gdcamp@uw.edu)
Lauren Flicker, *Montefiore Einstein Centre for Bioethics, NYC, USA* (lflicker@montefiore.org)

Decisional capacity is, on its face, a genderless concept. However, in many instances in law and medicine, capacity assessments can be gendered. A particularly troubling example of this type of case is that of patients who request that abusive partners serve as their health care proxy. For the medical team and clinical ethicist, these choices pose a particular challenge to traditional principles of autonomy and beneficence. A conflict resides in the fact that survivors of abuse are vulnerable on two fronts. On the one hand, they are vulnerable to their abusive partners, who may not be “ethically appropriate” decision makers insofar as they consistently and characteristically act contrary to the best interests of the patient. On the other hand, survivors of abuse are vulnerable to the unwarranted revocation of decisional capacity, by a well-meaning clinical team who may conflate “accepting” abuse with lacking capacity. Patients with this social positioning can be particularly vulnerable to having their autonomous choices unnecessarily overridden for the sake of best interests or beneficence. This presentation will reflect on one such clinical case and advocate for a response that balances these two vulnerabilities and hinges on the notion of relational autonomy.

Psychologically Informed Interventions for Intimate Partner Violence

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

Gendered models of Intimate Partner Violence (IPV) have been largely unsuccessful in engaging IPV perpetrators or reducing their reoffending. A program developed by applying both empirical and clinical research findings was therefore developed. The program, Inner Strength, has been piloting at a medium secure prison since 2012. There has been a total of 96 perpetrators who have enrolled in this program at this time. Attrition is usually between 35-40% in perpetrator programs in the UK; Inner Strength, however, has a 91% completion rate. In 2014, reoffending rates were explored amongst those released. UK rates of reoffending, as well as prison-based risk assessments, would predict a 35% reoffending rate within six months of release. There was no evidence of any reoffending (either domestic violence or other offences) from any of the cohort. Neither was there any evidence of police call-outs to incidents involving domestic abuse. Data from 2018 is currently being updated and will be presented. Results from pre- and post-program psychometrics suggest that enhancing emotional self-efficacy may be the ‘active ingredient’ in the success of this program.

63. Domestic Violence II: New Perspectives on Domestic Violence

The Operationalization and Correlates of Bidirectional Intimate Partner Violence: Implications for Intervention Design

Erica Bowen, *University of Worcester* (E.Bowen@worc.ac.uk)

Elizabeth Bates, *University of Cumbria*

Throughout the international literature, reference is made to violence within intimate relationships that is perpetrated by both members of a dyad, initially conceptualized as situational or common couple violence. However, the methods through which this phenomenon is characterized vary, from single respondent self-reported perpetration by self- and partner, to separately reported behaviours by both members of a dyad. The wording of surveys also confounds this further with timescales varying from ‘life time’ experience and use of violent and abusive behaviours, to within the most recent or current relationship. It is our expectation that the lack of uniformity of measurement will have implications for how consistently etiological factors are identified across studies, which is of relevance to theory-building. This presentation will summarize the findings of an ongoing systematic review of the literature in which we seek to characterize the different methods through which bidirectional violence is operationalized, and to determine whether the method of operationalization is associated with different patterns of correlates. The presentation will provide preliminary recommendations for the design of intervention and risk management strategies in cases of bidirectional violence based upon the findings of the review.

Advancing Theory and Treatment Approaches for Males in Substance Use Treatment Who Perpetrate Intimate Partner Violence: Developing an Integrated Intervention

Elizabeth Gilchrist, *University of Worcester* (E.Gilchrist@worc.ac.uk)

Liz Gilchrist, *University of Worcester*

Danielle Stephens-Lewis, *University of Worcester*

Amy Johnson, *University of Worcester*

Juliet Henderson, *University of Worcester*

Beverly Love, *King's College London*

Alyson Huntley, *University of Bristol*

Mary McMurrin, *Independent Consulting Psychologist*

Gene Feder, *University of Bristol*

David Gadd, *University of Manchester*

Louise Howard, *King's College London*

John Strang, *King's College London*

Sara Kirkpatrick, *Respect, UK*

Polly Radcliffe, *King's College London*

Gail Gilchrist, *King's College London*

Intimate partner abuse (IPA) includes any behaviour by a partner causing physical, sexual, or psychological harm, including aggression, sexual coercion, psychological abuse, and controlling behaviours. Many static and dynamic risk factors have been identified for IPA, including substance use. While men in substance use treatment are more likely than men in the general population to perpetrate IPA, few substance users are referred to treatment for IPA. A systematic review and meta-analysis conducted as part of ADVANCE considered randomized and non-randomized controlled trials exploring IPA (with either an integrated element of substance use or some acknowledgement of substance use within their population). This review found very little evidence of effectiveness in IPA reduction. However, there was some support for a short-term effect on both IPA and substance use, although fading at follow-up. As such, the effectiveness of interventions, whether integrated or singular, remains unclear with very little empirical support. Subsequently, this presentation will detail the development of an integrated substance use and IPA intervention targeting men in substance use treatment. In considering the theoretical and empirical underpinnings of this intervention, key features of the program and corresponding sessions will be discussed.

To What Extent Do Female Victims' Experiences of the Police Response to Harassment and Stalking Differ According to Their Relationship with the Offender?

Holly Taylor-Dunn, *University of Worcester* (H.Taylor-Dunn@worc.ac.uk)

Erica Bowen, *University of Worcester*

Elizabeth Gilchrist, *University of Worcester*

In 2017 Her Majesty's Inspectorate of Constabulary Fire and Rescue (HMICFRS) published the first joint thematic inspection into the police and CPS handling of harassment and stalking offences. The Centre for Violence Prevention at the University of Worcester conducted research with victims of harassment and stalking who had contacted the police for assistance. The original qualitative study collected the views and experiences of 35 participants through an online survey (n14) and semi-structured interviews (n21). Only female participants reported being harassed and stalked by an ex-partner (13, 45%). This presentation will focus on determining whether the reports of the police response experienced by female participants (n29) differed if they were stalked by an ex-partner or someone else. Previous stalking research suggests that when the victim and offender are known to each other – particularly when they were in a relationship together – then police officers are less likely to take the situation seriously (McKeon, 2015, Scott et al, 2013, Weller, Hope and Sheridan, 2013), even though victims in this situation are at greatest risk of harm (Sheridan and Davies, 2001, Scott et al, 2013).

The Relationship Between Adverse Childhood Experiences, Trauma Symptoms, Exposure to Domestic Violence, and Coping Among Ambulance Staff: A Preliminary Study

Claire Richards, *University of Worcester* (C.Richards@worc.ac.uk)
Holly Taylor-Dunn, *University of Worcester*
Erica Bowen, *University of Worcester*

Ambulance staff are routinely exposed to traumatic events due to the nature of their frontline emergency service role. Less is known however about the extent to which ambulance service staff have experienced violence and abuse in their personal lives, and how this influences their ability to cope with the traumatic demands of their role. This presentation will report on the findings of an ongoing study which aims to characterize the needs of ambulance staff who are currently, or have previously, experienced domestic abuse. A mixed-method online survey study has been implemented through which ambulance survey staff will complete measures of adverse childhood experiences, prior experience of domestic violence, trauma symptoms, and resilience. In addition, they will provide written responses to open ended questions concerning how they have sought support to deal with trauma and their experience of domestic violence, and how service structures could be changed in order to facilitate help seeking. The project has been funded by The Ambulance Staff Charity (TASC) with a view to enabling services to develop support structures to help meet the needs of ambulance staff, and the findings will be discussed with a view to making preliminary recommendations for such provision.

Factors Influencing Decisions About Risk by Police Officers Responding to Domestic Abuse Incidents

Rosie Erol, *University of Worcester* (R.Erol@worc.ac.uk)
Prof Erica Bowen, *University of Worcester*
Elizabeth Gilchrist, *University of Worcester*

Identifying the level of risk faced by victims of domestic abuse is important in providing an appropriate response from the police. Response officers are responsible for deciding on the initial level of risk when attending incidents of domestic abuse, often facilitated by the Domestic Abuse, Stalking and Harassment and Honour Based Violence (DASH) risk identification checklist, which is used by most police forces in the UK. This research aimed to identify factors that influenced decisions to assign a high-risk rating to victims of domestic abuse incidents in two local policing areas in a UK police force, where one recorded a significantly higher proportion of high-risk incidents than the other. Almost half of recorded crimes did not have an associated DASH form, indicating that other factors influenced officers' decisions to assign a high-risk rating to an incident, including 'gut feeling' and a reliance on historical police intelligence data. Incidents rated as high risk were more likely to be assaults, rather than less visible forms of abuse. Many officers took a risk averse approach, tending to assign a higher level of risk where there was uncertainty. Implications for practice around initial risk assessment will be discussed.

Malta. Full Cooperation: Zero Violence Challenges of Large Scale, Multi Agency Training in a Different Cultural Context

Beverley Gilbert, *University of Worcester* (b.gilbert@worc.ac.uk)
Elizabeth Gilchrist, *University of Worcester*

The Centre for Violence Prevention are principal project partners with The Maltese Ministry for European Affairs and Equality (MEAE), and were commissioned in 2016, to develop and deliver the training element of this EU funded, two-year program of enhancing knowledge and practice around Gender Based Violence and Domestic Violence. Having ratified the Istanbul Convention (www.coe.int), the Maltese Government were aware that enhanced multi agency professional training was essential, together with amendments to the Domestic Violence Bill and appropriate service funding (meae.gov.mt, 2018). This presentation will outline the experience of delivering this two-year, triple stage training program to a diverse range of professional participants in Malta and Gozo. This will include feedback from those participants who successfully completed the six-day training element of the project. The Full Cooperation: Zero Violence training was evaluated through a mixed methods evaluation questionnaire, and the findings of this will be considered both in terms of the change made in participants views and approach to working with GBV, and recommendations for future multi agency, collaborative, working practice in Malta.

64. Drugs: Alternatives to Criminal Justice Measures

Judicial Supervision Under a Drug Treatment Order

Gerard Bryant, *Magistrates Court, Victoria, Australia* (grb@magistratescourt.vic.gov.au)

This presentation will look at both the content and frequency of supervision in drug treatment orders. In particular, the presentation will provide observations and analysis of the role of motivational interviewing techniques during judicial supervision within the context of the stages of change recovery model. The presentation will also present research findings from a pilot project trialling Bi-weekly intensive judicial supervision for specifically targeted groups within the DTO cohort. The presentation will look at which offenders are selected and why, and will explore the findings and what it may mean for Drug Courts and for mainstream courts in ensuring compliance and better behaviour change.

Understanding Emerging Adults in Drug Treatment Court: Short- and Long-Term Consequences

Michael Fendrich, *University of Connecticut* (michael.fendrich@uconn.edu)
Thomas P. LeBel, *University of Wisconsin-Milwaukee*

Drug Treatment Courts (DTCs) continue to thrive as a mechanism for diverting drug involved criminal justice system clients. Surprisingly little is known about how emerging adults differ from older DTC participants in their backgrounds, experiences in the program, completion rate, and recidivism after completing the program. We compared emerging adults who were 18-29 years (n=206; or 48.6%), to those 30 and older (n=218 or 51.4%) at admission to a Midwestern DTC during years covering 2009-2015. Compared to older adults, emerging adults were significantly more likely to be White, non-Hispanic, heroin/prescription opioid users, and intravenous drug users with an overdose history, and had less extensive criminal histories. While in the program, emerging adults had more difficulty following rules and completing phases. In analyses employing multinomial logistic regression, emerging adults were significantly more likely to be terminated from the program as opposed to being graduates with no arrests. Likewise, emerging adults were significantly more likely to be graduates with subsequent arrests as compared to graduates with no arrests. These differences at baseline, while navigating the program, and at post-graduation suggest that the orientation of DTC's may be problematic for emerging adults and that changes need to be made to improve success rates.

The Family Drug Court Model Standards: Advancing Implementation Science in Treatment-Oriented Child Welfare Courts

Margaret H. Lloyd, *University of Connecticut* (margaret.lloyd@uconn.edu)

Families with parental substance use disorders (SUD) are over-represented in the child welfare system, and families face bleak outcomes, including more time in foster care and reduced chances of reunification compared to families without parental SUD. The goal of family drug courts (FDC) is to improve outcomes for these families, and two decades of FDC research suggests that goal is being met. However, variability in effectiveness exists across courts, in part due to a lack of standardized model practices. Responding to this gap, the Office of Juvenile Justice and

Delinquency Prevention will soon release the National Family Drug Court Model Standards (“Model Standards”). The Model Standards enumerate characteristics of family drug courts that, in previous research, outperform non-FDC courts on outcomes of interest. The Model Standards also reflect FDC-relevant research from SUD treatment, criminal drug courts, and organizational psychology. This presentation will discuss the Model Standards, including the scientific literature underlying each Standard and common implementation issues in the field. Publication of the Standards offers an opportunity to improve the operations of existing family drug courts, spur second generation FDC research, and provide interested judges and communities with a clear understanding of the mechanisms that reunite families in recovery.

65. Economies of Disability

Ownership Type and Quality of Care in U.S. Residential Facilities for the Intellectually and Developmentally Disabled

Alison Morantz, *Stanford Law School* (amorantz@law.stanford.edu)

Following the closure of large state hospitals in the US, which in official parlance are classified as “Intermediate Care Facilities for Individuals with Intellectual Disabilities” (ICF-IIDs), many individuals with severe intellectual and developmental disabilities have resided in smaller, community-based ICF-IIDs funded by the same federal Medicaid program. These facilities exhibit considerable heterogeneity, with private for-profit facilities operating alongside ones that are non-profit or government-owned. Using a national study, we examine whether ownership type predicts differences in facility-level outcomes that at least arguably correlate with the quality of care. The two measures we regard as the least vulnerable to bias – the frequency of regulatory citations and the frequency of complaints – suggest strongly that for-profit facilities underperform *both* government-owned and non-profit facilities. The other metrics examined tell a far more complex story that sheds little light on quality differences *per se*, but underscores the need for better data and further empirical scholarship in this neglected field. In particular, the importance of reducing the susceptibility of national datasets to reporting bias, obtaining more detailed data on the characteristics of ICF-IID residents such as comorbid mental illness and (self-)injurious behaviors, and linking facility-level datasets to individual outcomes that can be tracked over time, cannot be overstated.

Consumer Contracting and Mental Health: Using a Human Rights Framework to Explore Issues of Equity

Anna Arstein-Kerslake, *Melbourne Law School* (anna.arstein@unimelb.edu.au)

This presentation will explore the implications of the United Nations Convention on the Rights of Persons with Disabilities (CRPD) for the exercise of consumer rights and consumer protection of persons with mental health disability. The CRPD’s elaboration of the rights of persons with disabilities to equality and non-discrimination, to live independently and be included in the

community, to accessibility of services and information, and to equal recognition before the law, necessitates a re-evaluation of existing consumer protection laws and norms. Models of ‘supported decision-making’ – which respect the legal capacity of the individual while providing support to exercise that capacity – are proposed as a necessary complement to the existing consumer protection regime. Drawing on the findings of a qualitative study, the presentation will identify existing barriers to consumer transactions for persons with mental health disability and explores the role of supported decision-making in removing those barriers. The presentation will conclude by proposing a model for supporting persons with mental health disability that prioritizes accessibility of information, privacy and non-discrimination, and supported decision-making in the conduct of consumer transactions.

Who's Counting? Disability Prevalence Estimation, International Human Rights, and the Manifest Destiny of Global Pharma

Sheila Wildeman, *Dalhousie University* (sheila.wildeman@dal.ca)

One, arguably underexplored, challenge of implementing the *Convention on the Rights of Persons with Disabilities* goes to the role that disability prevalence estimation (a key element of States Parties’ obligations to monitor disability rights) may play in advancing the expansionist ambitions of biomedical psychiatry and global Pharma. This presentation will suggest that these ambitions are likely to be advanced even, and perhaps most significantly, by functionalist models of prevalence estimation poised to make new inroads toward popularizing identification under the descriptors of mental health / disability in nations where such identity categories have not, as yet, flourished. This is one of a set of concerns at the nexus of international human rights, the expert-led movement for Global Mental Health and the identity politics of mental health/disability. Building on growing critical-deliberative efforts to situate psychosocial distress in the context of political economy and social patterns of dominance/subordination, the presentation will ask how disability prevalence estimation might mitigate the effects of cooptation and support cross-cultural inquiry into the phenomenological and socio-political dimensions of psychosocial distress. This work must aim at bridging – as well as critically interrogating – expert and activist perspectives along with diverse identity-based allegiances.

Compensation for Negligently-Inflicted Psychiatric Injury

Elaine Gibson, *Dalhousie University* (elaine.gibson@dal.ca)

Historically, courts have refused to award compensation for psychiatric injury that had been negligently inflicted if the person did not also suffer physical injury. Gradually this harsh stance has been softened in recognition that psychiatric injuries can be at least as or more disabling in comparison to those that are physical in origin. Nevertheless, there has been lingering concern regarding the assessment and valuation of psychiatric injury, and judges around the world have placed a series of restrictions on the possibility of recovery. The Supreme Court of Canada has issued two judgments in recent years that substantially alter the landscape in expansive direction. It is no longer necessary to link psychiatric to physical injury, nor to bring

expert evidence as to the psychological effects of the injury on the person. This presentation will explore the potential impact of these cases both within Canada and in other common-law jurisdictions throughout the world.

‘Digital Pills’, Geo-Tracking, & the Future of Disability & Health Law

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

In 2017, the US Food and Drug Administration approved for use a ‘digital pill’, which integrates a psychotropic pill and electronic sensor. The sensor transmits data via a patch worn on the skin, allowing the person to ‘track’ the time of ingestion via a smartphone and other connected devices. With the person’s permission, family members, clinicians, and others can monitor ingestion times through a web-based portal. Digital pills have also been approved for use in China and the European Union. According to marketing materials, the pills are designed to increase medication compliance. It is highly likely that digital pills will be used in forced psychiatric interventions, whether formally or informally. These possibilities raise a host of ethical and legal issues that have received little, if any, in-depth consideration in public debate and scholarship. This presentation will draw out legal and ethical implications of digital pills for the future of health and disability law.

66. Effective Assistance of Counsel: How Best to Investigate and Present Evidence of Serious Mental Illness in Criminal Cases

From Start to Finish: How to Best Present Evidence of Serious Mental Illness in Criminal Cases

Lyn Gaudet Kiehl, *MINDSET consulting group, Albuquerque, USA* (LKiehl@mrn.org)
Jason P. Kerkmans, *MINDSET consulting group*

In the United States fundamental legal doctrine requires the focus of the criminal justice system to be on due process or fairness rather than on truth. Coupled with the underlying retributive philosophy of the U.S. justice system, any investigation into a defendant’s mental health is not done independently by the court (as in many other countries) but must be undertaken by the defense team. Such an investigation, specifically with respect to the presence of psychosis, is paramount in ensuring that the defendant’s interests are adequately presented and protected in pre-trial negotiations and at all stages of a criminal trial. In criminal cases involving defendants with serious mental illness, an effective presentation of mental health evidence is not limited to expert reports and testimony but should inform an attorney’s approach to all interactions within the case. Considerations of the audience (e.g., opposing counsel versus the court versus the jury) should dictate the type of information presented and the level of explanation and detail

provided. Case examples of effective and ineffective presentations of mental health evidence will be discussed.

Explaining Psychosis to Non-Clinicians

Jeffrey Christopher Rouse, *University of New Brunswick* (jrouse@tulane.edu)
John W. Thompson, *Tulane University*

By training and experience, clinical and forensic psychiatrists are intimately familiar with the reality distortions central to psychotic illness and how these perceptions have a profound impact on a patient's ability to function on multiple levels. However, this understanding is less familiar to key members in the criminal justice system who may encounter persons with such illness. Conveying this understanding rapidly to non-mental health professionals is a learned skill and is critical for the criminal justice system to make informed and accurate decisions regarding offenders with mental illness. The most effective forensic psychiatrists are able to educate law enforcement, attorneys, judges, and juries as to what it is actually like to suffer from psychotic illness. This presentation will discuss a number of different unique strategies—including virtual reality simulations that mimic the experience of hallucinations and novel ways to explain what it is like to operate within a delusional belief system—that can be used as teaching tools for educating stakeholders as to what it is really like to experience psychosis. In addition, potential strategies for selecting jurors more amenable to understanding psychosis during *voir dire* will be discussed.

Neuroscience of Serious Mental Illness

Kent Anthony Kiehl, *The University of New Mexico* (kkiehl@unm.edu)

The goal of any type of forensic assessment is to gather the most relevant and accurate information possible so that legal decision makers can make the most informed evaluations about individuals within the criminal justice system. The premise of the field of neuroscience and law is that because the brain is the source of our perceptions, emotions, decision-making, actions, etc. when we want to study human behavior, we are really interested in the study of brain structure and function. Neuroimaging techniques provide a way to measure brain structure and function and have tremendous potential to provide relevant objective information regarding individual's mental health. This presentation will include a history of the early science in this area and the early cases that used neuroimaging data to support diagnoses of mental illness, how the field has evolved to the present day where neuroimaging data can be used to not only distinguish patients from healthy control subjects but also distinguish between subtypes of mental illness, as well as the important role neuroimaging data can play in comprehensive forensic mental health assessments.

Evaluating and Discussing Neuropsychological Profiles

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There has not been a lot of research performed on mass murderers. What research does exist, shows that mass murderers have an increased likelihood of psycho-social stressors, psychiatric issues, and head trauma. Yet, the association between neurocognitive ability and mass murder is one area where the forensic sciences are increasingly interested in reviewing. A sub-class of mass murderers, distinguishable by the degree of relationship between the murderer and the victims, can be even more central to forensic evaluations. Research indicating that mass murderers may possess the cognitive ability to engage in preventative or rehabilitative efforts, and that sub-typing based on the degree of victim relationship, is ongoing and will be discussed. Ultimately, utilizing this research in evaluating both alleged and convicted murderers in forensic settings will have an increasing place in the United States' criminal justice system. Effectively being able to convey distinctions among these differing types of murderers and relating how cognitive testing evaluations fits into the justice system for each will also be presented.

Mental Health Advocacy from the Perspective of a Trial Attorney

Joetta Keene, *Attorney-at-Law, Arlington, USA*, (JoettaK@lawyerkeene.com)

One of the most important and effective strategies used by criminal defense attorneys is perspective taking and empathy: placing themselves in their client's shoes to help fully understand the client's point of view and how it influenced the client's decision making and actions. The job of the defense attorney is to be able to then get the jury to place themselves in the shoes of the defendant. If a defendant suffers from serious mental illness (e.g., psychosis) a jury has to understand exactly what that means. Failure to properly educate the jury through use or experts or through the attorney's own presentations (e.g., opening and closing statements, questioning of witnesses), will prevent the jury from being able to appreciate the role that mental illness played and therefore accurately evaluate the crime and the appropriate legal consequences. Topics to be discussed include strategies on how best to interview the client and client's family members and how to present information regarding mental illness (e.g., the use of first person narrative).

67. End of Life Decisions in England and Wales

The Right to Request the Ending of a Life: Who Decides?

Lisa Claydon, *The Open University* (lisa.claydon@open.ac.uk)

This presentation will look at the request by those suffering from severe disabilities or terminal illnesses in England and Wales to be allowed assistance so that they may die at a time and in a manner of their own choosing. It will consider the treatment of the case of Tony Nicklinson in some depth and look at the differing opinions given by Supreme Court Justices as to how Nicklinson's claim to be permitted to decide when his own life should be treated. Tony Nicklinson was not able to move as he suffered from Locked in Syndrome. He was only able to communicate his wishes with difficulty, but was adamant that he wished to be assisted to die. The presentation

will consider how advances in neuroscience and our understanding of the brain has facilitated the ability to communicate and it will consider how Lord Neuberger opinion as to how new technologies might assist in granting claimants, in such cases, the autonomy they seek.

Assisted Suicide: Circumscribing ‘Dignity’ in England and Wales

Elena Roxana Tudosie, *The Open University* (elena.tudosie@open.ac.uk)

This presentation highlights the available options for individuals who wish to end their life with dignity in England and Wales. It outlines the ways in which patients and individuals with certain medical conditions are able to access a less painful end of life and a more comfortable death under the current system. It considers the implications of palliative care and the principle of double effect. The presentation questions the adequateness of options by looking at the individual’s perceived dignity at the end of life. This is achieved by considering current case law challenging existing legislation and assessing the reasons behind the claimant’s wishes for a legal right to die. The presentation will investigate the notion of personal autonomy as the basis for a need for an exception from the blanket ban on assisted suicide. In this way it considers whether the status quo continues to be morally justified as a necessary measure to protect the vulnerable. It culminates by asking whether a different system would be capable of meeting the current needs by implementing a safe right to die with dignity.

A Life-or-Death Decision: Determining the Best Interests of a Minimally Conscious Patient

Stephanie Mary Pywell, *The Open University* (stephanie.pywell@open.ac.uk)

This presentation outlines how the courts of England and Wales decide whether adults who are in a minimally conscious state should be allowed to die ‘naturally’ by withdrawal of the artificial nutrition and hydration that is keeping them alive. It outlines the main characteristics of the minimally conscious state, then summarizes the law, which requires that the decisions in such cases should be determined in patients’ best interests. The presentation goes on to review some recent cases, including one that clarified when a court hearing is necessary. It identifies some of the problems involved in ascertaining what a patient’s best interests are when the patient is unable to communicate in a conventional way. It goes on to question the law’s differing approaches to patients in the minimally conscious and ‘vegetative’ states, and identifies, in the light of very recent medical evidence, some of the problems that can arise in differentiating between these two states.

Should Court Approval be Sought When Withdrawing Life Sustaining Treatment from Adults Without Capacity?

Adam Tanner, *The Open University* (adam.tanner@open.ac.uk)

This presentation will outline arguments as to why court overview and approval of cases concerning the withdrawal of life-sustaining treatment from patients who lack capacity in England and Wales should be retained in some form. It outlines the history of court powers in relation to adults who lack capacity and summarizes the current standing of the law in England and Wales. The presentation will further address a series of recent cases from the past two years and look at how they fit within the broader history of the law. The presentation also addresses the arguments for a continued role for the court; including medical evidence concerning rates of misdiagnosis, lack of clinical training, and understanding. This will also go on to question the standing of the Code of Practice in light of the most recent Supreme Court decision; it will further argue for a minimum safeguard in the form of a ‘fast-track’ process for patients whose clinicians and families are in agreement.

Ascertaining the Wishes of Some Patients in Minimally Conscious States: The Need to Change Legal Approaches

Paul Catley, *The Open University* (paul.catley@open.ac.uk)

Under English law individuals who are competent can refuse treatment – even life-sustaining treatment. Individuals who anticipate that they may one day lack capacity to make decisions can make advance decisions with regard to their future treatment. Under the Mental Capacity Act individuals must be assumed to have capacity unless it is established that they lack capacity and all practicable steps have been taken to help the patient make a decision. Where a patient lacks capacity the best interests test has been interpreted by the courts as involving, inter alia, an assessment of the patient’s wishes and feelings and an assessment as to whether the patient is in pain. The courts have assumed that patients in minimally conscious and vegetative states have no capacity and can neither communicate their wishes nor whether they are in pain. Neuroscientific research challenges these assumptions. The presentation will call for a change of legal practice to recognize that the wishes of some patients can be ascertained and should be taken into account.

68. Enhancing the Identification of Substance Use Treatment Needs and Service Delivery for Justice-Involved Youth: Findings from JJ-TRIALS

Overview of the JJ-TRIALS Cooperative Research Initiative

Tisha Wiley, *National Institute on Drug Abuse, Bethesda, USA* (tisha.wiley@nih.gov)
Angela Robertson, *Mississippi State University*

The objective of this presentation is to provide an overview of Juvenile Justice-Translational

Research on Interventions for Adolescents in the Legal System (JJ-TRIALS). JJ-TRIALS is a cooperative implementation science research initiative launched by the National Institute on Drug Abuse (NIDA). The JJ-TRIALS Cooperative consists of six Research Centers (Columbia University, Emory University, Mississippi State, Temple University, Texas Christian University, and University of Kentucky), their corresponding juvenile justice agency partners, and a Coordinating Center (Chestnut Health Systems). The purpose of JJ-TRIALS is to evaluate strategies aimed at improving 1) the efficiency of the behavioral health service cascade (i.e., screening, assessment, need, referral, treatment initiation, engagement, continuing care), 2) the delivery of evidence-based behavioral health services practices for juvenile offenders under community supervision, and 3) more coordinated linkage with community behavioral health service providers. The research design uses a cluster randomized trial with a phased rollout to evaluate the differential effectiveness of two conditions (Core and Enhanced) in 34 sites in the United States. The Core Implementation Intervention consists of several implementation strategies for promoting organizational and system change. The Enhanced intervention incorporates all core strategies plus active facilitation of local interagency change teams.

A Structured Implementation Intervention to Reduce Gaps in Behavioral Health Services for Delinquent Youth Under Community Supervision: Findings from a Multisite Cluster Randomized Experiment

Steven Belenko, *Temple University* (sbelenko@temple.edu)

Danica Knight, *Texas Christian University*

Angela Robertson, *Mississippi State University*

Substance use (SU) is common among delinquent youth and increased re-offending. Approximately 51% of them have substance problems requiring treatment, and most are under community supervision, where clinical assessment and treatment linkages are inconsistently implemented. To reduce SU among juvenile offenders, probation agencies must identify youth with SU problems, link them to appropriate services, and retain them in treatment long enough to improve clinically. This requires coordination and communication across multiple service systems (justice agencies, behavioral health providers) that is rarely achieved. This multisite cluster randomized experiment examined the effectiveness of two implementation intervention strategies aimed at promoting system-wide improvement in SU service receipt. We hypothesize that participation in a core set of strategies will result in improvement in service access and that sites receiving core plus enhanced strategies (expert facilitation in using data-driven decision making) will show greater improvement compared to core-only sites. The Behavioral Health Services Cascade (Belenko et al., 2017) forms the conceptual and measurement framework for measuring and identifying gaps in services. Data from more than 25,000 justice-involved youth on probation in 34 U.S. counties in seven states are used to examine whether the interventions reduce gaps in behavioral health services over a two-year period.

Community Supervision Agency Practices for Engaging Caregivers in Behavioral Health Services: Findings from a National Survey

Angela Robertson, *Mississippi State University* (angela.robertson@ssrc.msstate.edu)

Richard Dembo, *University of South Florida*

Christy K. Scott, *Chestnut Health Systems*

Michael L. Dennis, *Chestnut Health Systems*

Substantial proportions of delinquent youth under community probation supervision in the U.S. juvenile justice system have mental health and/or substance use disorders. Family engagement practices in the juvenile justice system emphasize educating parents, guardians, and caregivers about the juvenile justice system and empowering them to be involved in decision making regarding their children. This study examines the extent of caregiver involvement in identifying need for and participation in behavioral health treatment services with data from the first wave of the National Survey of Community Supervision (CS) Agencies conducted in a nationally representative sample of 20 states and 198 counties across the United States between 3/2014 and 3/2015. CS agencies that used more family engagement strategies, were located in non-metro areas and with lower annual caseloads, and agencies reporting a greater percentage of youth with mental health problems or at risk for suicide reported higher rates of caregiver involvement. The type of specialty court program mattered; greater caregiver involvement was associated with agencies having a juvenile drug treatment or a family drug treatment court program. Implication of the findings for enhancing juvenile justice agencies efforts to engage families in behavioral health services for justice-involved youth will be discussed.

Service Receipt as a Mediator of Treatment Needs and Recidivism

Jen Pankow, *Texas Christian University* (j.pankow@tcu.edu)

Angela Robertson, *Mississippi State University*

George Joe, *Texas Christian University*

Sheena Gardner, *Mississippi State University*

Substance use (SU) plays a prominent role in delinquent behavior and recidivism for adolescents involved with the juvenile justice (JJ) system. The strong association between SU and offending highlights an opportunity to reduce recidivism risk by delivering SU treatment to justice-involved youth. This study will investigate the mediating effects of receiving SU services on the relationship between need and recidivism with youth records from 12 juvenile justice agencies (six in Texas and six in Mississippi), participating in JJ-TRIALS Project. Results from preliminary analyses with simple and multiple logistic regressions indicated that need for treatment significantly predicted recidivism, and treatment initiation served to partially mediate the need-recidivism path—paving the way for analysis with more complex modeling to examine the relationship between key predictors. The findings from mediation analysis

with treatment engagement and additional covariates will be discussed with implications for allocation of treatment resources by JJ agencies.

69. Ethical Imperatives of Representing the Underrepresented

Beyond Sexual Misconduct: Considering “MeToo” and the Abuse of Power

Richard Robeson, *Wake Forest University* (robeson@wfu.edu)

The anti-sex-abuse movement known as “MeToo” has brought not only increased public scrutiny but also legal accountability (Weiber v. United States Olympic Committee, et al 2018) to the issue of workplace-associated sexual misconduct ranging from harassment to assault. This presentation will argue that it is instructive to consider “MeToo” in a broader context, in which the operative condition is a power differential that is as much about psychological violence as unwelcome physical contact. For example, Shannon Faulkner’s successful challenge to be the first female admitted to The Citadel – The Military College of South Carolina (Faulkner v. Jones 1994) culminated in her withdrawal after only five days, owing to the combined stresses of two years of litigation, the animus visited upon her as a female interloper by her fellow cadets, plus the harassment customarily experienced by all first-year cadets. Even so, there remains a cohort (including subsequent women cadets at The Citadel) who excoriate Faulkner for her inability to, in effect, pay the price of admission. A willingness to submit to calculated psycho-emotional disequilibrium, is an essential criterion of many professions, with complainants hardly limited to women. Case examples will include public service (law enforcement, firefighting, politics) as well as academia/professional school.

Mental Health Exclusions in Research: Appropriately Protective or Unethical?

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

Potential research participants routinely are excluded from research because of their health status. Such exclusions sometimes promote the ethical conduct of research by reducing risks to participants. When exclusion is based on the presence or severity of a mental health disorder, it can have the opposite effect. Excluding persons with mental health disorders from research on physical health problems can undermine the generalizability of the findings and hence the social and scientific value of research, unjustly deny groups access to the potential benefits of research, and expose patients to unnecessary risk in the future. This presentation documents the exclusion of persons with mental health diagnoses from clinical research on physical and mental health disorders and demonstrates that these exclusions can undermine the ethical quality of research. Research ethics committees/institutional review boards should pay more attention to exclusion/inclusion criteria in assessing studies to fulfill their regulatory or legal and ethical

obligations, and investigators should implement strategies to minimize risks to participants with mental health disorders while avoiding unnecessary exclusion. Government agencies responsible for approving new interventions also should consider more seriously the inclusion and exclusion criteria of studies in granting approval.

The Terms of Trying

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

“The Terms of Trying” addresses the uses of law to try everything to stave off death. The history of the regulatory exception that the U.S. Food and Drug Administration terms “expanded access” but is popularly known as “compassionate use” has made state and federal “right to try” statutes possible. Public attention to cases like that of Charlie Gard and misleading discussion of right to try proposals have arguably increased distrust of governmental regulation of medicine and science, and exacerbated path divergence between life prolongation and palliative care. Although heightened distress about dying too young is understandable, it is unfortunate when caring for and about seriously ill patients is viewed as being incompatible with accepting death. This presentation discusses the “pay to play” component of all right to try laws, the Go Fund Me problem of identified lives, and the need to find a better way to help patients, families, and the public to address the grief, fear, and sense of tragedy that accompanies dying when a “technological cure” for death perpetually seems to be just around the corner.

Big Data in the Realm of Hospice and End of Life Care

Ananda Mitra, *Wake Forest University* (ananda@wfu.edu)

This presentation will report on a project that was designed to develop a messaging strategy for the Hospice of the Piedmont to help promote itself in a way that would be relevant to the community it seeks to serve. The project used the theory of narrative bits (narbs) that allowed for the production of attitude maps to obtain a holistic view of the way in which the Hospice was perceived by the community through a set of narratives that were created from the commentary of the respondents who completed a questionnaire. The findings demonstrated a gap between what the Hospice would want their public narrative to be with respect to critical issues such as old age and death, and the public perceptual narratives that emerged. In general, the public narrative had several misconceptions leading to a more negative perception of the Hospice system. Such findings from the narrative maps became instructive in developing a new set of messages that could produce a different public narrative of the Hospice system. The study adds to the existing body of knowledge related to the use of the narb theory and attitude mapping to develop messages related to the health care domain.

70. Ethical Issues in Human Enhancement

Disability, Enhancement, and Flourishing

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

A recent debate among bioethicists and other specialists concerns the potential to enhance human beings' physical, cognitive, or emotive capacities by means of genetic, pharmacologic, cybernetic, or surgical interventions. Between “transhumanists,” who argue for unreserved enhancement of human capabilities, and “bioconservatives,” who warn against any non-therapeutic manipulation of humanity's natural condition, lie those who support limited forms of enhancement for the sake of individual and collective human flourishing. Scholars representing these views also share a concern over the plight of human beings with various types of cognitive or physical disabilities, some of which may be ameliorable by enhancement interventions and some of which will remain intractable for the foreseeable future. The question addressed in this presentation is, for those who favour enhancement to some degree, how valuing the enhancement of human capabilities may be reconciled with valuing the existence and phenomenological experiences of disabled human beings. In other words, can we value enhanced capabilities without devaluing both the unenhanced and those whose capabilities fall below a defined threshold of “normal function”?

Cognitive Enhancement of Warfighters: Legal and Ethical Issues

Efthimios Parasidis, *Ohio State University* (parasidis.1@osu.edu)

This presentation examines legal and ethical issues surrounding emerging technologies regarding cognitive enhancement for soldiers. Militaries across the globe are investing significant resources into cognitive enhancements for soldiers. The technologies include invasive and non-invasive medical devices, such as transcranial direct current stimulation and implantable brain-to-computer interfaces. International laws are limited in scope. For example, the UN Covenant on Civil and Political Rights sets forth broad principles regarding the right to life, the right not to be treated inhumanely, and the right not to be subject to medical and scientific experimentation without consent. However, these terms are not defined precisely, and thus offer limited guidance. While international doctrines—such as the Nuremberg Code and Declaration of Helsinki—provide guidelines for research protections and fundamental human rights, the guidelines are vague and not legally binding. National legislation, thus, is the primary source of regulation, but there are over 1,000 laws, regulations, and guidelines from 126 countries. Drawing primarily on laws in the USA (one of the world leaders in military human enhancement), this presentation will provide an overview of testing methods for human enhancement, outline laws and protocols governing testing and evaluation, and discuss practical, legal, and ethical challenges.

Ethics, Humanities, and the Future of Mechanical Circulatory Support

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

Mechanical circulatory support (MCS) for end stage heart failure involves pumps which replace the function of one or more chambers of the heart, ranging from temporary devices that are placed through arteries and veins to an implanted device that replaces the entire heart. Use of these devices has skyrocketed in recent years, but ethical discourse has not kept pace. As the devices

become smaller and more durable, there is a potential for these devices to enhance, rather than simply augment, cardiovascular performance. This presentation aims to enhance ethical discourse surrounding MCS devices by addressing the following issues: 1. What is MCS and how does it work?; 2. MCS candidacy, cost, and just distribution of healthcare resources; 3. End of life care of MCS devices: Review of challenges of provision of palliative and hospice care to end stage patients with MCS devices. Under what circumstances is deactivation ethical, including unilateral deactivation?; 4. Present and future meaning(s) of MCS: Qualitative studies describe patients' and caregivers' views of MCS as salvation devices and mechanical companions but also social barriers and impediments. With increasing durability and small size, might these devices one day be used for enhancement as well as treatment, in essence "bionic people" makers?

71. Ethical Issues in the Rehabilitation of Offenders

Bio-Criminal Rehabilitation

Jennifer A. Chandler, *University Of Ottawa* (chandler@uottawa.ca)

The word "rehabilitation" means very different things according to whether it is used in the medical context, the criminal justice system, or in one of the ten or so other ways listed in the Oxford English Dictionary. Those who work within these various domains have an understanding of what rehabilitation seeks to achieve, and how it can be distinguished from other possible objectives of the health care or justice systems. The two come together, however, within an ideology of crime as pathology and of biomedical methods of preventing or responding to crime. Pharmaceutical interventions are not infrequently used in criminal rehabilitation, and other biomedically oriented techniques are being explored. This raises specific questions from the perspective of the theory of criminal rehabilitation. If criminal rehabilitation is to be understood as a shift in identity or values, rather than merely a change in behaviour, how should biomedical methods that do not directly speak to the "reasons-responsive" individual be understood? This presentation will address these issues by reporting on qualitative interviews with lawyers, forensic psychiatrists, prosecutors, judges, and men convicted of sexual offences.

The Use of Contraception in Forensic Psychiatric Contexts

Farah Focquaert, *Ghent University* (farah.focquaert@ugent.be)

This presentation will discuss whether it can ever be ethically permissible to temporarily mandate female patients in secure forensic psychiatric hospitals or long-term care facilities to use contraception. Patients detained in forensic facilities have a right to procreation and a right to retain their fertility on an equal basis with non-detained individuals. At the same time, society has a duty to protect the rights of children and to maximally prevent the suffering of vulnerable individuals. According to the Belgian Law on Patients' Rights, all patients, including forensic patients, have the right to refuse treatment. Coerced medical treatment can only be considered if there's an immediate and serious risk to the life or health of the patient or others. Should the

rights of children extend to future children if there is a high risk of future suffering? If the future mother will be unable to care for her child due to her long-term detainment in a forensic facility and the child will become a ward of the state immediately after birth, do we have sufficient reasons to prevent the suffering that will most likely result? If yes, on which basis can such a decision be made?

Psychopathic Personality and Preventive Detention

John Simpson Callender, *University of Aberdeen* (john.callender@nhs.net)

The diagnosis of psychopathic personality disorder is one that is frequently made in forensic settings. This is usually achieved using standard rating scales such as the Psychopathy Checklist-Revised (PCL-R). It has been used to inform decisions about sentencing, parole, preventive detention, and to assess the risk of future offending. This presentation will discuss the concept of psychopathy in relation to: a) Categorical vs. dimensional entity; b) unitary vs. composite entity; c) construct validity; d) predictive validity; e) reliability; f) predictive utility; and g) historical development. It will be argued that the concept of psychopathy has changed during its history in ways that are of relevance to its use in forensic settings. The construct and predictive validity of psychopathic personality are questionable. It is more likely that it is composite and dimensional in nature rather than unitary and categorical. Its reliability and predictive utility are inadequate for the purposes that it aims to serve. The presentation will conclude that the concept of psychopathy has significant weaknesses and it should therefore not be used to inform decisions about sentencing and parole or as a justification for preventive detention.

Reforming the Automatism and Insanity Defences in English Criminal Law

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

This presentation will discuss the Law Commission's Discussion Paper on Insanity and Automatism. The Commission propose to abolish the defence of insanity and replace it with a new, broader defence that will apply to both physical and mental conditions (and the effects of medication) that deprive the individual of the ability rationally to form a judgement, to understand the wrongfulness of one's conduct, or to control one's acts. In contrast, they propose to make the automatism defence much narrower – covering involuntary behaviour (e.g., due to reflexes and hypnosis) that is not the result of medical conditions or medication. This presentation will criticize the Law Commission's proposal to continue to distinguish between these two defences and their rationale for doing so. It will be argued that the defences ought to be merged into a single defence. Despite the differences between these defences, the most morally significant aspect of both defences is something that they share in common – they are based on a lack of rational capacities. The proposal to merge these defences is consistent with a trend in theorizing about the role of free will in criminal responsibility: 'Compatibilist capacitarianism'. However, those who subscribe to this theory of responsibility have not yet recognized that their approach would support the introduction of a single defence based on incapacities.

72. Ethical Issues in the Use of Big Data

Forensic Psychiatry in the Digital Age: Ethical Considerations of a Paradigm Shift from Pitfall to Promise

Kimberly S. Resnick, New York Presbyterian Hospital, New York, USA
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The approach to collecting mental health information has remained essentially unchanged for the past century and rests heavily on self-rated psychometric testing, self-reported symptomatology, and clinician observation. The limitations inherent in these methodologies and the absence of objective clinical tests have curtailed the capacity of psychiatry to provide accurate ongoing monitoring of individuals' mental states, with implications for diagnosis, treatment planning, and prognosis. Certain patient populations are particularly affected by these limitations. The forensic population, which has the dual status of being comprised of individuals with both criminal records and mental health issues, suffers from increased stigma and reduced access to mental health care. This population may benefit uniquely from recent developments in technology and the use of mobile devices to collect behavioural information by passive monitoring. These technologies seek to create objective parameters that correlate with diagnostic criteria and use Big Data and machine learning to refine diagnosis and predict behaviour. This session will review these concepts and explore potential ethical concerns. It will also discuss the potential relevance to Forensic Psychiatry, with an emphasis on broader applications and implications for related health policy.

Epistemological and Ethical Issues in the Use of Big Data in Health

Christophe Lemey, *Brest Medical University Hospital* (christophe.lemey@chu-brest.fr)
Laure Bleton, *Centre Hospitalier Universitaire de Brest* (laure.bleton@chu-brest.fr)
Pierre-François Bazziconi, *Brest Medical University Hospital* (pfbazziconi@gmail.com)
Michel Walter, *Centre Hospitalier Universitaire de Brest* (michel.walter@chu-brest.fr)
David Jousset, *Université Bretagne Occidentale*

The use of Big Data in mental health has grown considerably in recent years and raises many hopes especially in the perspective of offering personalized care tailored to the situation of each patient. Beyond questions about privacy, data storage, and consent, which is often implicit, this presentation will explore epistemological and ethical issues. Based on the reflection that the use of a technique is not neutral, the presentation will explore how these techniques can modify the relationship to knowledge and to the clinic. The aggregation of an increasing number of data concerning a patient can maintain the illusion of a superposition between mathematical risk and the uncertainty of the human being. This questioning leads to questions about what makes the clinic in healthcare and about the physician's place in these data collection devices. Indeed, these are intimately linked to massive data analytical techniques and decision-support devices and

directly question the medical decision and the deliberative process; these tools sometimes support the fallacy of total objectification, yet it seems that medicine cannot escape a form of uncertainty inherent to the living where the physician's place is indispensable.

73. Ethical, Legal, and Practical Implications with the Impaired Physician-Resident: A Faculty Training Program with Live- Simulation

The Accreditation Council for Graduate Medical Education Focus on Physician Well-Being

Linda Archer, *Eastern Virginia Medical School* (archerlr@evms.edu)

Physician residency and fellowship programs are accredited through the Accreditation Council for Graduate Medical Education (ACGME), a private non-governmental-profit organization that sets standards for US graduate medical education (residency and fellowship) programs. Since its founding in 1982, the ACGME has a history of concern for issues related to the balance of education and service demands and the need for time for educational and personal pursuits. Initially, the interest in well-being was focused solely on duty hours and fatigue. In 1988, an ACGME task force provided recommendations for duty hour limits. These recommendations were adopted by several specialties but it was not until 2003 that Common Program Requirements were enacted for all specialties. The Common Program Requirements were revised again in 2010 with further restrictions on duty hours. The 2014 highly publicized suicide of two resident physicians in New York spurred a national discussion on physician suicide. In 2015, ACGME began a dialog on resident well-being through a national Symposium on Physician Well-Being. The momentum gained from that meeting led to a second Symposium in 2016. In 2017, the ACGME has issued requirements for addressing well-being and these include assessing for physician impairment.

Defining “Impaired” Physician

Stephanie Peglow, *Eastern Virginia Medical School* (peglowSL@evms.edu)

According to the American Medical Association, “when failing physical or mental health reaches the point of interfering with a physician’s ability to engage safely in professional activities, the physician is said to be impaired.” The practice of medicine extols virtues of self-reliance, sacrifice, and extreme dedication. Ease of access and knowledge of pharmacology may promote use of substances for stress or performing to high level of expectations. These same virtues reinforce continued reliance on substances when stress is overwhelming, hiding of addiction by the impaired practitioner, and compensatory behaviors of working long hours and social withdrawal appear altruistic and further isolate the impaired physician. Physicians have difficulty

recognizing impairment in their colleagues when the diagnosis may have been obvious in their patient population. This is evident in national estimates that 10-14% of physicians will be impaired by alcoholism or substance use disorders, but very few are estimated to be involved in treatment. Several states in the US have created professional health programs (PHPs) to provide care for the impaired physician. A lapse during PHP monitoring can result in loss of license and loss of livelihood for a physician; disastrous consequences that perpetuate silence even during treatment and monitoring.

Ethical and Legal Implications for Impaired Physicians

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It is “unethical for a physician to practice medicine while under the influence of a controlled substance, alcohol, or other chemical agents which impair the ability to practice medicine.” Physician impairment and misconduct can create several legal issues for hospitals and physicians. For example, medical malpractice liability from substandard care provided by impaired physicians; hostile work environment allegations from employees who are targets of improper physician behavior; citations from regulators and/or accrediting bodies for failure to address problems caused by impaired physicians; and reimbursement/fraud-and-abuse issues when billing for services that an impaired physician did not actually provide due to illness or substance use. Federal and state anti-discrimination laws also may be implicated in impaired physician situations, such as the federal American with Disabilities Act, Age Discrimination in Employment Act, and the Rehabilitation Act, as well as state disability discrimination laws. Medical staff leaders must be knowledgeable of potential legal pitfalls. Legal counsel should be consulted whenever hospital and medical staff leaders are dealing with physicians who have been showing signs of impairment or misconduct.

Benefits and Limitations of the Fit-for-Duty Assessment

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Physician residents with mental health challenges present complex issues for their training programs and human resources departments. In the field of medicine, the stakes are high when the impact involves the trainees’ trajectory to complete the residency or fellowship, patient safety issues, productivity, and team morale. Fit-for-duty and return to work issues can be assessed formally through a systematic and focused evaluation typically conducted by a licensed and specifically trained psychologist. The fit-for duty testing involves a comprehensive battery of assessments that include the following domains: cognitive, personality, effort and motivation, and organizational behaviour. While the results of this testing can be beneficial to the training program, it should not be used as a stand-alone measure of the physician-resident’s ability to return to work. Other assessment tools, such as rotation evaluations from faculty, remediation plan results, and direct supervisor feedback are valuable in determining the trainee’s ability to return to the duty as defined by their training program expectations.

Designing an Educational Program to Teach Faculty How to Assess and Intervene with an Impaired Resident-Physician

Agatha Parks-Savage, *Eastern Virginia Medical School* (parksac@evms.edu)

Identification and interventions with impaired residents/fellows requires a specialized set of skills. The educational programs designed at our institution are tailored to our physician-faculty teaching in the graduate medical education programs where we create faculty educational modules using two platforms. The first is a face-to-face/in-person (FTF/IP) workshop style training and the second is online training modules that we call “Drive Thrus”. The FTF/IP workshop style training can be delivered as a one-hour session, half-day training, or a full-day interactive workshop. The “Drive Thrus” are designed to be less than 10-15 minutes each, and there can be several “Drive Thrus” in one module. The objective of our Impaired Resident Training Program is to equip faculty and our trainees with the knowledge, skills, and ability to address and intervene with a possibly impaired physician colleague. Our educational program will be presented and resources to re-create our program for the session attendees’ home program will be provided.

Methodology and Integration of Live-Simulation Experiences into Faculty Training

Heather Newton, *Eastern Virginia Medical School* (newtonHL@evms.edu)

Interventions with impaired resident-physicians require the ability to have crucial conversations using a rational and non-emotive perspective. Crucial conversations consist of three primary elements: Opposing opinions, evokes strong emotions, and considered high stakes. One of the most stressful and challenging discussions a faculty member may have is confronting a resident physician or a colleague about possible impairment. When the need for these crucial conversations arises, most faculty do not feel equipped to manage them in a systematic way. They often defer to strategies they have “picked-up” in their own training experience, which sometimes are not the ideal methods. As part of our impaired physician educational program, we have integrated an interactive session utilizing a systematic approach with small groups and live-standardized simulation experience. The effectiveness of live-simulation in medical education has been extensively explored. Virtual patients in simulation show consistent, large, and statistically significant benefits in knowledge, instructor ratings, computer scores, and patient care behaviors. Using simulation methodology, we integrated simulation experiences into our educational program to have faculty experience, with a live-simulated standardized physician colleague, the process of using the confrontation skills with an impaired resident physician. Video vignettes of these simulations will be shared and made available during the presentation.

Live-Simulation Demonstration with Audience Participation

Amelia Wallace, *Eastern Virginia Medical School* (wallacAM@evms.edu)

The use of live-simulation experiences within a training program has been reported to enhance the

learners' experience. During this session, audience members will be given the opportunity to take part in live-simulation scenarios created for our institution's faculty educational program on crucial conversations with suspected impaired resident physicians. The scenarios will include the conversations with two types of the resident physicians. The first is a resident physician in denial of their impairment. The second is a resident physician who becomes angry and/or argumentative when confronted about their impairment. Using a fish-bowl technique, three to four audience members will be utilized for each simulation scenario with the impaired standardized simulated physician colleague. Audience volunteers will use the empathy communication skills of NURS (naming, understanding, respect, support) and FIFE (feelings, ideas, function, evaluation), presented earlier in the session, to effectively confront their impaired colleague. A debriefing of the simulation experiences will be facilitated. The written simulation cases will be made available at the session.

74. Expertise, Evidence, and Ethics in Decisions on Compulsory Psychiatric Care

Patient-Rights in Swedish Mental Health Law Proceedings

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In this presentation, results from an interview study with Swedish judges will be presented. The project is a multidisciplinary investigation of how a combined legal and medical assessment is made in decisions concerning the continuation of involuntary psychiatric treatment, and discharge from forensic psychiatric care with "special court revision", respectively. Constitutional law demands a fair trial, which, in addition to procedural requirements, requires the impartial and correct application of clear and consistent rules. However, psychiatric involuntary treatment legislation provides ample room for assessment based on medical expertise. According to the judges the focus in mental health law proceedings is primarily on patient care, i.e., an ambition to protect life and health. When judges and other actors focus more on patient care than human rights protecting autonomy and integrity, there is a risk that the constitutional requirements will not be met. Care ambitions are problematized based on the international human rights requirements that Sweden has undertaken to follow.

The Insidiousness of a Considerate Court: Structure and Compassion in Mental Health Court Proceedings

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In this presentation, we examine how blurry boundaries and unclear divisions between court actors, driven by a collective professional concern for the patient's well-being and desire to avoid "anti-therapeutic" effects of legal proceedings, result in a perfunctory judicial process already limited by a non-viable timeframe. Recent findings from a transdisciplinary research project regarding expertise, evidence, and ethics in decisions regarding involuntary care point to a gap in rule of law, bridged by professional respect and trust between two traditionally powerful guilds, and justified through a paternalistic view of subjects suffering from mental health issues. We draw attention to unspoken premises and unintended consequences of practices tailored to accommodate perceived collective needs of patients with mental health issues, and discuss damaging effects of applying a softly-softly approach inspired by – but not adhering to – a therapeutic jurisprudence framework. Such an approach is insidious in proceedings designed to safeguard the protection of civil rights for individuals suffering from mental health problems, as the premise for adjusting the procedure preempts central questions that ought to be examined in the hearing.

The Crucial Object and Insignificant Subject: A Therapeutic Jurisprudence Investigation of Forensic Mental Health Courts in Sweden

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In this presentation, we argue that reoccurring administrative court hearings concerning the continuation of forensic psychiatric care risk having a detrimental effect on the mental health of the individual undergoing care. This stands in contrast to ambitions of care and concern described by the court's professional actors elsewhere in the project – expertise, evidence, and ethics in decisions regarding involuntary psychiatric care. Based on interviews with patients undergoing forensic psychiatric care in Sweden, aspects of the court hearings that could result in detrimental effects on the patients' mental health are described. In summary, informants describe a process that is opaque and difficult to influence, in which they are central objects for inspection, but not granted a place at the table as significant parties. Goals that seem to evade every attempt at grasping; an excluding medico-legal jargon; an air of respect for the professional and disdain for the mundane and personal; a sanction without time-limit coupled with snap-shot evaluations; the risk of having everything you say used against you; and a toothless advocate – all risk inducing a sense of powerlessness and defeat. These results are discussed in light of research on the link between stress and symptoms of mental illness.

Insight as a Catch-All Extra-Legislative Factor in Swedish Mental Health Law Proceedings

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This presentation will examine how the concept of insight is used by participants in administrative mental health court hearings regarding compulsory psychiatric care. This transdisciplinary Swedish case-study comprises of in-depth interviews with judges, attorneys, expert psychiatrists, and psychiatrists. Lack of insight is used to back up all three legal criteria for compulsory care in Sweden, as well as the criterion for release from forensic psychiatric care. Lack of insight is used to demonstrate that (i) the patient has a severe mental disorder, (ii) that he/she has an indispensable need for in-patient psychiatric care, and (iii) if the patient agrees that he/she has a severe mental disorder and an indispensable need for care, lack of insight shows that this is not an informed decision. Finally, lack of insight is also a factor that speaks against release from forensic psychiatric care.

75. Factors Impacting Youth Development

Adolescent Frontal Lobe Brain Development: Effects of Social and Economic Deprivation and Implications for Intellectual Assessment, Academic Remediation, and Juvenile Court Case Disposition

Michael Lindsey, *Southern Methodist University* (mllind@swbell.net)

Neuroscience has documented the substantive growth of frontal lobe grey matter during the adolescent years, similar to the brain growth spurt in early childhood – both precursors of preparation for quantitative and qualitative adaptive learning. Current educational and IQ normative data we have on adolescents is from majority (i.e., non-ethnic majority) youth. Not yet answered is what are the norms for ethnic minority young adults (mid-20's), who have social, economic, academic, and/or experiential deprivation? If such life experiences result in less white matter, and less complex white matter – are consequently, the normative data on “deprived” ethnic minority youth significantly different from majority youth? If yes, the implications are enormous for such issues as: (1) Educational remediation, (2) IQ testing, (3) juvenile court case disposition, (4) the youth's lifelong success, (5) citizenship behaviours, (6) self, and (7) familial sufficiency. This presentation will explore these complex issues, and make recommendations for the following next steps: Empirical data collection, ‘intervention’ program changes, and policy reforms.

76. Family Justice: Protecting the Child's Interests

A Child's Journey Through Contemporary Issues in Child Protection: How is the Child's Voice Heard?

Gary Paul Norton, *Manchester University* (gary.norton@manchester.ac.uk)

Within the family justice system, the wishes and feelings of the child is something which professionals and courts are required to consider. The weight that may be safely placed on those wishes and feelings, however, is dependent on that child's age and the level of understanding. It is important to reflect on whether a level of involvement in proceedings, even when this is not to gather evidence or inform decision-making, can be of benefit to the child in and of itself, assisting that child to understand their place at the heart of the safeguarding process. In the UK there is guidance regarding children seeing judges, not for the purposes of taking evidence but to give the process meaning for the child. If this provides children with the fundamental dignity of being seen as an accepted participant in society as part of good citizenship, how is this best achieved, and what other measures can be taken to assist the child in understanding how decisions are taken with respect to their future?

Psychological Assessment as a Complex and Dynamic Process in Custody Cases

Rosalba Raffagnino, *University of Florence* (rosalba.raffagnino@unifi.it)
Luisa Puddu, *University of Florence*

In the literature, scholars assert the importance of the good management of familial dynamics during the divorce process, so as to protect children's mental health and wellbeing. However, in most divorce situations, parents show some difficulties in adopting a collaborative attitude for a cordial divorce and proper child custody. These difficulties are often referred to a persistent destructive conflict between them. When this happens, a key question for the forensic psychologist may be: Should experts limit their activity to mere evaluation or should they implement "psycho-forensic interventions" to support parenting and to steer the partners toward a proper clinical or psycho-educational path? This presentation will answer this question and propose some critical reflections about the opportunity to provide for a complex and dynamic forensic assessment of the familial problematic relationships. This kind of evaluation is based both on the complex analysis of the various and interrelated facets of these relationships and on the carrying out of psychological interventions promoting the awareness, accountability, and cooperation skills of the parental couple, in a dynamic approach to the assessment. In addition to theoretical and methodological reflections, this presentation will also offer some clinical examples obtained from our psycho-forensic praxis.

Mentalizing for the Young Child in Parenting Mediation

Jill Howieson, *University of Western Australia* (jill.howieson@uwa.edu.au)
Lynn Priddis, *Edith Cowan University*

Considerable efforts have been made to increase the ‘voice of the child’ in mediation. And there is considerable research that shows that these efforts are largely successful. However, for younger children and infants being actively engaged in the mediation process is not possible. While there have been several significant studies that show that family mediation can lead to good outcomes for separating parents in terms of the settlement of their disputes, there is little research on the outcomes for the children involved, especially young children. This presentation will explore the concept of ‘mentalizing for the child’ in parenting mediation. It will discuss research that shows that by taking a mentalizing approach to mediation, mediators can increase the meaningful and productive interaction between the parents, and in turn, their good decision-making. The presentation will outline techniques that mediators can use to encourage parents to mentalize for their children (of all ages) and to encourage the parents to make decisions that will work in their children’s best interests. It will also outline a research regime that will evaluate the efficacy of these techniques and whether they lead to any significant change in outcomes for the family and the children.

Minors' Dignitary Interests in Child Welfare Matters

Lisa Ann Kelly, *University of Washington* (lisak2@uw.edu)

In the United States, the legal position of minors removed from their homes by the state due to maltreatment is contested. Are children objects of protection, without legal standing, or subjects with a role in the legal proceedings? Are they entitled to representation; and if so, what kind? Are their voices to be heard or are they entitled to an adult who advocates for some ideal of the child’s best interests? These waters are further muddied by the fact that minority encompasses a wide range of developmental stages from the preverbal newborn to the 17-year-and-364-day-old teenager. Efforts to examine these questions through the traditional constitutional due process lens have been largely unsatisfying due to these and other unresolved questions. Similarly, the more “empirical” approach of looking for the best outcomes based on various models of representation have often raised more questions than they have answered. This presentation seeks to address the more fundamental question of whether minors have dignitary interests in child welfare matters, what those might be, and how surfacing them might help to resolve their legal position within them.

77. Female Circumcision: Let’s Start from Interdisciplinary Compliance! Law, Medicine, and Anthropology Engage to Strike the Balance Between Multiple Sensitivities

Italian Law 7/2006, Regulations Concerning the Prevention and the Prohibition of FGM: A Legal-Anthropological Critique

Giorgia Decarli, *Università degli studi di Trento* (giorgia.decarli@unitn.it)

This presentation will set forth some anthropological readings on female circumcision in reference to the only one used in the Italian legislation that criminalize the practice. This comparison has the double effect of disproving the universality of an interpretation that rather reflects a particular way of portraying reality and, at the same time, proving how the dominance of this reading has resulted in ignoring alternative ways of perceiving female circumcision, with significant consequences in legal and judicial spheres. It will be argued that in fact, while trying to protect the rights of the child and the real victims of FGM, law must remember that also women's choice to control their own bodies – in a condition of non-discrimination and respect for cultural diversity – must be supported.

Why Do Western Doctors Often Encourage Alternative Practices for Banning FGM?

Lucrezia Catania, *Università degli studi di Firenze* (lucrezia.catania@unifi.it)

In 2003 in Italy (Florence), two experts in FGM gynecologists who worked in diagnosing, treating, and preventing infibulation, developed an alternative proposal to infibulation (a superficial puncture of the clitoral prepuce, almost a scratch, without removal of tissue after temporary local anesthesia with specific cream) as an extreme attempt to dissuade a small group of Somali women who were preparing to take their daughters abroad (Somalia and Syria) to infibulate them. Women and the leaders of their community supported the proposal. The proposal was rejected with great outcry and was identified as soft infibulation by the media and by zero tolerance associations. Political forces exploited the debate that ensued and legal and favourable opinions of the Committee of Bioethics of Tuscany and of a renowned jurist – who described the proposal as an intermediate step to the total abandonment of FGM – were ignored. Over the years, similar debates have occurred in various parts of the Western world. They have always been triggered by the medical world proposing concrete actions for the prevention of severe forms of FGM, where information on health and respect laws and the right to integrity had not worked. These debates were always marked by violent protests.

Qualitative Research on FGM/C Prevention Strategies in Sudan, 2004-2017

Ellen Gruenbaum, *Purdue University* (egrueba@purdue.edu)

Ethnographic research in several areas of Sudan and interviews with activists involved in the effort to end FGM/C suggest that legislation to abolish FGM/C practices is only one of several factors that are involved in people's decisions about whether to continue or discontinue these practices.

Cultural, familial, religious, aesthetic, economic, and health concerns are all found in the discourses utilized by both defenders and activists, suggesting that the tension between viewpoints will continue to result in uneven adoption of change. Consideration is given to how this impacts the wider set of ideas about human rights. Since FGM/C has been claimed as a violation of women and girls' rights, this presentation will consider questions such as whether the resistance to that perspective is consistent with the protection of other rights that might be more agreed upon, such as rights being advocated—e.g., for security, water, education, and public health protections. This presentation will also ask whether rights-based strategies are effective.

Suffering and Discrimination Resulting from FGM Discourse and Western Repressive Actions

Sara Johnsdotter, *Malmö University* (sara.johnsdotter@mau.se)

Female genital cutting (FGC), often referred to as FGM, 'female genital mutilation', is condemned at the global level by actors such as WHO and western state governments. It has now evolved into being an object of a global prohibition regime that is sustained by criminal laws and police action in host countries where migrants from FGC-practicing countries live. The system has been elaborated in order to prevent and deter FGM actions among migrant populations. But such an order – accompanied by a forceful anti-FGM discourse – may have a negative impact on people's lives. What are the possible ramifications of this situation for individual migrant girls and women in western host societies? The presentation builds on an analysis of 120 police files (reports to the police and criminal investigations), all of the known cases of suspected FGM since Sweden banned the practice in specific legislation in 1982.

Gender or Genital Autonomy? Why Framing Nontherapeutic Genital Cutting as a Children's Rights Issue is Both Ethically and Pragmatically Necessary

Brian Earp, *Yale University* (brian.earp@yale.edu)

There are now prohibited forms of female genital cutting (e.g., the so-called ritual 'nick') that are less severe than permitted forms of male and intersex genital cutting (e.g., circumcision, clitoral reduction). Attempts to "quarantine" male vs. female forms of cutting (MGC, FGC) based on appeals to health consequences, parental intentions (regarding, e.g., sexual control), and religious versus cultural status have been undermined by recent scholarship. Recognizing that a "zero tolerance" policy toward FGC may lead to restrictions on ritual MGC, defenders of the latter practice have begun to argue that purportedly "minor" forms of FGC should be considered morally acceptable and should be legally tolerated. This trend in the literature has emboldened proponents of female "circumcision", who are now basing their defense of the practice on Western tolerance and even promotion of MGC and intersex cutting, citing problematic (e.g., racialized) double standards. To push back against this trajectory, this presentation argues that efforts to eliminate FGC must be rooted in a sex and gender-neutral (that is, human) right to bodily integrity and genital autonomy if they are to be successful in the long-run.

All Women are Free to Choose: The Voice of Circumcised Women's Resistance to Global FGM Campaigns

Fuambai Ahmadu, *National Coalition of Independent Scholars* (fuambaiahmadu@gmail.com)

All Women are Free to Choose (AWAFC Inc.) is the first and only organization in the world created to advance the human rights of women who uphold various forms of female circumcision for cultural, religious, and aesthetic reasons. The fledgling movement has as its key mission to advocate for the rights of circumcised women to inter and intra gender equality, self-determination, and full bodily autonomy that are enjoyed by other women and men in the world who uphold parallel genital aesthetic practices or male circumcision respectively. This presentation will discuss AWAFC's current activities in Sierra Leone, The Gambia, and among Dawoodi Bohra women in various parts of the world, paying particular emphasis to the challenges circumcised women face in overcoming social stigma and discrimination brought on by aggressive anti-Female Genital Mutilation campaigns and criminal legislation. This presentation will also highlight the impact of the organization's efforts to legalize minor forms of female circumcision (such as WHO Types I and IV) on girls under the age of 18 while advocating for an age of consent of 18 for more anatomically altering procedures on external female genitalia.

An Ethical Analysis on Clitoral Reconstruction

Jasmine Abdulcadir, *Geneva University Hospital, Geneva, Switzerland*
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Many interventions have been implemented to improve the lives of women with FGM/C. One is clitoral reconstruction, a recent surgical technique reported to improve sexual function, genital appearance, and gender identity, and to decrease clitoral pain after FGM/C. Recent systematic reviews on safety and clinical outcomes of clitoral reconstruction illustrate that the evidence is inconclusive. However, clitoral reconstruction is increasingly popular. It is routinely being performed in many Western and African countries, even on not yet sexually active women. It is funded with or without psychosexual therapy in some countries. The main reasons for requesting surgery are gender identity and genital image restoration, even when sexual pleasure and satisfaction are present and pain is absent. We discuss clitoral reconstruction on women who do not suffer from sexual dysfunction/pain. Is it beneficial? Are risks minimized and acceptable? Does it increase stigmatization? Does it improve gender injustice? Should it be funded?

78. Female Offenders in the Criminal Justice System

Utilizing a Feminist Framework to Explore the Role of Disempowerment in Female Offenders' Criminal Behaviours and Perceptions of Criminal Behaviours

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Georgia Calhoun, *University of Georgia* (gcalhoun@uga.edu)

Robin Shearer, *Judge, Athens-Clarke County Juvenile Court, Athens, USA*

The present study explores gender related differences in reasons for offending and how adolescent offenders perceive their criminal behaviour. Using a feminist theory framework, we hypothesized female offenders would have a unique set of experiences and perspectives rooted in feelings and experiences of relational disempowerment. We collected information regarding criminal behaviours, personality, and perception utilizing clinical interviews, the Self-Report of Personality – Adolescent, and the Behavioural Assessment System for Children measures. We conducted a descriptive discriminant analysis and discovered significant differences between male and female offenders. Additionally, we found the constructs of empowerment/disempowerment accurately captured the experiences and perspectives of female offenders regarding their criminal behaviour. We will be presenting the profiles of both female and male offenders. We will compare them and explore the different reasons for offending and differences in self-perception within the context of feminist theory.

Predicting Offence Severity and Recidivism Among Female Juvenile Offenders

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Several states within the United States are experiencing a significant increase in the number of girls reoffending and a sharp increase in the severity of their offences. To understand factors related to recidivism and offence severity, we examined the personality characteristics of female offenders as measured by the Minnesota Multiphasic Personality Inventory Adolescent (MMPI-A). Utilizing an independent sample t-test, significant differences were found among varying levels of severity of offences. Results indicated that certain personality characteristics were associated with an increased severity of criminal behaviour. In addition, we investigated personality factors associated with recidivism. A stepwise multiple regression revealed that scores on two MMPI-A scales accounted for 12.4% of the variance in the number of recidivistic offences. We will discuss the personality factors and MMPI-A scales associated with increased severity and recidivism. Additionally, we will discuss the clinical utility of our findings for creating therapeutic interventions to prevent reoffending.

Formerly Incarcerated Women's Perceptions of Storytelling and Reframing Past Traumatic Experiences Within the Research Context

Alana Janell Gunn, *University of Illinois at Chicago* (algunn091013@gmail.com)

Ethics-specific research efforts have provided evidence of the risks and benefits of engaging vulnerable populations in highly-sensitive research. Formerly incarcerated Black women with experiences of drug use represent a highly vulnerable population due to their past trauma and the multiple stigmas attached to their imprisonment, drug use, and how they violate both gendered and racialized societal norms. Considering their heightened risks of consequent research harm, this study explores the research experiences of 28 formerly incarcerated Black women to understand these risks and benefits. Content-Based Thematic analysis was used to analyze data and identify common conceptualizations among the participants' narratives. Findings of this study revealed that participants discussed benefits to participation such as raising awareness through disclosure, as well as the need to share their drug use pasts to promote recovery and healing from trauma. Participants also reported risks such as emotional distress through the reliving of trauma, fears regarding researcher stigma, and the misinterpretation of data. Findings speak to the implications for more stigma-sensitive and trauma-informed interviewing practices that consider the role of the researcher, the research environment, and how they contribute to one's personal recovery and reentry post-incarceration.

79. Feminist and Queer Bioethical Approaches

Is "Gender Disappointment" a Mental Disorder?

Tamara Kayali Browne, *Deakin University* (tamara.browne@deakin.edu.au)
Tereza Hendl

"Gender disappointment" is the feeling of sadness when a parent's strong desire for a child of a certain sex is not realized. It tends to be framed as a mental disorder on a range of platforms including the media, sex selection forums, and among parents who have been interviewed about sex selection. This presentation will aim to investigate whether gender disappointment qualifies as a mental disorder under the current criteria and whether it is in the public interest to recognize it as a valid justification for sex selection. We agree with Rashed and Bingham who call for attention to the origins of distress related to a particular "condition" and claim that if the distress is socially constituted, then it should not be considered a mental disorder. This presentation argue that the distress related to gender disappointment is socially constituted as the parent's desire for a child of a particular gender is grounded in a socially harmful set of beliefs: Gender essentialism. The presentation will argue that the framing of gender disappointment as a mental disorder is therefore unconvincing and inconsistent with important public values such as gender equality and respect for diversity of gender identity.

Ethics of Gendered Sexualized and Technology in the Case of the 2.0 Sexbot

Tiia Sudenkaarne, *University of Turku* (tijun@utu.fi)

Technologically mediated sexuality, most ubiquitously internet pornography, has become an integral part of sexual gratification for many people. Epitomizing human-technology relationship as a relationship of desire, the 2.0. sexbot—which according to testimonials feels both eerily “real” and sublimely “unreal”—is hailed by some as the future of sexuality and, also, of sex work. There are already sex work establishments featuring both “real” and “unreal” workers. Curiously however, even though the sexbot can have any physical characteristics imaginable, it seems they still tend to resemble the sex industry’s take on the human female. This presentation will discuss the sexbot as an essential She Creature in the future of gendered sexuality, as gendered and sexualized technology, and as a question for posthumanist ethics in the context of feminist bioethics and feminist science and technology studies. Queer approaches to the sexbot will be suggested. How do artificial intelligence, sentience, and consciousness become gendered and sexualized in the sexbot? Does gendered and sexualized technology somehow damage or threaten human intimacy? Should we worry about the mental health of those who rather live with and love sexbots? Does the sexbot *ipso facto* formulate a moral duty to organize a posthumanist ethics of sexuality?

The Problem of Disparities in Surgical Outcome: Towards a Common World

Jason Keune, *St. Louis University* (jason.keune@health.slu.edu)

Disparities in surgical outcomes by race are well-documented. Especially distinct across a broad range of oncologic operations, disparities persist when the social determinants of health are “solved for”. Intersectionality has yet to be considered. This creates friction within surgical culture, since explanations alternative to ones that suggest surgeons are exhibiting a tacit, dark, and mysterious racism are hard to construct. This presentation will review knowledge-making practices within surgery and suggest that the epistemological framework that sustains them is too thin to capture reasons for these disparities. This will be done firstly by asserting a critique of surgical knowledge based on the work of Miranda Fricker: Making sense of the experience of being a marginalized cancer patient in the perioperative period is at the very root of the injustice. When this is realized, what matters is not only which interpretations count, but the structure of the research apparatus that could elicit them. The presentation will address the deep rift between “secluded research” and “research in the Wild” in surgery, and develop Michael Callon’s dialogical space to plot a trajectory towards a richer, more just common surgical world.

Outcast and Exiled Youth, Epigenetics, and Juridical Harm

Julie Nice, *University of San Francisco* (jnice@usfca.edu)

This project builds upon the growing body of data uncovering both the vulnerability and systemic discrimination experienced by various types of outcast and exiled youth. This presentation will focus on outcast and exiled LGBT youth who are particularly vulnerable to deep mental and physiological trauma caused by the lack of security and support of a stable and accepting home. This presentation will consider insights from the emerging field of epigenetics, which has begun to reveal the compounding effects of such trauma. Also, it will interrogate the judicial meme of “private harm,” and consider whether and how the judiciary and other administrators of justice cause harm to outcast and exiled youth.

80. Forensic Aspects in the Occupational Evaluation of Mental Disorders Related to Work: Some Possibilities of Intervention

The Contribution of Forensic Psychological Assessment in Sexual Harassment at Workplace

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Forensic psychological assessments may contribute to judicial decisions in court indemnity actions for damages arising from sexual harassment in the workplace, since there is a common lack of oral and documentary evidence to support it. Sexual Harassment in Brazil is considered an illicit occupational laws act (CLT - Brazilian Labor Code, art 482 c), in addition to being considered violence against women by Interamerican Convention of Belem do Pará / MRE. This presentation will report on such a case of sexual harassment. Experts traced the psychological profile of both parties involved, delineated their personality structure, and determined the emotional damages each suffered. The damage to the harassed person was the loss of employment and professional accomplishment. As for the harasser, the damage was the end of the marriage due to a separation request. It was concluded that there had been a relationship, but the alleged harasser had difficulties in perceiving the limits when they were imposed. On the other hand, the employee showed her passivity and ego-related defences by closing herself to the environment, leading to non-assertive responses. As for the harasser, he had difficulty in restraining his impulses and in understanding subtleties present in interpersonal relationships.

Forensic Psychiatry and Occupational Psychiatry

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This presentation will expose, under the Work Psychiatry approach, some aspects of psychiatric expertise on work-related mental disorders. Work Psychiatry differs from Forensic Psychiatry,

because its focus is on the examination of work-related mental disorders from the preventive, diagnostic, therapeutic, epidemiological, causal, and disability points of view. Forensic Psychiatry deals mainly with psychiatric expertise in the civil and criminal area. Since the year 2000, work-related mental disorders have been recognized as one of the most disabling diseases in Brazil. They represent a major challenge for psychiatrists and occupational physicians in the face of their diagnostic complexity, the controversies surrounding the causal nexus, and the numerous lawsuits in labour court. For this reason, a protocol was developed to investigate work-related mental disorders, which assesses the occupational, social, and psychological risks that can affect the worker at a given moment in his or her working life. The objective of creating the protocol was to instrumentalize and contribute to the standardization of information collection procedures among Mental Health professionals in their diagnostic and expert evaluations. The use of this instrument allowed a greater objectivity to the psychiatric skills in the mapping of the stress factors that contributed to the mental sickness at work.

Violence, Absenteeism by Mental Disorders, and Psychological Interventions in Federal Highway Police, Campo Grande, MS, Brazil

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The growing increase in violence, associated with a highly stressful environment and daily exposure to situations that pose risks to health, can generate a significant increase in the prevalence of illness among police officers. Psychosocial factors, such as living with violence, are complex in nature and can lead to absenteeism, withdrawal from temporary or permanent disability retirement, negatively influencing the ability to work. The study reported in this presentation aims to verify the occurrence of ICD-F withdrawals, the number of days of leave and the number of servers, before and after psychological promotion and prevention interventions. Clinical validation was done before (2015) and after (2016) of the data provided by SIASS – Integrated Subsystem of Attention to Health of the Federal Server, on departures by ICD-F from the Federal Highway Police/MS, Brazil and an introduction of psychological interviews, e.g., psychosocial support, psychotherapy among others. The study found that in 2015 the number of occurrences per ICD-F was 24% falling to 14% in 2016; from 34% of days off in 2015, there was a drop to 22%; and the number of police officers away from 21% dropped to 15%. In conclusion, Mental Disorders absenteeism in the one-year period decreased when a mental health promotion and prevention program was implemented.

Implantation of a Channel of Denunciations in a Retail Company, as a Factor of Protection the Violence Against Women

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Violence against women is a complex phenomenon with cultural, economic, and social

causes that is associated with low visibility, illegality, and impunity. Its effects are devastating to the self-esteem of victims and have a high impact on their work performance. A study by the Federal University of Ceará (2017) found that the Brazilian economy loses approximately R\$ 1 billion due to the consequences of the aggression suffered by female workers. Every hour in the country, 503 women are victims of aggression, according to the Patricia Galvão Institute (2017). In 2012 Brazil Law No. 11.340/2006, known as the Maria da Penha Law, was considered by the United Nations (UN) as the third best law in the world in the fight against domestic violence, but its application is not very effective in the country. Prevention and protection strategies, coupled with support and follow-up, should be developed by companies, aiming at raising awareness of the issue and minimizing the impact on the life of the victim and the work environment. This presentation will show the process and results of the implementation of a Denunciations Channel within a retail company, which provides support, referral, and case management with integral follow-up to female employees victim of violence.

81. Forensic Assessments and Symptom Validity

Forensic Psychological Assessment and Symptom Validity Testing in Denmark

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An important part of conducting psychological assessments and interpreting the results involves evaluating the validity of the obtained data. It is well documented and widely acknowledged that this is a particularly relevant matter when examining individuals undergoing pre-trial or pre-sentencing forensic psychological assessments. The defendants may have an incentive to exaggerate or fabricate symptoms and difficulties as well as deliberately underperform on the psychological tests to achieve a lesser punishment or psychiatric treatment instead of imprisonment. It has been well established that professionals using only their clinical judgement for this task will fall short. A multidimensional approach is widely recommended in the literature, preferably involving at least one stand-alone symptom validity test. In Denmark, there are two standardised stand-alone symptom validity tests available: The Test of Memory Malingering (TOMM) (measuring performance validity) and the Structured Inventory of Malingered Symptomatology (SIMS) (measuring symptom validity). It is previously unknown how often these tests are used in this setting, under which circumstances, and how the results are incorporated into the conclusion of the assessment. This presentation will focus on this issue as well as compare the results with the recommended best practice and the possible implications of the current practice.

Are Symptom Validity Tests Too Difficult for Asylum Seekers?

Douwe H. van der Heide, *GGZ Centraal* (d.vanderheide@ggzcentraal.nl)

Measured with standard Western instruments the average IQ in central Africa is about 70. Are 'fake' cognitive tests in fact 'real' cognitive challenges to some non-Western asylum seekers? To

test this, this study compared the outcomes of 72 inpatients in a psychiatric clinic for asylum seekers on two 'fake' cognitive tests (the TOMM and a forced-choice test modeled after Morel's MENT) to their outcomes on a 'real' cognitive test (the Study Path Selection Test). The patients were divided in a group with a positive incentive to exaggerate their symptoms (n = 52), a group with no such incentive (n = 14), and a group with a negative incentive (n = 6). For the 'fake' tests significant differences were found, but not for the 'real' cognitive test. The scores on the forced-choice test of African asylum seekers (n = 93) from the same clinic were compared to those of asylum seekers from other parts of the world. After correction for incentives, there were no significant differences (n = 110). These findings provide no evidence that 'fake' cognitive tests are a 'real' cognitive challenge to some non-Western populations.

82. Forensic Facets of PTSD

The Association of PTSD and Psychopathy in Torture Cases

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In the general population, it is reported that posttraumatic stress disorder (PTSD) is the most frequent mental health disorder following torture. An evaluation using the Istanbul Protocol was conducted on a prison population who apparently suffered torture. It was observed that those who also meet the criteria for psychopathy do not present signs of PTSD or any other affective symptoms, unlike the general population. In fact, in many cases, there was no emotional response. Some researchers have found an association between psychopathy and affective symptoms (anxiety and depression), and their protective effect against the development of PTSD after exposure to trauma has been studied. Research suggests that personality traits are a vulnerability factor in conjunction with the intensity of the trauma and other post-traumatic factors. Psychopathy itself is very complex to understand, as it is not a clinical diagnosis, and while studies have explored the neuroanatomical and neurophysiological differences in psychopathy, which might explain the diminished emotional response, there is currently not enough international research to provide relevant data on these associations. A better understanding of PTSD and its associations would help improve forensic assessment methods. This presentation will report on the results of a study on the association between torture and psychopathy in a prison population. Findings and conclusions will be discussed.

Forensic Evaluation of Posttraumatic Stress Disorder (PTSD)

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

Posttraumatic stress disorder (PTSD) is a complex disorder caused by exposure to actual or threatened death or serious injury and can arise in response to experiences such as war combat, first responder rescue, sexual trauma and abuse, or torture. DSM-5 PTSD symptom complexes include re-experiencing, avoidance, negative alterations of cognition and mood, and marked

alterations in arousal and reactivity. The fact that PTSD can result from traumatic experiences, which implies a causal relationship of psychic injury to trauma, often gives rise to personal injury lawsuits. There is a complex interaction of PTSD and litigation, and mental health professionals are often asked to step in and evaluate trauma survivors who claim PTSD. In such forensic evaluations, it is of particular importance to be mindful of malingered PTSD by evaluatees for the purpose of financial gain or to offset criminal responsibility. While certain traumatic experiences, such as rape, carry a high risk of PTSD development, not everyone who experiences a traumatic event will develop PTSD. This presentation will discuss the forensic evaluation of PTSD, including how to detect malingered PTSD.

Assessment for Sequels of Trauma in People Tortured 40 Years Ago in a Chilean Prison Camp

Ana Genoveva Gómez Varas, *Universidad de Tarapacá* (anagenogomez@gmail.com)

The study analyzes the long-term effects of torture on a former group of prisoners at Pisagua Detention Camp who were victims of repression during the military dictatorship in Chile (1973-1990). The Report of the Truth and Reconciliation Commission (1991) received testimonies and background, confirming that during this period, torture was systematically practiced in the Pisagua prison, as well as executions for attempted escape and cases of death by torture. The Istanbul Protocol was applied for documenting cases of torture that includes Harvard and Hopkins questionnaires to assess anxiety, depression, and post-traumatic stress disorder (PTSD), among other conditions often associated with victims of traumatic events. The results show that, 40 years after being exposed to torture, 54.5% of participants still had symptoms of anxiety, 45.5% had depression symptoms, and 16.7% PTSD. Sixty-six and six-tenths percent of participants still have recurrent thoughts and recalls about the facts.

The Relationship Between Posttraumatic Stress Disorder (PTSD) and Incarceration

Karen B. Rosenbaum, *New York University Langone Medical Center* (kbrosenb@gmail.com)

Recent studies have shown that there are high rates of posttraumatic stress disorder (PTSD) among inmates. It is also known that inmates, especially those with mental illness, experience a range of traumatic experiences while incarcerated. Studies have also shown that among incarcerated women, there is a high proportion of a history of sexual victimization. In addition, there is a high potential for women to become victims of sexual assault in jail or prison. According to a 2016 study, the US Department of Justice estimates that between 149,200 and 209,400 incidents of sexual victimization occur in jail and prison annually (Kubiak et al, 2016). Although the percentage is smaller, men as well as women are victims of sexual assault. Mentally ill offenders are also more likely to be segregated from the general population in solitary confinement and are at risk to be tortured by peers and guards for their odd behavior and thinking. This puts them at risk for exacerbation of their mental illness and for the development or exacerbation of PTSD

symptoms. The link between PTSD and incarceration will be investigated, and case examples will illustrate this important issue.

83. Forensic Psychiatry I: Gender Bias in Forensic Psychiatry

Sexual Harassment in Medicine

Helen M. Farrell, *Harvard Medical School* (hfarrell@bidmc.harvard.edu)

Sexual harassment hit a peak of cultural awareness during the course of the past year. In 2017, the popular American magazine *TIME* awarded its “Person of the Year” designation to “The Silence Breakers,” observing that: “This reckoning appears to have sprung up overnight. But it has actually been simmering for years, decades, centuries.” The exposure of predatory behaviour exhibited by once-celebrated movie producers, newscasters, and actors has given rise to a powerful change. The #MeToo movement has risen to support survivors and promote an end to sexual violence. Just like show business, medicine—a profession rife with entrenched male domination, gender-driven hierarchical structures, and striking power differentials—bears a long and storied history of discrimination and outright abuse. For instance, a shocking number of female doctors are sexually harassed in the workplace to this day. The presentation will explore how harassment manifests as disparities regarding leadership roles, faculty appointments, and career longevity for women and discuss how individuals can play an active role in identifying harassment and intervening.

Sexual Harassment: Noted Triumphs of Female Litigants

Kelly L. Coffman, *Emory University* (kerwin@emory.edu)

The field of forensic psychiatry, as applied to the criminal and civil justice systems alike, has consistently remained attentive to themes of sexual harassment and discrimination. The American Academy of Psychiatry and the Law (AAPL) has long maintained and supplemented a robust list of landmark cases considered particularly important for mental health professionals practicing in the legal arena. This list includes cases brought forth by tenacious female litigants who used the law to advocate, and some of these women have taken their fight all the way to the Supreme Court of the United States. In the course of an overview of relevant legal matters, two such important cases will be reviewed in particular detail: *Meritor Savings Bank, FSB v. Vinson* (1986) and *Harris v. Forklift Systems, Inc.* (1993), both of which served to establish that a pattern of sexual harassment can create a “hostile working environment” covered by Title VII of the Civil Rights Act of 1964.

Boundary Violations in the Realm of Academic and Professional Psychiatry

Thomas Gutheil, *Harvard Medical School* (gutheilg@cs.com)

Male colleagues, however well-intentioned, may fail to grasp the true import of their behaviour when interacting – or failing to do so – with their female counterparts. This is no less true in forensic psychiatry than in any other academic or professional workplace. In some particularly regrettable instances, poorly informed attempts to “bridge the gap,” hampered by a less than optimal combination of cluelessness and concern, may come across as patrician, patronizing, or condescending. The most egregious instances, of course, are those of outright predation. This presentation reviews the extant literature on sexual and non-sexual boundary violations and seeks to apply its principles to the experiences of women in academic and professional psychiatry. Whether surfacing as patients, clients, co-workers, consultants, supervisees, litigants, or forensic examinees, these women convey experiences that constitute a unique blend of concerns. How can those providing care, guidance, and expert testimony seek to understand and address these concerns? How will attorneys, judges, and jurors attempt to make sense of these phenomena?

The Perspective of the Early Career Female Forensic Psychiatrist

Sara Brady, *Harvard Medical School* (sarajbrady@gmail.com)

Women are trained throughout academia to learn that success comes from achieving objective goals, such as test scores and performance competencies. However, success and achievement aren't based upon simple metrics in the “real world” of practice. Although women increasingly pursue male-dominated professions, the glass ceiling continues to limit female advancement in these fields, especially for the early career female psychiatrist. With so few seasoned female forensic psychiatrists to serve as mentors, early career female psychiatrists often seek guidance from veteran male colleagues. However, such mentorship can be experienced as patronizing or condescending. In those situations, how does a young female psychiatrist navigate the conversation to educate her male colleagues to facilitate a meaningful dialogue about said behaviour without jeopardizing the mentor-mentee relationship or risking retribution? Furthermore, in the midst of the #MeToo movement how do women effectively approach men for mentorship? This presentation will answer those questions using contemporary examples.

Mentoring Female Forensic Psychiatrists

Eric Drogin, *Harvard Medical School* (eyd@drogin.net)

Have the rules changed, or is it rather that those to whom the rules apply – specifically, all of us – are now going to be held accountable? Evolving in this highly charged contemporary environment is the role of the male colleague providing mentorship to female professionals. The task is the same, but the methods must be revisited. No longer are transgressions going to be judged by

relatively basic metrics of egregiousness and intentionality, and no longer is their analysis going to be confined to notions of harassment or abuse. Among the predictable sequelae of the #MeToo movement is the real or constructive absence of supervision, as current and potential male mentors shy away from the prospect of awkwardness, embarrassment, or even liability by the simple expedient of limiting their exposure to female professionals. This presentation conveys an optimistic and action-oriented perspective on these issues, with particular attention paid to legal and ethical as well as practical ramifications for males seeking to mentor female forensic psychiatrists.

84. Forensic Psychiatry II: Psychological Well-Being and Quality of Life in Forensic Psychiatry

Well-Being of Forensic Patients

Maximilian Lutz, *Ulm University* (maximilian.lutz@uni-ulm.de)

The basis of the current study is a measure of the quality of prison life developed by Liebling and colleagues. They proposed that a good test of the performance or quality of a prison is what prisoners have to say about those aspects of prison life that ‘matter most’. Using appreciative inquiry, they held careful discussions with prisoners over the period of one year. What matters, according to this research, is a set of concepts that are all about relationships like fairness, respect, humanity, and order, to name just a few. A process of dialogue, deliberation, and refinement lead to the compilation of a set of dimensions, with items to measure them. For our present study we translated this measure and adapted it to forensic settings. The questionnaire was then administered to 300 forensic patients in 14 different forensic hospitals. Using this measure in an exploratory way, we found significant differences between institutions in the aforementioned areas indicating quality of life.

Psychological and Physiological Stress Levels of Forensic Patients

Stefanie Nigel, *Ulm University* (stefanie.nigel@bkh-guenzburg.de)

Research consistently shows that inmates not only suffer from prior traumatic experiences and stressful life events, but also from high levels of current subjective distress. However, acute stress in the context of forensic psychiatry has been poorly understood. Recent studies suggest the distinction between psychological and physiological symptoms of subclinical stress experience. In our present study we investigated possible differences regarding these two dimensions of stress and their relations to psychopathy factors. Therefore, 164 forensic patients with a substance use disorder were administered the Psychopathy Personality Inventory and the Subclinical Stress Questionnaire. Our results indicate that inpatients experience a higher level of stress than general

population samples, which is predicted by psychopathy scores. More precisely, the psychopathy factor “Impulsive Antisociality” (IA) is a positive predictor of psychological stress symptoms, while the factor “Fearless Dominance” (FD) is a negative predictor. Physiological stress, however, is not directly predicted by the psychopathy factors, but by psychological stress. In conclusion, FD serves as a resiliency factor mediating against the adverse effects of stress on mental and physical health, while IA constitutes a risk factor for stress symptoms. These findings are important for the development of more specifically targeted treatment programs in forensic psychiatry.

The Prevention of Suicide and Suicide Attempts in Forensic Psychiatry

Manuela Dudeck, *Ulm University* (manuela.dudeck@bkh-guenzburg.de)

Numerous studies have shown that suicide risk is significantly increased in prison. Prison inmates are five to ten times more likely to kill themselves than members of the general population. The greatest risk exists for mentally ill offenders who are characterized by a high potential for violence. As forensic patients belong to this high-risk group, the prevention of suicide and suicide attempts is of special importance in forensic psychiatry. Recent results show that the existing questionnaires for evaluating the general risk of suicide (such as Beck’s Scale for Suicide Ideation) tend to measure persistent personality traits and are not suitable for predicting acute suicidality. Yaseen and colleagues developed an instrument that captures an acute state of affective and cognitive dysregulation, the suicide crisis syndrome. According to the authors this syndrome includes feelings of extreme hopelessness, flood of thought, and psychotic somatization disorders. In the present study, this instrument was translated, adapted, and administered to 300 forensic patients.

Biographical, Socio-Demographic, and Criminal Differences Between Male and Female Forensic Patients

Irina Franke, *Ulm University* (irina.franke@bkh-guenzburg.de)

Gender differences in the base rate and severity of offending have been relatively undisputed and stable over time. It is argued that different factors may be associated with violence among men than among women. To shed more light on this relationship, we compared biographic and psychiatric histories and socio-demographic and criminal characteristics of female and male forensic patients. From a total sample of 115 male and 61 female patients, we formed two parallel groups with regard to age, diagnosis, and graduation. The patients were interviewed on the basis of a self-developed guideline and were administered a questionnaire measuring adverse childhood experiences by Isele and colleagues. We found various prominent differences, for example, that female patients report more and longer-lasting adverse childhood experiences than male patients. Women have also been in psychiatric pre-treatment more often, whereas men had an earlier start of their criminal history. In addition, men were convicted for violence more frequently than women. With regard to sociodemographic variables such as marital status and employment, no

differences emerged between male and female forensic patients. Several recommendations for gender-responsive treatment and directions for future research are provided.

Psychopharmacologic Treatment of In-Patients with Schizophrenia: Comparing Forensic and General Psychiatry

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Patients with schizophrenia constitute a substantial proportion of patients hospitalized in forensic psychiatry. Antipsychotic medication is an essential part of evidence-based treatment and can significantly improve both the medical and legal prognosis. In our study, we compared psychopathological features, psychopharmacological treatment, and the neurologic and metabolic side effects of treatment in demographically comparable inpatients with schizophrenia being treated in either forensic or general psychiatry. Regarding the psychopathology, megalomaniac ideations, animosity, affect flattening, weak will, social passivity, apathy, uncooperative behavior, and poor impulse control were more pronounced in the forensic psychiatry sample. Nevertheless, patients in the forensic setting were prescribed less antipsychotic medication than the general psychiatry patients. Polypharmacy was pronounced in both samples. There were no significant differences in prescription rates of depot antipsychotics, movement disorders, or metabolic parameters. The side effects were similar in both groups. Although preliminary, our findings suggest a number of differences in the symptomatology and antipsychotic drug treatment of forensic and general adult psychiatry patients with schizophrenia. The presentation will offer a basis for discussion and reflection of both current and future psychopharmacological treatment strategies of patients with schizophrenia in forensic and general psychiatry.

85. Forensic Psychiatry III: Special Topics

Epidemiological Profile and Prevalence of Mental Disorders of Adolescents in Conflict with Law in Brazil

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In Brazil, 0.9% of crimes are committed by adolescents, and this number has grown annually. A cross-sectional study was conducted with 75 male adolescents in conflict with the law, who joined the Provisional Hospitalization unit in 2017. The mean age of the adolescents was 16.2 years, with an average of six years of study. The prevalence of robbery was 44%, homicide and attempted murder 22.6%, and drug trafficking 20%. The prevalence of mental disorder was 73.3%. In the sample, 60% had conduct disorder and 28.7% were drug dependent. The mean age of onset of drug use was 13.4 years. Thirty-seven and three-tenths percent of the total adolescents had a history of previous psychiatric treatment. The prevalence of family history of mental disorder was 33.3%, and of chemical dependence, 62%. This project is part of a research on the profile of

adolescents in conflict with the law in Brazil. The data collected will serve as a basis for the implementation of preventive actions and therapeutic planning.

Legal and Labor Responsibility Aspects Related to Obstructive Sleep Apnea-Hypopnea Syndrome (OSAHS)

Franklin Escobar-Cordoba, *Universidad Nacional de Colombia* (feescobar@unal.edu.co)

Sleep apnea and excessive daytime sleepiness (EDS) represent a major risk when developing working activities, especially those that are considered dangerous and involve legal responsibility, including handling public transport vehicles, cargo, and heavy machinery. Shift work and sleep deprivation are also causes of increased work-related accidents; this risk increases when workers and their families do not understand the real dimension of this type of work life and, therefore, are not responsible for their health. Some authors think that sleep apnea and EDS are public health issues due to their high prevalence and economic burden. It is important that the Colombian State regulates, on the one hand, aspects of legal responsibility of patients who carry out hazardous tasks and are affected by this disease and specific symptoms and, on the other hand, the occupational conditions of the workers who work shifts and whose health is affected.

In Which Way Does a Psychopath Commit Arson?

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Arson is considered all around the world a severe crime because of its serious consequences. There are many ways in which people put fire and thereby different types of fire setters. A forensic psychiatry study proposed an arsonist action model describing five types and several subtypes. Psychopaths were included in that investigation in order to find out in which way does this type of arsonist behave. This presentation will present a case that shows how a psychopath may commit this type of crime. It is about a man who put fire to his friend's apartment after killing an escort girl at that place. The prosecutor was able to send him to jail owing to firemen and thanatology assessments which proved what he had done to the victim, who was still alive when the fire had begun. The judge's verdict illustrates the defendant's personality and criminal style. This presentation will discuss whether it is possible to describe a psychopathic arsonist pattern.

Sociopathy / Psychopathy: Descriptive Analysis of Different Aspects in Homicide

Carlos Hugo Isaac Serna, *Instituto Jalisciense De Salud Mental, Zapopan, Mexico* (cisaacx@hotmail.com)

In biological terms, homicide is at one end of a spectrum of violence, other forms of violence are associated to criminological and victimological factors. In recent years homicide rates have increased because of the association to many social phenomena. As examples of this we have female victims, infanticide, mass murders. Many authors talk about the direct association of

personality disorders (sociopathy) to the spectrum of violence; they note that just a minority of mental disordered people are violent, and also note the association of psychopathy to the most violent forms of crime. The understanding of this phenomenon brings us closer to a better approach that always must be interdisciplinary, instead of an approach that most of the time is only legal, but inefficient and insufficient. The actual research shows cases of homicide offenders that meet criteria for sociopathy or psychopathy, as well as the analysis of legal, forensic, psychiatric, psychological, and criminological associations.

86. Forgiveness and Conflict Resolution in High Conflict Families

Sergei V. Tsytsarev, *Hofstra University* (Sergei.V.Tsytsarev@hofstra.edu) – Discussant

Self-Focused Conceptualization of Forgiveness for High Conflict Families.

Paul J. Meller, *Hofstra University* (paul.meller@hofstra.edu)

For the past 20 years psychologists have been wrestling with developing psychologically sound definitions of forgiveness, and determining how forgiveness may impact a person's psychological functioning. While a variety of definitions have been espoused, Wade Hoyt, Kidwell, and Worthington (2013) have pointed out that contemporary conceptualizations of forgiveness include both a) the reduction in vengeful and angry thoughts, feelings, and b) motives that may be accompanied by increasing positive thoughts, feelings, and motives toward the perceived offending person. Forgiveness is an internal self-directed process that does not necessarily include reconciliation with the person who perpetrated the misdeed at its core. The research demonstrates that forgiveness is associated with many emotional, psychological, and physical health benefits. This presentation will provide definitions and an overview of self-focused forgiveness, and how it relates to decrease in familial conflict in both pre- and post-divorce families.

A New Four-Component Conceptualization of Conflict

Kathryn Coyle, *Hofstra University* (kcoyle4@pride.hofstra)

Previous research has viewed conflict resolution type as two end points along a single dimension. The present research sought to expand the present understanding of conflict resolution in high conflict families by viewing constructive and destructive conflict resolution as separate dimensions as opposed to the end points of a single dimensions of conflict style. The resultant model yields four distinct conflict resolution types: Constructive (High on Constructive/Low on Destructive); Destructive (Low on Constructive/High on Destructive); Combined Type (High on Constructive/High on Destructive); and Avoidant (Low on Constructive/Low on Destructive). It was found that people who utilize constructive conflict resolution styles reported significantly higher levels of marital satisfaction compared to the combined resolution type, the avoidant

resolution type, and lastly, the destructive resolution type. The destructive resolution type had significantly lower levels of marital satisfaction compared to the avoidant resolution type, the combined resolution type, and the constructive resolution type. The combined resolution type and the avoidant resolution type did not significantly differ in terms of marital satisfaction. Results will also be discussed in terms of the fundamental attribution error as a moderating variable for conflict type and marital satisfaction.

The Impact of Forgiveness on Enhancing Post-Divorce Outcomes for Mediating and Litigating Parents

Anna Varfolomeyeva, *Hofstra University* (psypzm@hofstra.edu)

Kristina Kuznetsova, *Hofstra University*

The purpose of this study was to explore the differences between people who mediated their divorce and those who litigated on quality of co-parenting, forgiveness, satisfaction with the divorce agreement, and conflict. The role of forgiveness in predicting quality of co-parenting, agreement satisfaction, and level of conflict was also examined. Participants were divorced for two to seven years, had at least one child under the age of 19, engaged in on-going communications, and had an arrangement in which both parents had parenting time with the child. A total of 129 participants were surveyed; 73 mediated and 56 litigated their divorces. Differences in current conflict were significant even when controlling for level of conflict prior to the divorce. However, the groups did not significantly differ on level of forgiveness. Actually, forgiveness enhanced the relation between dispute resolution type and current inter-parental conflict. Specifically, people who mediated and had higher levels of forgiveness were found to have the lowest levels of conflict. Additional analyses identified forgiveness as an important factor contributing to better post-divorce outcomes for families independent of type of dispute resolution used in the divorce.

The Role of Forgiveness in Therapeutic Visitation

Gia Campagna, *Hofstra University* (gcampagna1@pride.hofstra.edu)

Ashleigh Garretson, *Hofstra University*

Therapeutic visitation is a process designed to facilitate a healthy relationship between an estranged parent and their child. While there are many reasons a court might order therapeutic parenting time, the most common precipitating factors are: 1) Adverse parenting, 2) custodial interference, 3) prolonged separation, and 4) child welfare issues. A five-step process is used to overcome this cycle of disengagement: Graduated exposure, decrease the negative emotional response that is associated with the parent, normalization of the relationship, resolution of underlying conflict, and generalizing the therapeutic benefits. This presentation will focus on the introduction of two forgiveness and gratitude interventions which were implemented as an adjunct to the therapeutic visitation process, a parent-parent forgiveness intervention, and a child-parent forgiveness intervention. In the parent-parent forgiveness intervention both parents are provided with pre-therapeutic visitation training on forgiveness and are asked to participate in a forgiveness exercise with their former partner. In the child-parent forgiveness the child is provided a

forgiveness training prior therapeutic visitation. In addition, the child and parent will engage in a forgiveness exercise prior to the start of therapeutic visitation. Data will be presented to demonstrate the differential efficacy of these therapeutic interventions.

87. Health Ethics and Regulations

International Oversight Regulation of Health Professionals: It's Time!

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Alvaro Moreno

Peter Golden

Notwithstanding the International Court in The Hague, there is currently no international body that oversees and regulates breaches of medical ethics. Many health professionals are involved in torture and other cruel inhuman and degrading treatment, some with impunity. Conversely, many health professionals are being targeted for their commitment to provide ethical care. The UN Global Strategy on Human Resources for Health: Workforce 2030, outlines objectives that are compatible with the establishment of a Medical Ethics Oversight Committee, such as: All countries have regulatory mechanisms to promote patient safety and adequate oversight; all countries have established accreditation mechanisms for health training institutions; all countries are making progress on health workforce registries to track health workforce stock, education, distribution, demand, capacity, and remuneration; and all bilateral and multilateral agencies are strengthening health workforce assessment and information exchange. This presentation will propose an Oversight Committee that would operationalize these objectives and will address the following questions: How can an Oversight Committee monitor the inclusion of training units in medical ethics among health training institutions? How can an Oversight Committee contribute to strengthening health workforce throughout the world? How can an Oversight Committee protect the integrity of health workers concerned with patient safety and adequate oversight?

Mental Health Legislation and Eugenic Thought in Modern Japan

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The concept of prevention in Japanese mental health legislation was first introduced into the Mental Hygiene Act established in 1950 (which is still valid now after several revisions). The purpose of the law is “to maintain and improve people’s mental health by giving medical treatment and protection to mental patients and trying to prevent their occurrence”. The previous two laws, Mental Patients’ Custody Act (1900) and Mental Hospital Act (1919), both of which were abolished in 1950, mainly dealt with mental patient's confinement and establishment of public mental hospitals. On the other hand, the Mental Hygiene Act in 1950 emphasizes the improvement

of Japanese people's mental health. However, as the above-mentioned phrase of the law "prevent their [mental patients'] occurrence" implies, the practice of mental health as a preventive measure seems to be connected to eugenic thought, by which Japanese psychiatrists were influenced in the context of mental hygiene movement in the first half of the twentieth century in Western countries. This presentation explores the close relationship between mental hygiene and eugenics in modern Japan.

Lack of Third Party Perspective in Ethical Guidelines for Research

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Manne Sjöstrand, *Karolinska Institutet*
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International ethics guidelines on medical research involving humans, such as the Declaration of Helsinki, the ICH-GCP, and the CIOMS guidelines, have an important aim to protect the rights of the participating subjects. However, the research project Priotab, a study involving research subjects with pedophilic disorder, brought to light the fact that all of these guidelines fail to address the issue of medical research studies involving subjects who are at risk of harming others, i.e., people in a third party (3P) position. This means that there are individuals who might get hurt or have a reduced wellbeing as consequence of the research but who are not asked for informed consent to take this risk. This seems to be in conflict with the underlying principles of the above mentioned international ethical guidelines. In this presentation, using the Priotab study as an example, we will analyze and elucidate the lack of protecting ethical guidelines for 3P ethically, applying principlism specifically.

Genetic Risk of Psychiatric Disorder: Ethical and Legal Obligations to Disclose

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

In previous work, the presenter has explored whether physicians or laboratories have a legal duty to disclose incidental genetic findings to their patients. Applying US negligence case law, the presentation concluded that because we currently have limited information on the likelihood that even a monogenic mutation will develop into disease, and the information we do have likely inflates this value for people who are currently symptom-free, having an incidental, genetic mutation does not present the kind of foreseeable, imminent, and serious risk that creates a common law duty to warn. But what about the risk of developing a mental illness such as schizophrenia, depression, anxiety, or substance abuse disorders? Rather than focusing on whether the tests results were incidental, this article discusses the unique role of genetics in predicting the development of mental illness. Does US tort law, or professional ethical obligations, look different in this context? Patient stigma, risk of civil commitment, DTC-genetic testing companies, and access to treatment will be explored as potential moderators to answer the following question:

When, if ever, is a physician obligated to alert someone to their genetic risk of developing a particular mental illness?

88. Hidden Complicities: How Feminist Bioethics Can Help Us See Otherwise Invisible Wrongs

Choosing a Deaf Child

Teresa Blankmeyer Burke, *Gallaudet University* (teresa.burke@gallaudet.edu)

Some signing deaf people seek to increase their chances of bearing a deaf child. One objection raised against this use of genetic technology is that this would be unfair to the child. The assumptions grounding what is fair to the (deaf) child include access to the sensory capacity of hearing, and many think that access to this sense should override any claims to bodily or genomic integrity. Yet self-reports from deaf persons indicate that it is not the lack of a sense, but the presence of socially sanctioned discrimination that has significant impact on their well-being. Should negative impact on well-being be a consideration in determining policy regarding constraints on reproductive decisions to pursue the birth of a deaf child? How should such discussions about said impact be evaluated? Is audist bias (bias against deaf persons) present in empirical studies assessing such outcomes on well-being? What would a non-audist approach to deaf well-being look like? This presentation will give an account of deaf flourishing using analogical reasoning grounded in gender and racial discrimination to counter the claim that choosing to bear a deaf child harms the child in non-physical ways.

Covert Drugging in Food Within Institutional Settings

Elizabeth Victor, *William Paterson University of New Jersey* (evictor@mail.usf.edu)

Laura Guidry-Grimes, *University of Arkansas for Medical Sciences*

Covert drugging in food is a relatively common practice in caregiving contexts, including psychiatric and long-term care facilities. It has received little attention in bioethics and there are few (if any) procedures or rules governing the practice. This presentation will begin with the idea that eating is a relational practice that entails significant vulnerability to and dependency on others. In cases of covert drugging, relationships between feeders—whether unpaid caregivers, or professionals within medical contexts—and eaters are central. These relationships can be undermined and trust eroded through covert drugging of food. When patients refuse food they believe to be drugged, they are susceptible to being labeled as “difficult patients” which can lead to further restrictions to their autonomy, eating agency, and ability to form therapeutic alliances. In the final section of the presentation, we will consider cases in which covert drugging could be ethically permissible, given these concerns. While there may be cases in which covert drugging can be ethically justified, given a lack of suitable alternatives, we argue this practice in any given case should be continually reevaluated in light of the building moral costs to the relational agent over time.

Fat is a Feminist Issue, Obesity is a Public Health Issue

Cristina Richie, *Brody School of Medicine at East Carolina University* (richiec17@ecu.edu)

“Obesity” refers to a range of conditions that indicate surplus body weight or body fat, including “overweight,” “obese,” “morbidly obese,” or high Body Mass Index (BMI). While being obese does not necessarily make one “unhealthy,” hypertension, stroke, cardiac disease, infertility, high cholesterol, and Type II diabetes are among obesity-associated comorbidities. The *Lancet* and *New England Journal of Medicine* have recognized that obesity is a public health concern. However, in the United States, public health measures attempting to address obesity encounter resistance. One place of resistance is the advent of “body positivity”. This has been a useful propaedeutic in identifying sexist body standards. As society has moved from fat to obese, public health concerns have taken a backseat to libertarian feminism, which fails to examine lifestyles that not only lead to—but also maintain—obesity. This presentation will offer a public health feminist ethics dually rooted in female liberation against patriarchal notions that women ought to be underweight and the public health concerns of obesity. Feminist public health ethics must accept women of all sizes and shapes without recklessly endorsing harmful practices. Fat is a feminist issue, but obesity is a public health issue.

Patient Testimony, Pain, and Epistemic Injustice in the Practice of Medicine

Alison Reiheld, *Southern Illinois University – Edwardsville* (areihel@siue.edu)

A pernicious and epistemic form of medical paternalism arises when physicians find patient testimony about their own bodies to be literally in-credible. In essence, providers treat patients as children and retain the privileges of adult authority, such as knowledge production and possession, and decision-making, for themselves. This presentation will examine how black patients and women have their testimony about pain pervasively discounted in American medicine. This falls under what Fricker calls “epistemic injustice”, a kind of harm done to people with respect to their status as a knower. Classically, the physical complaints of women in particular are seen as psychological rather than physical in nature which contributes to the dismissal of their testimony, and the complaints of black folks are too often interpreted as drug-seeking or black folks are presumed to be hardier and less sensitive to pain than white folks. In medicine, the harms of epistemic injustice are compounded by harms of poor outcomes, undertreated suffering, and damaged patient-provider relationships. We can expect to see such harms for other vulnerable groups in any nation where stigma exists that will lead health care providers to unjustly view some patients’ care-seeking and patient reports as illegitimate.

Voluntarily Childless Women and Narratives of Ambivalence

Anna Gotlib, *Brooklyn College at City University of New York* (agotlib@brooklyn.cuny.edu)

Free will, Harry Frankfurt argues, is unique to adult human beings. My moral agency

requires that I have a desire about the efficacy of my desires—a second-order desire—suggesting that I care about how my will, and thus identity, are constituted. These concerns about our identity-constituting desires can be quite personal. For voluntarily-childless (VC) women, the validity, stability, authenticity, and thus moral status of motherhood-related desires are routinely tested and policed. This presentation will consider how VC women can respond not just to master narratives of mandatory motherhood, but to their own internalized narratives of wantonness: Of not desiring something they ought, or of being ambivalent about motherhood altogether. This presentation, then, is about the practices of choosing and endorsing one's desires, however clear or ambiguous, about intentional childlessness. Secondly, it is also about challenging Frankfurt's claims that the formation and maintenance of moral identities require a kind of wholeheartedness that admits of no doubts. The presentation will detail a personal account of struggles related to childbearing choices, offer an overview of voluntary childlessness as experienced by women most pressured to reproduce, and conclude with a discussion of the dissident practices through which women can embrace both their certainties and ambiguities about their VC status.

89. Homelessness

Not Going Anywhere Without My Dog: A New Service Delivery Model for Youth Experiencing Homelessness with Their Companion Animals

Lisa Ann Kelly, *University of Washington* (lisak2@uw.edu)

Research shows that 10-25% of people experiencing homelessness in the United States own pets. The percentages may skew higher for youth experiencing homelessness where companion animals can be both a source of comfort for those suffering trauma and protection for those at high risk of exploitation. However, pet ownership is also a barrier to accessing necessary services, including temporary shelter, long-term housing, mental and physical health care, and social/legal services. Several schools at the University of Washington have united to research and design a new service delivery model that seeks to provide a one-stop shop for the human-animal dyad. The schools of Public Health, Veterinary Medicine, Nursing, Social Work, and Law engaged in research to uncover the experiences of homeless youth and their pets, the legal challenges surrounding the design of a human-animal service model, and the ways in which these challenges can be overcome. This presentation will report on the results of this yearlong research and service delivery design project.

90. Human Trafficking: Children, Homeless Youth, and Adults

Youth Experiences Survey: A Four-Year Study on the Combined Experiences of Homelessness and Sex Trafficking

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

The Youth Experiences Survey (YES) is a 65-item, paper and pencil survey which has been given each year for the past four years to a complex and difficult population to assess. Homeless runaway young adults (ages 18 to 25) are difficult to find and can be challenging to engage, and there is limited knowledge about their needs and experiences. The purpose of this study is to understand the scope and complexity of sex and labour trafficking among homeless young adults in the Southwest region of the United States of America. Of the overall sample of 187 homeless young adult respondents, 58 (31%) reported experiencing sex trafficking exploitation, and 60 (32.1%) reported experiencing labour trafficking exploitation. At least one form of human trafficking (either sex or labour) was reported by 80 (42.8%) respondents and 38 (20.3%) respondents reported experiencing both sex and labour trafficking exploitation. Information from the YES study provides the community with rich data about the scope and complexity of their needs and challenges including the sex trafficking experiences of these young people.

A Four-Year Analysis of Labour Trafficking Cases in the United States

Kristen Bracy, *Arizona State University* (kbracy@asu.edu)

Although there has been a recent increase of attention and interest on the issue of labour trafficking in the United States of America, there continues to be limited research on the incidence of labour trafficking cases and characteristics. The ASU Office of Sex Trafficking Intervention Research examined labour trafficking cases from throughout the United States of America from 2013 to 2016. The research identified 125 persons arrested for labour trafficking of migrant workers and US citizens and 120 victims of labour trafficking during this time period. Out of 50 states in the United States of America, there are 20 states that have documented arrests for labour trafficking from 2013 to 2016. Over three-quarters (n = 92, 76%) of the cases included transportation across national borders from 16 different countries. Almost one in three victims (n = 39, 31.2%) originated from Mexico. Almost half (n = 62, 49.6%) of the labour traffickers crossed state lines with their victim(s) and moved victims to up to eight states. Details about the cases will be explored and characteristics such as transportation, recruitment, and control tactics will be presented. Recommendations for future research and community action will be discussed.

United States Law Enforcement's Response to the Commercialized Sexual Exploitation of Children

Jennifer O'Brien, *University of New Hampshire* (jennifer.o'brien@unh.edu)

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The commercialized sexual exploitation of children (CSEC) is the recruitment, harbouring, transportation, provision, or obtaining of individuals under the age of 18 for the purposes of commercial sex. Youth who are victims/survivors of CSEC that come into contact with American law enforcement are often unidentified and/or misidentified. This study investigates American law enforcement's protocols and policies for CSEC cases, and explores the current services being offered to minors who are suspected or confirmed survivors of CSEC. Law enforcement agencies (LEAs) were eligible for study participation if their information was available via the National Directory of Law Enforcement Administrators (NDLEA) (N=11,000). An online, mixed-methods survey tool was emailed to each LEA. Survey materials included questions on CSEC incidence, scope, policies, and practices. In addition, the survey asked for the number of CSEC cases at the LEA that had ended in arrests or detentions in the past year, as well as case characteristics. Results highlight differences in LEA response by child characteristics (e.g., age and race), type of exploiter (e.g., 3rd party vs. familial), and agency size (e.g., urban vs. rural location). Disparities may be used to inform future needs, as well as to assess mandated policy enactment.

The Role of Childhood Trauma as a Risk Factor for Sex Trafficking Among Youth Experiencing Homelessness: The Need for a Trauma-Responsive System of Care

Jennifer Middleton, *University of Louisville* (jennifer.middleton@louisville.edu)

The study reported in this presentation utilized the Youth Experiences Survey (YES), a self-report measure that includes questions regarding demographics, place of origin, living situation, family connection, drug and alcohol use, trauma history, and physical and behavioral health history. Bivariate and multivariate analyses were conducted to compare sex-trafficked youth relative to non-trafficked youth, and to examine trauma and mental health diagnoses as important predictors for sex trafficking. Findings indicate that 40.9% (n=54) of the homeless youth participants report being a victim of sex trafficking. Sex-trafficked youth reported statistically significantly higher rates of mental health disorders, self-harming and risk-taking behaviors, suicide attempts, and childhood trauma (e.g., Adverse Childhood Experiences). This has important implications for homelessness service provision sites, as well as the broader system of care that serves these youth and young adults. Findings can assist organizations in developing innovative, trauma-informed intervention and prevention programs focused on combatting sex trafficking among young, vulnerable populations. Such efforts are key to enhancing service provision and ultimately, to reducing the prevalence and consequences of sex trafficking.

91. Identifying and Managing Vulnerability in Prison Custody

Identifying and Managing Vulnerability in Prison Custody

Andrew Forrester, *University of Manchester* (andrew.forrester1@nhs.net)

This presentation will take a human rights-based approach to the identification and management of vulnerability in prison custody, as well as touching on the need to identify illness as early as possible within the offender mental health, or correctional, pathway. It will describe the global development of human rights instruments and reviews their usefulness in protecting the human rights of people who are detained in custodial settings across the world. It will also discuss the development of the World Psychiatric Association's recent position statements on prison public health and a recommended educational curriculum. These documents were developed with input from expert representatives from each of the world's continents, reflecting the sheer scale of the international challenges that exist. The role that health professionals can play in ensuring systemic improvements will then be discussed. There is some evidence that such improvements can be hard-wired into even the most highly resistant systems by adopting specific clinical practices and an emerging global consensus for these systems-based approaches will be reviewed.

Peer Support Schemes in Managing Vulnerable Prisoners

Tammi Walker, *University of Huddersfield* (T.Walker@hud.ac.uk)

The most recent review in the UK illustrated that the prevalence of all investigated mental disorders is higher in prisoners than in the general population. The prison environment is very challenging for prisoners and staff as they are overcrowded, noisy, tedious, and porous to illegal drugs. Prisoners are often confined to their cells for as long as 23 hours a day and access to purposeful activity is often limited. Safety in prison has therefore deteriorated rapidly during the last six years and in 2016 there were 120 self-inflicted deaths and 40,161 self-harm incidents reported in UK prisons, the highest on record. The notion that prisoners mutually support each other as part of daily interactions within the custodial setting has been known for many years and in recent times, formal peer interventions have also become an important feature of prison life based on the assumption that peer support are both effective and cost-effective at addressing prisoners' health and social need. There is a shortage of evidence of these types of intervention models in prison settings. This presentation will aim to contribute to this research gap and discuss how peer-led support schemes could have a successful impact on prison policy and practice.

Understanding the Impact of Restrictive Punishment Regimes on Self-Harm Behaviours

Karen Slade, *Nottingham Trent University* (karen.slade@ntu.ac.uk)

The use of restrictive regimes, such as segregation and isolation regimes, are commonplace in many prison and correctional services and used to control violent behaviour or as punishment for rule-breaking behaviours. However, these regimes are also a high-risk location for suicidal

behaviours. Our understanding of the risks (especially self-harm and suicidal behaviour) posed by restrictive regimes and to whom remains unclear. A study aimed to explore how restrictive regimes may affect the risk of self-harm and which groups were most vulnerable to these regimes. The study utilized routinely gathered data from all residents in a UK prison (N = 650). This included demographic and offending information plus details of their experience of restrictive regimes and recorded refractory incidents during their imprisonment, including self-harm. Results confirmed that restrictive regimes are widely used for sub-groups of the prison population, including prisoners who self-harm but without a history of institutional violence. A sub-group of prisoners are vulnerable to increased use of highly lethal methods of self-harm whilst under restrictive regimes. The implications for our understanding of the impact of restrictive regimes and identification of those most vulnerable plus challenges to current prison practice will be discussed.

Vulnerabilities of Offenders with Autism Spectrum Disorders

Jane McCarthy, *London South Bank University* (jane.m.mccarthy@kcl.ac.uk)
Eddie Chaplin, *London South Bank University*

There is increasing recognition of people with autism spectrum disorders (ASD) across the criminal justice system. Prevalence studies of prisoners found rates of 1 to 4% for ASD with up to rates of 18% in specialist juvenile courts. More recently there has been an increasing recognition of the vulnerabilities of offenders with ASD, including their risk for self-harm behaviour and mental illness. In a study, 240 male prisoners were recruited in a prison in London and screened for an autism spectrum disorder using the AQ-20. Forty-six had significant autistic traits and 12 met the diagnostic threshold for ASD using the Autism Diagnostic Observation Schedule. This group of prisoners had significantly higher rates of depression compared to prisoners without neurodevelopmental difficulties (NDD) and were at greater risk for self-harm behaviours (15% v. 1.5% for prisoners without NDD). In order to support offenders with ASD at different points of their journey we need to improve and adapt approaches to the early identification of such offenders across the criminal justice system. This requires further research into the role of liaison and diversion services in supporting offenders with ASD to ensure their vulnerabilities are recognized early on in both the court and prison setting.

Identifying and Managing Intellectual Disability in Prison Custody

Eddie Chaplin, *London South Bank University* (chapline@lsbu.ac.uk)
Jane McCarthy, *London South Bank University*

In the UK, intellectual disability (ID) is not routinely screened for across the criminal justice system. The consequence is that people may not be identified and therefore will not receive the support they require. This study aimed to examine the mental health and offending characteristics of intellectual disability prisoners. The study used the LDSQ to screen 240 prisoners for Intellectual Disability and the MINI for mental health diagnosis and compared them to a group of prisoners without ID or significant traits of neurodevelopmental disorder. From those assessed (n

= 65), 33 screened positive for ID. Of these, 18 met diagnostic threshold for ID. These were compared to 77 prisoners with no ND. Prisoners with ID were significantly more likely to have comorbid mental illness and 25% had thought about suicide in the last month and 63% had attempted suicide in the past. Prisoners with ID were also more likely to be housed in the vulnerable prisoners' wing and significantly more likely to have committed robbery than other prisoners. Equity of service for prisoners with ID needs to be a priority often this group in spite of increased vulnerability to poor mental health, self-harm, and suicidality.

92. Identifying Physical Health Problems in Severely Mentally Ill Patients and Their Management

Current Status of Research Ethics and Projecting Future Initiatives

Amarendra N. Singh, *Queen's University* (singha@queensu.ca)

The ethics of human research and regulation have greatly evolved over the past 50 years. Balancing general welfare and individual rights have become the backbone of ethical regulations. The principles of respect for persons, justice, beneficence, and informed consent are the guidelines to protect the independence of human subjects in research activities. Regulations and guidance from the UK, USA, Canada, and European countries were compared. Initiatives for future improvements include: 1. Simplification of regulations; 2. Improvement in communication and engagement with all concerned parties; 3. Removing unnecessary barriers to producing evidence about safety and efficacy; 4. Harmonizing ethical regulations in research and minimizing the inequalities between countries throughout the world with the help of the W.H.O; 5. Removing concerns by making clear and solid regulations in the areas of genetic and stem cell research, and gender equality; 6. Respecting the cultural variation of native, aboriginal people worldwide; and 7. Enhancing the attention to research regulation ethics, governance, and consultation for improvement in future. While new areas of research in the future will expand and the need of reformulation of ethical guidelines will occur, the presentation will argue that importance and necessity of research ethics should never be overlooked.

The Current Status of Culturally Adapted Mental Health Interventions: A Practice-Focused Review of Meta-Analyses

Farooq Naeem, *University of Toronto* (Farooq.naeem@camh.ca)

In recent years, there has been a steadily increasing recognition of the need to improve the cultural competence of services and cultural adaptation of interventions so that every individual can benefit from evidence-based care. There have been attempts at culturally adapting evidence-based interventions for mental health problems, and a few meta-analyses have been published in this

area. This is, however, a much-debated subject. Furthermore, there is a lack of a comprehensive review of meta-analyses and literature reviews that provide guidance to policy makers and clinicians. This presentation summarises the current meta-analysis literature on culturally adapted interventions for mental health disorders to provide a succinct account of the current state of knowledge in this area, limitations, and guidance for the future research.

Physical Health Monitoring in Schizophrenia: Why Don't We Talk About it?

Gaurav Mehta, *Southlake Regional Health Centre, Newmarket, Canada*
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Physical health aspects are often ignored whilst providing psychiatric care of a person with Schizophrenia, whereas actually these are the individuals who require a robust care from a physical health perspective. There is lack of consensus amongst health care professionals about how often the blood test and other investigations including ECG, weight monitoring, and physical health examinations should be undertaken. It is debatable whether annual physical health general examination is of much benefit in patients with chronic schizophrenia. Some guidelines recommend that smoking cessation advice is more effective when it comes directly from physicians. It is not uncommon for prescribers to go above the highest recommended dose of antipsychotics and mood stabilizer medication, in order to achieve maximum relief from psychiatric symptoms and functional recovery. However, this does increase the risk of physical health complications such as Metabolic Syndrome, Diabetes, and Obesity. The presentation reviews these issues and concludes that prescribing physicians should assume responsibility for ensuring that the patients are adequately monitored for any physical health abnormalities, by working together with the multidisciplinary team, in an interprofessional manner.

Physical Exam in Mental Health: Implementation of a Form to Guide Medical Assessment of Acute Psychiatric Inpatients

Jennifer Pikard, *Queen's University* (jennifer.pikard@kingstonhsc.ca)

The physical health of individuals suffering from mental illness is known to be diminished compared to the general population, with worse health outcomes and shortened life expectancy. Due to stigma and clinician attitudes, it may be difficult for physicians to engage with mentally ill patients to screen for physical disease and implement physical health interventions. Engaging with these patients during acute inpatient admission is an ideal time to identify any specific problems which may be the focus of medical attention. Our study aimed to implement a form to guide physical screening for all psychiatric patients admitted to an acute inpatient Psychiatric unit in Kingston, Ontario, Canada, and underwent two cycles of clinical audit between 2014 and 2015 to measure completion of forms. Although the completion rate decreased, the frequency of consultation to the hospitalist physician increased significantly between the two cycles. Furthermore, no relationship was found between patient age, psychiatric diagnosis, and day of admission during the week did not affect completion of physical health screening. Further

education and advocacy are needed to ensure appropriate screening of physical problems in patients admitted for psychiatric reasons. The presentation concludes that future studies are needed to study the effectiveness of these forms and whether or not they are effective in improving health outcomes in the long-term.

Metabolic Syndrome: A Psychiatric Perspective

Tariq Munshi, *Queen's University* (dtariq2000@yahoo.com)

In recent times the issue of metabolic syndrome has come up in various settings including the care of Psychiatric patients. The life span is shortened for various reasons in severely ill psychiatric patients. Psychiatric patients are perceived to be difficult to deal with therefore they tend to be taken off registers of family physicians, thereby making it difficult for them to receive physical health care. In the last decade, mental health services have become more aware of the importance to include the physical health management of psychiatric patients on the provision of holistic care. There is a literature to identify that the prevalence of metabolic syndrome is twice as much in patients with severe mental illness, if compared to the general population where it is about 25%. The revelation of the metabolic side effects of the atypical antipsychotics has further alerted clinicians to take active steps in attempting to minimize them; the development of newer antipsychotics with favourable metabolic profiles has been beneficial. The presentation reviews these issues and concludes that in view of the current environment and the availability of modern psychotropic agents, it would be prudent to include the assessment of the metabolic risk factors from the outset by the Psychiatric services.

93. Improving Care for Mentally Disordered Offenders and Patients with Risk of Harm to Others in Japan

Introduction of an Online Database System to Forensic Mental Health Services in Japan

Toshiaki Kono, *National Center of Neurology and Psychiatry, Tokyo, Japan* (konot@ncnp.go.jp)

The Medical Treatment and Supervision Act (MTSA) was enacted in 2005 as the first legislation in Japan for forensic mental health services provided to those who committed serious offenses under insanity or diminished responsibility. Monitoring the application of the Act is of particular importance considering that the services are compulsory to the patients and completely funded by national expense. However, it has depended on several surveys funded by competitive research grants. Recently, an online system was developed as a national project to build a database of medical information regarding inpatient treatment services provided to cross-sectionally about 700 patients in all 33 hospitals with secure units designated by the MTSA. The system enables certain and prompt acquisition of data. Through practical use of the results of analyses, clarification of

issues to be improved, standardization of the services, and efficient allocation of service resource are expected. The presentation will outline the way in which the system operates and discuss how it can be utilized in the future.

Changes Observed in Mentally Disordered Offenders During Forensic Probation in Japan

Akiko Kikuchi, *Consulting Psychologist, Tokyo, Japan* (akikuchi@ncnp.go.jp)

In Japan, those who have committed certain serious index offence in a state of insanity or diminished criminal responsibility are treated under the Medical Supervision and Treatment Act (MTSA). Designated inpatient and outpatient facilities provide psychiatric treatment for such mentally disordered offenders (MDOs). To date, a study has shown the three-year recidivism rate to be less than 3% for the MDOs discharged from designated inpatient facilities and supervised under forensic probation (Nagata et al., 2016). We have conducted some studies to examine the changes in dynamic risk and strength factors observed in the MDOs during forensic probation. In one study, data on MDOs in forensic probation was obtained from the rehabilitation coordinators. Risk of violence and other problematic behaviors were assessed using the Japanese version of Short-Term Assessment of Risk and Treatability (Webster et al., 2009) at baseline and six months later. Vulnerability and strength scores, as well as each item of START before and after the six months, were compared. Results show consistent improvement in strengths in general, except for those who were recently discharged into the community and were in the transition phase. Implications of the results will be discussed.

Positive Experiences Promoting Recovery in Japanese Forensic Mental Health Setting

Junko Koike, *National Center of Neurology and Psychiatry, Tokyo, Japan* (koike@ncnp.go.jp)

This presentation will aim to clarify the experiences of patients with mental disorders who had committed serious offences in regaining positiveness during treatment in a secure unit in Japan, and examine the relevance of these experiences in promoting recovery. We conducted an interview consisting of questions about experiences in regaining positiveness during the hospitalization with seven patients. All patients engaged in serious harms under a condition of insanity or diminished responsibility. We performed a qualitative analysis, using the Modified Grounded Theory Approach (M-GTA). Ten notions and six categories (relief by holistic understanding of having both strength and weakness; regeneration of emotions without maliciousness; awareness of interpersonal relationships developed with consciousness of existence of others; reconstruction of self-identity in relationship with others; acceptance of the wishes sent from the past myself to the present self; and preparations for re-starting) were generated. The experiences in regaining positiveness during the hospitalization were consistent with the recovery in life. Supporting recovery focusing on human relations is necessary for offenders with mental disorders. Particularly, the most important thing is encouragement to give a significance to the

experiences caused by the mental disorder and the serious harm, which is exactly the essence of nursing (Travelbee, 1971).

Administrative Involuntary Admission for Patients with Mental Disorder in Japan: Days of Future Past

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

Japan had no particular forensic mental health systems until the Medical Treatment and Supervision Act was enacted in 2005. Therefore, patients with a mental disorder who had a risk of harm to self or others were hospitalized by the prefectural governor's order. This scheme has been administered for over a half-century without meaningful evaluation or amendment. Some surveys suggested that patients subjected to this scheme tended towards recurrent involuntary admission without social supports. In 2016, a person who had experienced an involuntary admission by the prefectural governor's order intruded into an institution for disabled people, to take a total of 19 residents' lives. He committed this massacre a few months after the discharge. This incident ignited a broad argument about mental health systems and public safety. Responding to this tragedy, the Japanese government is contemplating reforming the Mental Health and Welfare Act. This presentation will report on the findings of our research team, which investigated the characteristics of subjects of involuntary admission by the prefectural governor's order, the different forms of this scheme between prefectures, patients' opinion upon involuntary hospitalization, and so on, to clarify the current status and challenges of this scheme.

After-Care Services for Administrative Involuntary Admitted Patients

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On July 26, 2016, a man who had a history of involuntary admission by the prefectural governor's order broke into a residential care center for people with severe mentally and physically disabled and stabbed 19 residents. The government quickly established a review team of the incident to work out measures for preventing a recurrence of such an incident. Based on the review team's report, the government took steps to revise the Mental Health and Welfare Act to place an obligation on the local government to provide after-care services for patients involuntarily admitted by the prefectural governor's order. After-care services are designed to meet the patient's needs related to their mental disorder and give them their own life to live in the community. The planning of after-care is supposed to start as soon as the patient is admitted to the hospital. The local government should take reasonable steps, in consultation with the multi-disciplinary team at the hospital to identify appropriate after-care services. Although the process of amending the law is now under way, some local governments have started the after-care services at their own initiative. This presentation will discuss the current situation.

94. Improving Medical and Law Education

How to Effectively Communicate and Negotiate the Outcomes You Really Desire?

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Great leaders are great negotiators, they resolve seemingly intractable disputes and yet enhance working relationships. Their negotiation and communication skills determine their effectiveness. Law, business, and public policy schools offer curriculum in negotiation but most other professions lack this vital training. It is time for all professionals to be trained in negotiation skills. The ability to negotiate requires a collection of interpersonal and communication skills used together to bring about a desired result. It is based on exploring underlying interests and positions to bring parties together in a constructive way. Effective negotiators use innovative thinking to create lasting value and forge strong professional relationships. They take a deep dive in to what is behind the opponent and their own positions that may not seem logical at first but essential to understand the issues/ideas behind the problem. The session provides the following tools: 90/10 Principle; 4-E Model of Communication; Principled Negotiation; Six habits of merely effective negotiator; BYAF (But You Are Free) Technique; Best Alternative to a Negotiated Agreement/BATNA; Thomas-Kilmann Conflict Mode; Communication preferences.

A Healthcare Administration Curriculum for Physicians in Training

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Core competencies for the graduate medical education (GME) of trainees (physician residents) in the USA include “systems-based practice” training such that the future physician labour force will be able to serve their patients in the real world environment. The traditional GME training often leaves graduates ill prepared for such a transition. We designed and implemented an innovative curriculum to provide trainees with the knowledge and skills essential to bridge clinical practice and management. Subject areas addressed in the curriculum include patient safety and quality improvement, health insurance, federal and local regulatory policies, business management, patient experience, and risk management. We captured knowledge and attitudes of trainees through pre- and post- curriculum surveys. In the short term, the aim is to improve patient safety and quality, patient care coordination, and value-based reimbursement. In the long term, the skills gained will prepare trainees as physician leaders, capable of organizing support to change systematic problems in health care, including those contributing to the high rate of physician burnout (e.g., regulations affecting workload; consequences physicians face for seeking mental health care).

The Effects of Cultivating a Sense of Place in Medical School Orientations on Well-Being

Linda Oyesiku, *University of Miami* (loyesiku@gmail.com)

There is a budding body of research that stresses the importance of establishing the culture at medical school during orientation before classes or clinical community service begins. The importance of this staging cannot be overlooked and is a fundamental aspect of overall wellness. Several medical schools in major US Cities with significantly diverse populations and complex histories and relations between the community and school have well-rounded orientation programs. More importantly, the schools that discuss their dedication to service and health disparities in their mission statement orchestrate an introduction to the community for their students. These schools have dedicated community engagement days for service learning with an emphasis on performing “thoughtful service”, ethical implications of service learning, and the social determinants of health during orientation. The goal of these comprehensive introductions is to prepare students for accountable, responsible, authentic, collaborative academic-community partnerships, and future medical practice. This initiation arguably cultivates empathy and compassion early on and can prevent patient blame and aggressive communication. This presentation will discuss the diversity of orientation experiences at select medical schools with anecdotal evidence, and provoke discussion on whether or not contact theory can create more empathic physicians.

Policy and the Poppy: How Laws Can Affect the Opioid Crises in America

Leah Colucci, *University of Miami* (L.colucci@med.miami.edu)

The Infectious Disease Elimination Act (IDEA) was passed in 2016 on World Aids Day allowing the University of Miami to create a Needle Exchange Program. This program permitted the University of Miami Miller School of Medicine to become one of the only medical schools in the United States to have its own Needle Exchange. In September 2017 the Mitchell Wolfson Sr. Department of Community Service Program, with the help of a group of medical students, created a Wound Care Clinic that would serve this population of IV drug users with basic wound care and health screenings. This presentation will investigate the impact that being exposed to marginalized populations, such as IV drug users, has on medical students. It will discuss the influence on students such as skills they have developed for rotations, empathy for patients, involvement in public health and policy, and overall wellbeing in medical school. While describing the effects of this type of community service, the presentation aims to explore improvements for the program and suggestions for other medical schools interested in similar projects.

95. Improving Mental Health Facilities and Services

Organizational Aspects of the Mental Health Services for Mood Disorders: What Type of Services Suit the Patients' Needs Best?

Dusan Kolar, *Queen's University* (kolar@providencecare.ca)

Treating refractory mood disorders requires specialized treatment in the services that may provide a comprehensive assessment and multimodal treatment which usually includes medication treatment, brain stimulation treatments, and psychotherapy. These highly specialized services are usually present only in the large university centres, where there is a high demand for these services and waiting time for an initial assessment is usually lengthy. Some of these services are organized as consultation-based services and provide one-time assessment and recommendations for treatment. Others may provide a short-term follow-up or even a long-term follow-up for patients with most severe clinical presentations. The consultation-based services for mood disorders are time efficient in scheduling initial assessments and providing recommendations for referring physicians. On the other hand, mood disorders services that provide follow-up for patients may also offer specialized psychotherapies for mood disorders. Unfortunately, this type of service providing psychiatry follow-up may have long waiting times and the access to service could be problematic. It seems that the consultation-based mood disorder services are more effective in providing timely consultation, treatment recommendations and expert opinions, but these services presume that patients have regular follow-up by general psychiatrist or community psychiatry services.

Evidence-Based Design Has a Sustainable Positive Effect on Patients' Perceptions of Quality of Care in Forensic Psychiatry

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This prospective longitudinal study aimed to assess the sustainable effect on patients' assessment of ward atmosphere and quality of care at three forensic psychiatric hospitals in Sweden relocated into evidence-based designed facilities. We assumed that the physical environment could be a crucial part of a person-centred approach, and therefore could promote patients' rehabilitation and re-integration into society. Data were collected prospectively from baseline in the old facilities and during three follow-ups after relocation, between 2010 and 2016. This study provides evidence that patients' perceptions of care quality in these forensic psychiatric facilities increased when moving to new buildings and was stable up to three years after relocation. Moreover, this study revealed that patients perceived having a higher degree of available seclusion in the new facilities up to three years after relocation. This confirms earlier knowledge of the special needs of patients in forensic psychiatry to have the possibility to withdraw and rest in privacy in a single room and to socialize with others when feeling strong enough to do so. In that sense, the physical environment can act as an active agent for patient rehabilitation. Further research is needed to confirm the findings in samples extracted from forensic psychiatry.

96. Improving Opportunities for Justice in Law Enforcement and Judicial Processes

Can We Predict Violence?

Loren Atherley, *Seattle Police Department, Seattle, USA* (loren.atherley@seattle.gov)

J. Reid Meloy, *University of California*

A recent focus on targeted violence offenders or lone actor terrorist has brought about significant advancements in the area of threat assessment and management. Tools such as the Terrorist Radicalization Assessment Protocol (TRAP – 18) or so called Structured Professional Judgement (SPJ) instruments bring the sophistication of clinical judgement to a professional application. As a result of the availability of these tools, many law enforcement agencies, large corporations, and educational institutions are actively engaging in the practice of threat assessment and management. This project evaluates the effectiveness of a law enforcement deployment model in a large West Coast police agency. Interrater Reliability (IRR) analysis and focus groups were used to examine the effectiveness of common coding, training, and resource colocation in a virtual forum. Additionally, Intelligent Decision Support (IDS) predictive modeling was piloted as an objective means of threat triage. Implications for policy and practice will be discussed.

Law Enforcement in a Crowd Control and Crowd Management Environment

Chris Fowler, *Seattle Police Department, Seattle, USA* (Chris.Fowler@seattle.gov)

The perceived dichotomy between Law Enforcement and non-peaceful crowds is manifested in real time crowd management challenges throughout the world. Many Law Enforcement agencies struggle with both internal mechanisms and external requirements that can stretch the agency's ability to both plan and manage crowds. Many Law Enforcement agencies within differing countries must contend with many factors that can complicate planning and execution. These include constitutional limitations, political requirements, media expectations, environmental constraints, and a host of other external variables. This is coupled with the Law Enforcement agencies own constraints and limitations: Budgets, staffing, training, and experience are but a few of the structural concerns that add to the challenge of effective crowd management. Agencies can mitigate the myriad of challenges that are presented when confronting large crowds and demonstrations. It becomes imperative that a robust and consistent planning process that is integrated throughout the agency be used in every circumstance. Training is the foundation that experience and effective leadership are built upon. Finally, a robust and honest after action allows a critical self-analysis allowing for a highly functional learning organization.

Do Community Perceptions of Homelessness and Mental Illness Impact Police Legitimacy? Micro-Community Level Findings from the Seattle Public Safety Survey in Washington State, USA

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William Parkin, *Seattle University*

Adrian Diaz, *Seattle Police Department*

Mon-Cheri Barnes, *Seattle Police Department*

Susan Nembhard, *Seattle University*

Katlynn McDaniels, *Seattle University*

Heather Chestnut, *Seattle University*

Hannah Traktmann, *Seattle University*

The Seattle Public Safety Survey has been conducted annually in Seattle, Washington, USA as part of the Seattle Police Department's Micro-Community Policing Plans (MCP) implemented in 2014. The MCP divides Seattle into 57+ micro-communities for the purpose of addressing neighbourhood-based concerns about public safety and police legitimacy. The survey, conducted in 2015, 2016, 2017, and 2018 utilizes a non-probability sample of Seattle residents to collect annual data about perceptions of crime, public safety, and police legitimacy. This presentation will report the results of analysis of findings from the Seattle Public Safety Survey to examine the impact of perceptions of homelessness and mental illness on police legitimacy from 2015 – 2018 at the citywide, precinct, and micro-community levels. Results suggest that Seattle residents hold a range of views of homelessness and mental illness that impact community expectations of police and city agencies regarding how to appropriately respond to issues of homelessness and mental illness to balance the goal of public safety with ethical and preventative treatment of individuals in behavioural crisis. Implications for police-citizen relations and public safety and how findings inform police priorities and strategies in Seattle will be discussed.

Civil Commitment Decisions in the State of Idaho, USA: Process, Outcomes, and Problems

Frances Bernat, *Texas International University* (frances.bernat@tamiu.edu)

David Makin, *Washington State University*

Teresa Shackelford, *Washington State University*

Involuntary civil commitment in the United States is governed by state law. In the State of Idaho, four groups of persons can recommend involuntary civil commitment of a mentally ill and dangerous person: The police, in-patient physicians, facility administrators, and others. Dangerousness, under Idaho law, requires a showing that a mentally ill person is a danger to him/herself, a danger to others, or is unable to care for his/her basic necessities of life. In the State of Idaho, rates of concurrence between petitioners and those responsible for certifying the person meets the legal standards has been decreasing for several years. Analyzing over 40,000 commitment hearing requests in Idaho, this presentation will provide a process trace

analysis within the involuntary civil commitment proceeding. It will analyze the relationship among demographics of the petitioner and person to be committed, and the extralegal factors which may impact the process and outcome. Legal concerns with the process and the ongoing efforts to improve the process and outcomes for persons who are recommended for involuntary commitment will also be discussed.

Partnering to Eradicate the Effects of Racial, Ethnic, and Cultural Bias in a State Court System: The Gavel Gap and Beyond

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The Washington State Minority and Justice Commission (WSMJC) seeks to foster and support a fair and bias-free system of justice in the Washington State courts and judicial system. Our mission is to ensure that all courts in the state of Washington remain free of bias so that justice might be adjudicated in a neutral and fair manner. To this end the commission continues to work on innovative approaches to help the judiciary eliminate bias. This presentation will provide an overview of some of the innovative approaches the WSMJC has taken to work with Judges and our community to help reduce bias in pre-trial release through the creation of a pre-trial release tool, the creation of a Legal Financial Obligation tool for judges and education programming, partnering in support of Youth and Law Forums, and our work in Washington to Bridge the Gavel Gap.

97. Incapacity and Guardianship

The End of Adult Guardianship? Future Challenges in an Era of Law Reform

Israel Issi Doron, *University of Haifa* (idoron@univ.haifa.ac.il)

The goals of this presentation are threefold: First, this presentation will provide a broad historical overview of the development of “guardianship” as a socio-legal instrument. This historical analysis will try to expose how the changes through time of the guardianship regime reflected changing power-relationships within societies, as well as shifts in moral paradigms and social constructions of aging and disability. Second, this presentation will try to provide a description of the current recent trends in guardianship law reforms, especially with regards to the adoptions of supported decision-making platforms as alternatives to “traditional” and substitute-decision-making models of guardianship. Finally, the presentation will try to assess what are the next steps needed within the context of guardianship law reforms. Specifically, questions regarding the ability to totally abolish “traditional” guardianship as well as the new challenges around monitoring and quality assurance within the new supported decision-making frameworks will be presented.

Guardianships for Persons with Intellectual Disability in India

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Persons with Intellectual Disabilities (PWID) are to varying extents dependent on their family/caregivers and/or the State for decision-making. Indian Civil and Criminal laws presume decisional capacity of all individuals above 18 years of age unless proven otherwise. The National Trust Act, 1999 was enacted to assist caregivers in providing guardianship amongst other things for their non-minor PWIDs. Accordingly, Districts constituted Local Level Committees chaired by the District Administrative Officer to decide on applications from caregivers requesting appropriate guardianships for their PWIDs after due process. India's new UNCRPD-compliant Disability Rights legislation has subsumed guardianships for all persons with disabilities, for which caregivers are required to approach a sitting District Judge. As of 2016, District Courts had a staggering 20 million pending cases and only one Judge for every 73000 Indians. This presentation will report rates of initiation and completion of guardianship procedures amongst PWIDs who visited our centre from April, 2013 to March, 2018. It will also provide a narrative of possible barriers and challenges faced by this vulnerable population. The presentation will suggest a diversion from the overburdened Judicial Services to a decentralized quasi-judicial body involving all stakeholders: PWIDs, care providers, and government functionaries.

Transitioning Away from Guardianship: Allaying Fears of Exploitation

Leslie Salzman, *Benjamin N. Cardozo School of Law* (salzman@yu.edu)

One of the most frequently heard objections to abolishing guardianship is that it is a necessary tool for protecting persons perceived as vulnerable from exploitation. This argument has particular force in the context of older persons, particularly persons with cognitive impairments such as dementia, who may be targeted for financial exploitation. Guardianship is often invoked to address such financial exploitation and to try to make the person whole again. Because guardianship can be used as all-purpose legal mechanism in these situations, it has been used as a tool to do the work that other mechanisms and legal doctrines designed to protect persons from exploitation could do – and do so without depriving the victims of that exploitation of their right to legal capacity. Of course, guardianship itself can also be a tool for exploitation, as a number of recent scandals have illustrated. This presentation will address the ways in which alternatives to guardianship, including publicly available mechanisms to prevent financial abuse and exploitation, as well as supported decision making, can be used to help avoid financial exploitation or address those situations in which exploitation has occurred.

The Right to Legal Capacity for Older Persons

Rebekah Diller, *Benjamin N. Cardozo School of Law* (rebekah.diller@yu.edu)

Older persons are believed to comprise a majority of the persons under guardianship, at least in the US. Yet the concerns of older persons have not been at the forefront of the legal capacity discussion in the way that the concerns of persons with intellectual and psychosocial disabilities have been. If supported decision-making is to take hold and supplant guardianship, it will need to be responsive to the needs of older persons who would otherwise be at risk of guardianship, particularly those facing progressive cognitive decline. This presentation will explore the historical reasons for this failure to adequately consider the needs of older persons in the move toward universal legal capacity and address the emergence of supported decision-making legislation and pilot projects that have largely not been geared toward older persons. It will also outline ways in which the movement for legal capacity can more fully encompass the experience of older persons who would otherwise be at risk of guardianship.

Guardianship in Brazil

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

Guardianship Laws have evolved differently in various parts of the world as a result of diverse historical, social, cultural, and political views. International trends in relation to Guardianship Laws have shifted from the traditional paternalistic to a more individual rights model. The challenge is striking a balance between the protection of the individual and the preservation of the individual's dignity and autonomy. Comparative Law allows for the attainment of knowledge from various legal perspectives with the opportunity of considering legal solutions to challenges faced that have not been previously contemplated; thereby leading to the implementation of gradual change. This presentation looks at Brazilian Guardianship Laws taking into account Brazil's endeavour to promote positive change in accordance with more contemporary views. The presenters then look at Comparative Law, choosing a number of countries to explore specific questions regarding Guardianship; analyzing their differences and similarities to Brazil. The presenters then offer proposals for legislative changes to Brazilian Guardianship Laws, taking into consideration the need for gradual change. Finally, the presentation will outline recent changes to Brazilian Guardianship Laws, which in their opinion appear to be a possible premature attempt to move towards a more global perspective. Will these new changes create more challenges?

98. Incarceration and Families

The Consequences and Conditions Shaping Family Engagement for Women Managing Intersecting Drug Use and Incarceration Histories

Alana Janell Gunn, *University of Illinois at Chicago* (algunn091013@gmail.com)

Changes in identity are critical to managing transitions to recovery from substance and alcohol addictions. Identity change is particularly important for mothers, whose recovery processes are often in the context of critical, but complex family relationships and societal expectations. But research and practice often underestimate the relational dimensions that promote or inhibit changes in one's identity during recovery. Here we analyze data from a larger study that involved interviews with 30 women participating in a community-based substance use treatment program in the Midwest. Drawing from Constructivist Grounded Theory Methods, this analysis identifies three factors shaping levels of engagement with family members: (1) The relational consequences of a shared past; (2) ascribing permanence to the old identity of "addict" versus the ability to see women's capacity to change; and (3) the current provision of caregiving support to participants' children. This analysis supports and extends existing research by highlighting how family can both promote and inhibit a recovery identity process. The presentation will discuss implications for theorizing "recovery" and "identity" as relational and identify key elements to support practices more attuned to the hidden complexity of family support.

Family Policy in Forensic Clinical Services

Jacobus W. Hummelen, *University of Groningen* (J.W.Hummelen@rug.nl)

The emphasis on risk factors from the Risk-Needs-Responsivity model has led to a relative lack of attention towards the involvement of family and care-givers within forensic clinics. However, involvement of the family can be a strong protective factor in the prevention of recidivism by the patient. In addition, family members might also have their own needs independent from the patient. The criminal offence by the patient can lead to a large (1) emotional burden, (2) social isolation, (3) negative effect on the family (including the children), and (4) worries about the future life of the patient. Subsequently, a Dutch working group formulated criteria for forensic clinics with regards to a family policy based on the notions of information, cooperation, and support of family members. Further criteria are formulated on the accessibility to staff members and the offering of facilities to family members. These criteria are discussed in this presentation, furthermore a report of a study on the family policy in Dutch forensic clinics is given.

Letters to Children from Incarcerated Parents: A Comparison Between Mothers and Fathers

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John Gallagher, *University of Arkansas, Fayetteville* (jmgallag@uark.edu)

Within the literature there is minimal information regarding programs addressing fathers who are incarcerated, particularly through writing programs. The literature did bring out the challenges, impediments, and risks to developing or maintaining the parent-child bond while the parent is incarcerated. It was from these gaps and needs that the Letters to Children (LTC) program was developed. LTC program meets over a four-month period and includes a total of eight sessions, plus a pre-session introduction/pre-test and concludes with an interview/post-test. The sessions were developed so they continually build on one another, gradually increasing the intensity of the parents' efforts through their writing to gain deeper levels of communication with their children. Parental stress is assessed pre- and post-intervention and focus groups are conducted at the completion of each completed program. In the present study, the quantitative data will be used to evaluate if the program is as effective in reducing parental stress with men as it was with women and the qualitative data will be used to explore if parental gender influences participants' perception of the program. Practice implications will also be covered.

99. Indigenous Women's Approaches to Psychotherapy and Healing Work

Integration of the Whole

Barbara NiaNia, *Kaituku haumanu – Therapist, Aotearoa, New Zealand*
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Understanding the interconnectedness of the divine being to things that are tangible and non-tangible, and the importance of working with the spiritual, psychological, and physical aspects of the self, enables one to facilitate healing on a much deeper level. This is a balanced and holistic approach to healing the wairua (spirit), hinengaro (psyche), and tinana (body). This then creates mauri ora (balance) within the person. The presenter is an indigenous Māori woman of Ngāti Kahungunu and Ngāti Porou descent. She is trained in Social Work, Psychotherapy, and Hakomi which is a body centred Psychotherapy. She practices romiromi and mirimiri (Māori body work) and relies on her own innate wisdom and the knowledge that she has grown up with traditional practices to support her work in trauma recovery, post-traumatic stress disorder, and other mental health conditions. This presentation challenges the notion that we must reside solely within the western space and forgo our indigenous knowledge. It discusses how indigenous ways of working stand out.

An Indigenous Psychotherapeutic Framework

Donny Riki, *Indigenous Psychotherapist, Aotearoa, New Zealand* (donnyr@hotmail.co.nz)

Clinical research repeatedly suggests that mental health disparities are associated with social, economic, and political inequities; the fundamental subtext being genocide, dispossession, alienation, and cultural assimilation. Literature also suggests that Eurocentric psychological approaches, when applied to indigenous people, often results in further trauma and perpetuates

cultural oppression (Duran & Duran, 1995). Clinical assumptions then lead to misdiagnosis, incorrect treatment, and further isolation for the patient. Whilst cognitively behavioural talk therapies may be standard practice, they are also very limited. Limbic relational therapy using indigenous language and appropriate cultural protocol to decolonize, is far more effective and enables families to expand, heal, and transform. This presentation, by someone indigenous to Aotearoa New Zealand, discusses an evidence-based culturally contextual framework which queries the validity of diagnostic epistemologies for mental disorders, and in particular, post-traumatic stress disorder. It discusses clinical practice informed by insights and authority of ‘taonga tuku iho’ (spiritual inter-generational intelligence), relational psychodynamic attachment theory, socio-affective developmental psychology, historical trauma, and tangible links to the natural world. The presenter uses aspects of traditional ceremony and ritual to reconnect families with their tribal land, reclaim self-identity, process historical trauma, resist violence, restore dignity and mobilize political self-determination.

An Introduction to Response-Based Practice

Catherine Lynn Richardson, *Université de Montréal* (cathyresponds@gmail.com)

This presentation will explain the fundamentals of response-based practice. Response-based practice is an approach to counselling and to analysis in the social sciences. Based on micro-analysis with macro contexts, response-based practice is used to assist in recovery from violence based on uplifting human dignity, celebrating resistance, analyzing language, and creating positive social responses. The presenter looks at the art of therapeutic questioning as a form of eliciting feelings of capacity, self-appreciation, and a means of contesting the shame and blame typically experienced by victims. The presentation will suggest response-based models related to situational analysis and linguistic analysis, which are helpful for assessing representations of violence and seeking accuracy in descriptions. It draws links between systemic thinking, analyzing power, understanding context, and assessing safety. Additionally, the presentation will explain applications of this work with Indigenous communities and survivors of state violence, as well as in child protection settings. The presenter has developed the “Islands of Safety” planning process, based on response-based practice, for cases of domestic violence and violence against children.

Romiromi Māori Healing

Charlotte Mildon, *Māori healer, Hastings, New Zealand* (cmildon@aiohealing.com)

This presentation will explain a Māori healer’s approach to mental health whai-ora (people seeking wellness) using an ancient Māori healing method, Te Oomai Reia romiromi. It will present the presenter’s doctoral study that defines romiromi as a deep spiritual Māori healing experience, a way of living, and a Māori worldview of being one with Papatuanuku - mother earth, her life-giving waters, and all species of families around the world. The presentation will explain how traditional Romiromi Māori healing is marginalized in the mental health system in New Zealand whereby institutionalized mental health patients are heavily medicated with no access to their own Indigenous forms of healing. It will also discuss how romiromi wānanga is an intergenerational Māori pedagogy that embodies the teaching and learning of Māori healing on a traditional Māori

meeting place. Whakawhānaungatanga is another Māori pedagogy that encourages whai-ora to interact as family members, enabling them to heal as a collective, not alone, as an individual. The presenter provides romiromi Māori healing sessions and cultural supervision with mental health staff including doctors, psychologists, social workers, and psychotherapists who work with various forms of abuse, addictions, and issues pertaining to mental health.

100. Interactions Between the Criminal Justice and (Mental) Health Sectors

An Examination of the Crisis Intervention Team (CIT)

Michele P. Bratina, *West Chester University of Pennsylvania* (mbratina@wcupa.edu)

Recent statistics on the prevalence of mental illness reveal that one in every four adults in any given year will experience a diagnosable mental illness at some point in his/her lifetime. Furthermore, research reveals that a disproportionate number of persons with mental illness (PwMI) are involved in critical police encounters resulting in arrest, and at the most extreme end of the spectrum, police shootings. Specialized Police Response (SPR) training has been implemented in the United States to address concerns related to police encounters with people who have mental illness. The most popular option is the Crisis Intervention Team (CIT). After performing a thorough evaluation of rural-specific communities in the Commonwealth of Pennsylvania in which CIT has been implemented, this presentation will determine the extent of inclusive collaboration between law enforcement, community, institutional correctional staff, providers of behavioural health services, and administrators of mental health, substance use, and criminal justice programs. The intention is to also measure successful implementation by assessing the extent to which rural community leaders involve advocates in the process and consumers of services and their families. More evidence will allow city and county leaders in rural settings to make informed decisions about implementing programs that require cross-systems collaboration and locally based problem-solving.

Exploring the Intersecting Roles of Peace Officers and Nurses in the Care of Individuals with Severe, Persistent Mental Illness

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

Peace officers frequently identify, detain, and transport individuals with potential mental health concerns in the community. In areas lacking psychiatric emergency departments or mobile crisis response teams, their formalized mental health interventions often consist of collaborations with health professionals such as nurses. This study will use Institutional Ethnography (IE) to explore how nurses and peace officers' everyday work with individuals with mental illness overlaps. A "chafing" occurs here, particularly between mental health nurses who are bound to follow the ideologically driven concepts of care provision and the goals of the criminal justice system to protect the public from individuals who are perceived as threats to public safety. Interviews will

be completed with peace officers and nurses (with experience working with them) regarding the access to and provision of mental health services. Interview data will be examined in conjunction with documents such as legislation, institutionally mandated forms, and any other policy or documents of interest to the study. There is a need to illuminate the disconnect between ideological concepts and the actual everyday work of mental health care and control. These “taken for granted practices” threaten the pursuit of better care approaches for individuals with serious mental health needs.

Police Use of a Mental Health Screener to Identify and Respond to the Needs of Adults, Children, and Youth with Mental Health Problems

Ronald Edward Hoffman, *Nipissing University* (ronhoffman@nipissingu.ca)
Alicia Hoffman, *Nipissing University*

The interRAI Brief Mental Health Screener (BMHS) was designed to enhance the ability of police officers to identify adults, children, and youth with serious mental disorders. Core items were abstracted from the comprehensive psychiatric assessment system mandated by the health system in Ontario, Canada. Statistical models in the BMHS predict characteristics of persons most likely to be apprehended by police and those persons most likely to be admitted into hospital care. The BMHS supports police officer and emergency department decision-making and because it is based on health system data and written in health language it helps synchronize the systems including police organizations, hospitals, and community mental health care providers. This presentation will review the results of an analysis of one of the largest datasets compiled to date with over 50,000 completed BMHS forms containing indicators of mental health problems. The focus will be on identifying major indicators by age group, predictors of serious mental disorders, benefits of using the BMHS to identify persons suitable for diversion to community mental health care service providers, and how this new source of data can inform training, policy, and procedures.

Experience of an Intersectoral Centre in a Public Mental Health Service for Prevention and Intervention with Adolescents in Conflict with the Law and Substance Use

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The increase in violence and abuse of drugs is a reality in most Brazilian municipalities. The relationship between substance use and violence during adolescence has important implications for interventions, sometimes reaching juvenile justice. This problem has a multifactorial origin and its confrontation is difficult, due to lack of different sectors integration that should work together in assistance, rehabilitation, and especially in prevention programs. The aim of this study is to describe our experience in creating and structuring an intersectoral work centre as a pole of individualized actions for health promotion, primary and secondary prevention, assistance, and

rehabilitation of adolescents at risk for violent behaviour and those that are in conflict with the law. This model facilitates a deeper approach of public sectors involved, such as healthcare, education, social assistance, and judiciary system, by forming continued care networks that monitor highly vulnerable cases and identify protective and risk factors. The use of transdisciplinary concepts has a positive impact on early identification of behavioural disorders, substance use, and, consequently, on prevention of violent behaviour in childhood and adolescence.

The Global Crisis of Psychosocial Disorders in the Era of Collaborative Criminal Justice

Denise Kindschi Gosselin, *Western New England University* (denise.gosselin@wne.edu)

We should not assume that the challenges faced by the United States criminal justice system are unique to us or insignificant in other nations. A range of international documents have outlined disability as a human rights issue since the 1980's and psychosocial disabilities are among the human rights experiences protected under international law. Yet various countries, including the United States, report high rates of involvement between the criminal justice system and populations with psychosocial disorders. This is the case even though serious mental disorders have been found to be rare in general populations. We are at a loss to fully understand the criminalization of mental illness and are struggling to find humane answers for intervention. To solve the crisis in America, collaborative efforts need to be framed from within a global perspective. The Sequential Intercept Model is a promising outline illustrating points within the justice system which provide avenues for diversion with individuals suspected of having mental disorders who come to the attention of the justice system. Insights on the United States experience will be shared for commentary and discussion.

101. International Models of Prisoner Mental Healthcare to Improve the Interface Between Prison and Hospital

Psychiatric Commitment in the Portuguese Prison Hospital for Short-Term Care: A Five-Year Retrospective Study

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In the Portuguese criminal system, there is only one Psychiatric Unit for short-term care: The Psychiatric Clinic of the Prison Hospital of São João de Deus in Caxias. In fact, this is the only Prison Hospital in the country. The Psychiatric Clinic has 19 beds for males and eight beds for females for acute commitment treatment. It accepts inmates from all over the country and also receives patients that are sent directly from the criminal court. This presentation will focus on a study which aims to describe the inmates committed to the Psychiatric Unit for short-term care treatment of the only Portuguese prison hospital between 2013 and 2017 in order to understand this population and its needs for a better care. Socio-demographic, clinical, and juridical variables were collected by consulting both clinical and juridical files of the patients. The presentation will report on the results of the study and discuss the implications of findings.

Prison Mental Health in Australia

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The Victorian Institute of Forensic Mental Health (Forensicare) is a statewide forensic mental health provider in the state of Victoria, Australia. It includes three directorates: a secure forensic hospital, a community forensic mental health service, and an extensive prison service. The prison inreach mental health services are spread around in various prisons across the state but residential bed-based units are based in three prisons. The different residential forensic mental health units include: an acute, a sub-acute, a psychosocial rehabilitation unit, a challenging behaviour unit, and a discharge unit. The patient flow through the prison residential forensic mental beds are coordinated by weekly centralized bed meetings. This is to ensure that patients graduate through appropriate units during their rehabilitation. Given that we are the single forensic mental health provider across the state, there is a close liaison between the prison and other directorates (hospital and community). All prison mental health units are supported by multi-disciplinary teams. The presentation concludes that the main challenges for the service includes an ever-increasing prison population with an over-representation of prisoners with mental illness and lack of proportional increase in beds at forensic hospitals.

Strategies of Implementation of Correctional, Forensic, and General Mental Health Service Network in the Reformed Italian Forensic Scenario

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Since the closure of the six national forensic hospitals in April 2015, the Italian National Mental Health Service has faced a great challenge in developing a new system of care for individuals charged with a serious criminal offence suffering from severe mental illness. Forensic inpatient treatment is now delivered at a regional level in forensic structures known as REMS. Compared to the previous hospital-centred model, the capacity of forensic beds has been cut by 50%, from around 1300 to 600. For this reason, in many regions a growing number of subjects referred to the REMS are waiting in different settings, mainly in prison, to be admitted. This presentation describes rates and characteristics of subjects admitted and discharged from the REMS, focusing on the second largest residency, 40-bedded Rems del Veneto. It also illustrates the collaboration protocol developed by the Region's central health administration in accordance with forensic and general mental health services, to build up a working network with all institutions involved in the preventive, therapeutic, and rehabilitative phases of those in security measure. Priority is given to supervising and monitoring individuals transferred from prison to the forensic psychiatric system, to avoid the "open door" system of the previous era.

Developing Services at the Interface Between Prison and Secure Hospitals in the UK: The TEWV Experience

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The demands placed upon mental health services in UK prisons have grown substantially over the last decade – the consequence of a toxic mix of a substantial rise in the prison population, the reduction in psychiatric hospital beds, an increase in the prevalence of severe mental disorder in our prisons, increasing levels of substance misuse, particularly the so-called "Novel Psychoactive Substances", such as synthetic cannabinoids, an increase in self-harm and suicide rates, and significant delays in the transfer of acutely unwell patients to secure hospitals. In an age of austerity, there is limited scope for expanding secure hospital provision. Tees, Esk and Wear Valleys NHS Foundation Trust, supported by NHSE Secure / Health and Social Justice Commissioners, has responded to these pressures in the North East of England by developing a low-secure hospital inpatient unit specifically for male transferred prisoners and a specialist mental healthcare wing in the large remand prison that serves the region, HMP Durham. This presentation will discuss the factors behind, and some of the challenges faced by, these developments, the clinical models employed in the services, and some of the lessons learned to date, including suggestions for future service direction

102. Intersex People and Human Rights

Gender Identity in Intersex Cases

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The concept of Gender identity is central to judicial decision-making for children who are diagnosed as gender dysphoric. Until last year, minors and their families who sought to transition were not entitled to access stage 2 medical intervention without court authority. The Family court cases, culminating in *Re Kelvin* last year, reflect a developing understanding of gender identity as innate, resilient to biological or exogenous influence, and crucial to a minor's authentic sense of self. By contrast, the concept and construct of gender identity surfaces in confused and contradictory ways in Family Court cases dealing with medical interventions on intersex children. Gender identity is configured as fixed and rigid in some of the discussions and cases. In others, it is described as fragile and malleable. This presentation will analyze the judicial understanding of gender identity and speculate on why the approach to this concept is starkly different in the gender dysphoria cases compared to the intersex cases.

Professional Regulatory Standards and Legal Obligations: The Missing Link in Protecting the Rights of Intersex Children

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This presentation seeks to explore the significance of professional regulatory medical bodies in upholding and protecting the rights of intersex children or children with variations of sex (VSC) characteristics. There is an apparent discourse between upholding the human rights of these children, which are regarded as being breached by the United Nations, and clinical guidelines, which often still advocate that so-called 'genital-normalizing surgery' should be performed. This presentation will argue that professional regulatory bodies, such as the General Medical Council, must consider the compatibility of current clinical practice with professional standards. Intersex care should be identified within specific professional regulatory guidance, in the same way that transgender medical care is. Given the legal authority provided to professional regulatory bodies, the presentation will argue that there is an imperative obligation for these bodies to specifically consider the protection of intersex children and children with VSC, when considering the detrimental influence of interventions on sex and gender identity. Ultimately the presentation argues that such guidance would force doctors to reconceptualize current clinical practice within a professional framework that places the rights of the intersex patient above any perceived medical 'abnormality'.

Limits to the Human Rights of Persons with Variations of Sex Characteristics in a Stereotyped Legal System: Lessons from Belgium

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The legal system devotes very little attention to the situation of persons with variations of sex characteristics. Although variations of sex characteristics is a common phenomenon, data about the prevalence of medical treatment regarding persons with variations of sex characteristics and their living conditions are rare. Persons with variations of sex characteristics are currently put

under particular pressure by the legal system because of its binary normativity. The connected conceptualization of “sex” according to the binary maintains the pathologization of variations of sex characteristics and reinforces the focus on sex normalizing treatment on children who are too young to provide their informed consent. This presentation will focus on the right to personal autonomy of persons with variations of sex characteristics and will make use of the Belgian legal order as a case study. This presentation argues that the Belgian legal system needs to end its structural conflation between the legal meaning of sex and gender (identity) in order to effectively protect bodily autonomy of persons with variations of sex characteristics. Lastly, the presentation will examine whether the law should include a specific ground for non-discrimination of persons with variations of sex characteristics.

103. Intervention in the Forensic Inpatient

Intervention in the Forensic Inpatient

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In Portugal, patients that are considered simultaneously Not Criminally Responsible (NCR) for a criminal act and also dangerous are admitted in forensic psychiatry wards. Portuguese law emphasizes that the psychiatric disorder must be the cause of the lack of capacity or, in other words, for the fact that the subject couldn't evaluate the illegality of the action or at least to have been unable to determine himself according to social parameters at the moment, due to mental illness. To be considered dangerous, the risk of recurrence on a major offense needs to be present. These NCR patients may be admitted in prison or non-prison wards, depending on their dangerousness level. The objective of these admissions is to provide proportionate clinical rehabilitation and social and familiar reinsertion, as a way of preventing future criminal acts and assuring society's protection. Also, according to Portuguese law, individual therapeutic and rehabilitative plans are then elaborated in those establishments considering “the needs, individual skills, and a risk assessment”. This presentation explores the processes which allow the best approach to the forensic patient, according to the law and scientific literature, through pharmacological, dialectical behavioural, family, and mentalization-based therapies.

Antipsychotic Treatment in Forensic Psychiatry and Correctional Setting: Critical Review and Ethical Considerations

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Schizophrenia and other psychotic disorders are relevant in Forensic Psychiatry and Correctional Settings. Individuals with these disorders represent the majority of those found Not Criminally

Responsible (NCR), are an at-risk group in correctional settings, and finally may deteriorate or relapse if unidentified and untreated. Antipsychotics are mainstays in the treatment of schizophrenia and other psychotic disorders as they may treat and potentially alter the course of the illness. However, treatment in Forensic Psychiatry and Correctional Settings are frequently tainted by treatment refusal due to lack of insight. The presentation will review the clinical, legal, and ethical implications of antipsychotic treatment in Forensic Psychiatry and Correctional settings, namely of involuntary medication in the noncompliant focusing on the Portuguese legal system and its limitations. Enforced medication and coercive measures are prevalent in forensic and prison settings. However, the legal framework presents some omissions in specific situations as it occurs, e.g., in the Portuguese Legal System. There is a need for a critical review of the gaps presented in the Portuguese Legal Framework because of their potential ethical and legal implications.

Dialectical Behaviour Therapy: A Review of its Implementation within Forensic Psychiatry and Correctional Settings

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Dialectical Behaviour Therapy (DBT) has received particular attention in forensic psychiatric and correctional settings. Since Portugal is currently reformulating the rehabilitative approach in forensic psychiatric units, a review of the literature about DBT programs within similar settings worldwide was conducted. An online search on PubMed was done using the keywords: “Dialectical behaviour therapy”, “forensic”, and “correctional”. Correctional and forensic psychiatric populations are referred to as “forensic populations”. Forensic patients have violent histories and multiple diagnoses including borderline and antisocial personality disorders, substance use disorders, and concomitant psychotic or mood disorders. DBT has shown its effectiveness among this difficult-to-treat population, since it is a structured, skills-based, and risk-focused treatment. Thirty-four unique implementations of DBT programs in forensic settings were found. The main alterations in these settings included changes to the length of the program, the components of DBT used, and the materials presented during the skills training sessions, adding crime review components. Results offer preliminary evidence that DBT has the potential to reduce recidivism risk in forensic and correctional settings. DBT appears effective in reducing criminogenic needs, such as impulsivity, hostility, anger, and emotional dysregulation. Further research is needed to support these findings.

The Role of Mentalization-Based Therapy in Criminal Rehabilitation

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The articulation between Criminal Law and Psychology is essential and for that reason the concept

of Neurolaw has been increasingly researched, as it is a new interdisciplinary field with the objective of intersecting Law with Neuroscience. It has been especially relevant in evaluating the risk of recidivism and interventions. In fact, understanding the neurophysiological mechanisms of neural pathways may improve the comprehension of human decision-making under stress. Mentalization, social cognition in other words, is an active and dynamic process closely linked to human behaviour, and its deficit may lead to disruptive behaviour and criminal activity. Borderline Personality Disorder is the main indication for this psychotherapy. In this regard, and in spite of only a few studies that have been conducted, Mentalization-Based Therapy rises as a new and useful approach to individuals in prison establishments or mentally ill people admitted in forensic wards.

Reviewing Psychotherapeutic Interventions in Psychiatric Forensic Units: What About Family Therapy?

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The Portuguese sociocultural background considers that family immersion should be, whenever possible, prioritized when the individual has an incapacity limiting autonomy. This perspective is somewhat reflected in Portuguese Law. In the Code of Execution of Sentences and Custodial Measures, for example, the legislature emphasizes the relevance of maintaining family ties while one is complying with a judicial sentence. In the case of detained individuals suffering from serious mental illness, during the rehabilitation process, staff must work on what follows on the person's release. To better understand the role families can have in this process, a literature review was performed by searching for the terms "family therapy" and "forensic units". Due to lack of data, the research was extended to "schizophrenia", "mental/ intellectual disability", and "drug addiction", the most common diagnostics in local forensic services. Very few references to family intervention at psychiatric forensic units were found, which highlighted the barriers to its implementation. Yet, the literature shows consensus on the relevance of family therapy for serious mental illness approach. Indeed, family intervention may be an important instrument for psychosocial rehabilitation of some patients not only in clinical settings, but also in forensic units. Yet, some constraints may limit its implementation.

104. Involuntary Hospitalization and Coercion I

Aspects of Procedural Justice Within the Consent and Capacity Board of Ontario, Canada: A Qualitative Study of Multiple Stakeholders' Perceptions

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Vicky Stergiopoulos, *Centre for Urban Health Solutions, Toronto, Canada*
Tim Guimond, *St. Michael's Hospital, Toronto, Canada*
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The Consent and Capacity Board (CCB) of Ontario is an independent administrative tribunal that adjudicates on matters of consent to medical treatment including involuntary admission to a psychiatric facility. Recognizing the dearth of research on CCB in Ontario, by utilizing a qualitative research design informed by procedural justice principles, we aimed to capture multiple stakeholders' experiences of the CCB hearings. Using focus group (n=10) and individual interviews (n=14), data was collected from 45 participants (six patients and 39 professionals) involved with various aspects of a CCB hearing. This presentation will focus on our preliminary findings on the themes pertaining to perceived procedural justice during a CCB hearing including elements of respect, fairness, voice, and deception from multiple stakeholders' perspectives. Based on these findings, recommendations for developing patient-centred and recovery-focused practices in these hearings will be discussed.

Legal and Ethical Dilemmas of Statutory Tribunals in Determinations of Involuntary Hospitalization

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Mentally ill patients, whose reality judgment is severely impaired and may be dangerous to themselves and/or others, may be involuntarily admitted to a secured psychiatric ward for the safety of both themselves and the public. Western legal systems set rules and procedures for involuntary confinement, and grant authority to statutory appointed persons to issue initial involuntary admission orders. Patients may appeal such order before a mental health court judge or statutory tribunals. The judge or tribunal may face ethical dilemmas when the legal requirements are not met, even when there is no question regarding the severity of the psychiatric condition of the patient. The basic legal concept is that a psychiatric disease by itself, as severe as it can be, is not enough for involuntary admission and treatment. Still, leaving the patient untreated may result in harsh consequences. This presentation will discuss the legal aspects of involuntary admissions vis-à-vis the ethical and moral dilemmas such statutory tribunals may face when deciding to extend hospitalization or to release the patient from committal.

What is the Problem of Coercion Represented to Be? A Critical Discourse Analysis of Recent Norwegian Coercion Debate

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How a policy 'problem' is framed shapes the discussions and may direct or limit proposals and solutions. The problem of coercion can be framed in several ways, both regarding dimensions such as individual, legal, or service system level, and as a problem of access to services or access

to rights. In Norway, coercion has been discussed as a problem by lawmakers, health bureaucrats, users, and professionals during the last 20 years. The changes in the use of coercion seem minuscule. The Norwegian Mental Health Act was recently revised, introducing a competency criterion for involuntary care under a need for treatment standard in September 2017, and the National Health authorities have demanded a medication-free care unit in every regional health trust to accelerate care changes. How do these solutions frame the problem of coercion, and what are some alternative frames and solutions? Through a discourse analysis of public and policy documents, we use Bacchi's (2009) approach to analyze what the problem of coercion is represented to be in Norway. This presentation will provide different discourses of coercion and look at where different discourses depart and converge.

Research Project: Prohibition of Research Involving Psychiatric Patients Subject to Coercion

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In Danish psychiatric healthcare, coercion can in some instances be used if certain criteria are met, even though, whenever possible, efforts should be always made to obtain the patient's informed consent. Coercive measures include, among others, involuntary admission, compulsory treatment with drugs, electroconvulsive therapy, etc., and physical restraints in terms of belt and strap fixation. Interventions without the psychiatric patients' informed consent are regulated according to the Danish Act on Psychiatric Coercive Measures. According to the latter, no clinical research can be carried out in patients subject to coercion. This prohibition has great consequences for initiatives aiming at evidence-based improvement of mental healthcare which could ultimately reduce coercive measure use. In this presentation, Danish regulation will be compared to regulation in other Scandinavian countries as well as UK law, and furthermore it will be discussed from the perspective of international human rights instruments and the right of patients to contribute to promoting health care through research participation. The project is carried out in an international collaboration with researchers from Norway, Sweden, and UK.

The Bochum SALUS Project and a Conceptual Framework for Evaluating Informal Coercion in Psychiatry

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Jakov Gather, *LWL University Hospital, Ruhr University Bochum*

The use of coercion in the treatment of persons with mental disorders is one of the major ethical controversies in psychiatry. There is a great variation in the rates and methods of coercive intervention between psychiatric clinics in Europe and mental health professionals often feel uncertain about when, if at all, coercive interventions are morally justified. This presentation will present the outlines of the Bochum SALUS project (2018-2024) and a first conceptual research study on informal coercion. The aim of the SALUS project is (1) to determine whether and when considerations of well-being and security can justify coercive interventions in psychiatric practice and (2) to prevent potential conflicts between autonomy, well-being, and security by integrating

explicit consideration of the latter two values into the advance care planning process. The conceptual framework for evaluating informal coercion in psychiatry is inspired by the so-called baseline approach to coercion developed in philosophy. This approach will be amended in order to accommodate psychiatry-specific demands, such as the fact that coercion typically affects persons with impaired decision-making capacity. Furthermore, a first attempt is made to operationalize the approach in order to facilitate further empirical research.

105. Involuntary Hospitalization and Coercion II

Child Abuse and Involuntary Admission by the Local Self-Governing Body

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In child psychiatry, many become inpatients due to conduct disorders such as self-harm or violence. Among those cases, some have suffered from child abuse by their parents when they were infants. In serious cases, the local self-governing body may intervene and place the child in a child protection house. Sometimes, the children are transferred from those houses to a psychiatric hospital. In the Japanese child mental health system, decisions of involuntary admission are mainly managed by approval of their family with parental authority. Decisions by public officers are reserved for cases in which there is severe risk of harm to others or self. This presentation will report on the case of a 16-year-old girl who lived in a protection house for more than seven years because of abuse by her mother and her own violence. She has suffered from mild mental retardation, conduct disorder, and attachment disorder. Because of the severity of her self-harm behaviour (diving from high buildings), she needed to be a psychiatric inpatient. However, she and her mother refused her admission to the psychiatric hospital after orthopedic treatment and the local self-governing body had to admit her to a psychiatric hospital.

Involuntary Admitted Psychiatric Patients Who Wanted or Did Not Want Hospitalization

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In Norway, voluntarily or involuntarily hospitalized patients were asked within the first 24 hours if they wanted or did not want to be admitted. The Multi-centre study of Acute Psychiatry included all cases of consecutive psychiatric admissions across 20 Norwegian psychiatric emergency units across three months during 2005-06. The study showed that 2121 patients out of 3051 that wanted admission (69.5%). Most patients who were voluntarily hospitalized wanted admission (1755 cases / 96.5%). A large proportion of involuntarily hospitalized patients wanted admission (366 cases / 29.7%). Involuntarily hospitalized patients who wanted hospitalization were characterized by: Being more seldom referred from GP (19.1% versus 24.0%), less often transported by the

police, had a higher GAF symptom and functioning score, a lower score of overactive aggressive or agitated behaviour, less symptoms of hallucinations and delusions, a more depressed mood, fewer had a misuse of drugs. Predicting factors for being involuntary hospitalized and wanting admission were using drugs, not transported by police, or a low score on the HoNOS aggressive and agitated behaviour scale. It is a challenge that physicians refer a larger proportion of patients for involuntary hospitalization while these patients want admission.

106. Issues of Power and Complicity in Psychiatry and Beyond

Madelon Baranoski, *Yale School of Medicine* (madelon.baranoski@yale.edu) - Discussant

Learning from Resistance and Resilience from the Shoah to Today's Bioethical Dilemmas

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Omar Sultan Haque MD, *Harvard Medical School*

What are the factors that empower clinicians to resist complicity and promote moral resilience? There are many different forms of complicity and resistance in the face of terror and power. Shakespeare's plays, *Macbeth*, *The Merchant of Venice*, and *The Tempest* each have characters who illustrate a variety of complicity, resistance, and resilience under conditions of terror and against the odds. Such variability in characters and forms of complicity, resistance, and resilience can also be seen can starkly also under extreme conditions of terror and uncertainty as in the Shoah, the Nazi and fascist regimes' program to exterminate Jews and others they claimed to be otherwise fit only to serve as slave labor. These themes will serve as the context for discovery relative to the formulation of testable hypotheses as to how to select and train clinicians who can effectively choose the good against the odds and under the most extreme conditions of terror.

Autonomy and Coercion in Forensic Treatment: A Case-Based Discussion

Simha Esther Ravven, *Division of Law and Psychiatry, Yale School of Medicine* (simha.ravven@yale.edu)

The treatment of individuals who are at elevated risk of committing violent acts, or who have committed acts of violence, involves both understanding that person's hopes and goals and helping them to realize them, and consideration of the individual's risk to their community. Being aware and deliberate in examination of where these goals are in concert and where they conflict is necessary to appreciate the balance between external pressure on a patient to engage in (or comply with) treatment and autonomous consent for treatment. This presentation will discuss the treatment of patients hospitalized in forensic hospital

contexts. It will focus on issues of consent for treatment and coercion, and tensions between patient-driven exploration, and safety and externally goal-focused treatment. These cases will address reactions of clinical staff to patients who have thoughts of committing violence, or who have done so, and the complicated dynamics that may emerge between treater and patient, and within a team. The presentation will also explore how the environment of a high security forensic hospital – security, safety measures, and observation of the treatment – affects the doctor patient relationship.

The Current US Presidency and the Complicity of the American Psychiatric Association

Bandy Lee, *Yale School of Medicine* (bandy.lee@yale.edu)

One role that mental health professionals have, as outlined in their ethical guidelines, is to contribute to public health through education. Two months since the current U.S. president's inauguration, however, the American Psychiatric Association made the unprecedented move of expanding what is informally called “the Goldwater rule” into a prohibition against any form of commentary on public figures, effectively creating a gag rule. A decree not only takes away an essential aspect of ethical deliberations—the agency capable of carefully weighing sometimes competing guidelines—but by creating a rule without limits or countervailing rule, regardless of the consequences to humanity, it has shaped discourse and silenced debate. What the organization has done, in the face of an unprecedented number of mental health professionals speaking up in an unprecedented way in U.S. history, should come under scrutiny as a form of milieu control by imposing silence on them in the name of “ethics”.

Insights from the Holocaust and the New Brain Sciences About Complicity, Collusion, and Collaboration

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Does the Holocaust have something to tell us generally about the moral psychology of collaboration versus rescue? The Oliners' ten-year study of rescuers of Jews from all over Europe concluded that being a perpetrator, a collaborator, or a rescuer depended largely on which group one was in or primarily identified with. Current scientific evidence is now pointing in the direction that a human capacity—let alone a separate faculty or, in contemporary lingo, a discrete brain module—for conscious free will is not borne out by the neurosciences. Instead, it now appears that determinism—not reductively material causation but a determinism that includes consciousness—holds sway in the neurobiology of the brain. Hence, we must look to how moral psychology and social psychology function in individuals primarily as members of groups, within hierarchies, and between groups. This presentation will conclude that the current amassed and multi-disciplinary evidence indicates that it is those individuals who are members of groups, often marginal ones, with critical perspectives on those in power who are less likely to succumb to knee-jerk loyalty to the presumed legitimacy of institutions and hierarchies and from whom critical perspectives and bystander intervention can emerge, and hence moral saving action can arise.

Physicians' Duties in Times of "Ethnic Cleansing"

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Conflicts between different groups of people based on their ethnicity continue to arise across the globe. At the same time, technology and armament have been increasing in their potential to harm a greater number of people, with devastating consequences for their communities and for the planet in general. Physicians report feeling unprepared to respond to instances of mass casualty events, which include those pertaining to ethnic conflict and genocide. Training of physicians to act effectively and ethically in such circumstances has largely focused on medical procedures, equipment, and workflows, while neglecting to prepare them for resolving previously not encountered ethical dilemmas, responding creatively to scarcity of resources, and managing their own extreme physical and psychological distress. This presentation will address this lack of information on the factors contributing to clinical effectiveness and ethical decision-making in times of crises by presenting an in-depth study of the experiences of physicians operating in the Vukovar Hospital during the Yugoslav offensive on the city of Vukovar, Croatia in 1991, and will offer suggestions on how this information could be used to train physicians to better care for their patients during "ethnic cleansing" events and other humanitarian disasters.

107. Is Treatment Delayed, Treatment Denied?

Delays and Disruptions to Treatment Hearings: Do They Make Our Patients Sicker?

Jhilam Biswas, *Harvard Medical School* (jbiswas@psychexpertise.com)

The past few decades have witnessed the steady development of a mental health jurisprudence dedicated to the preservation of human rights. Self-determination and personal autonomy are critical aspects of this perspective, pervading every facet of institutional psychiatric care. Of considerable concern, however, are those cases in which rote procedural approaches produce unintended consequences for the very persons such maneuvers were designed to protect. Delays—inherent in court-based procedures—may ironically lead to an acute illness becoming chronic, and to a single bout of inpatient services being transformed into a lifetime of revolving-door psychiatric admissions. A particularly problematic example is the “Rogers Guardianship” model currently prevalent in Massachusetts. Laws that effectively place on counsel and courts the challenge of second-guessing medical treatment decisions—with minimal latitude for counsel to exercise measured professional judgment—will inevitably generate, and empirically do generate, a degree of delay that ironically deprives patients of the liberation from illness that is the common goal of all stakeholders. The presentation will suggest possible solutions to these difficulties.

Rogers Behind the Scenes: Down Legal Back Roads and Memory Lane

Thomas Gutheil, *Harvard Medical School* (gutheiltg@cs.com)

It is an accepted principle that a specific finding of incompetence is a necessary predicate for providing treatment over objection—both legally and ethically. Within that framework, however, procedures for making the competence determination can be designed in many different ways. The cumbersome Rogers procedures were created in a complicated series of judicial decisions during litigation initiated over 40 years ago, which passed through several state and Federal courts during the course of nearly a decade, to regrettable effect. Unlike all other medications, antipsychotic medications alone cannot be authorized by guardians. Guardians are no longer substitute decision-makers for incompetent patients, but are monitors of the patient's possible return to competence. Only judges can decide whether involuntary medication can be given to the incompetent patient; only in emergencies can treatment be given directly. The judge's decision occurs in the context of both a finding of incompetence and an adversarial hearing identifying a list of approved medications. This presentation juxtaposes historical data with personal experience as a means of placing the Rogers decision in context.

Rogers in the Courtroom: A Call for “Appropriate Advocacy”

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Perhaps nowhere within the broad ambit of legal representation is counsel's role more conflicted and confusing than in that associated with the Rogers guardianship. Taken at face value, counsel's obligation is to pursue the client's expressed wishes and to do so consistently with the time-honored obligation of “zealous advocacy.” What is counsel to make, however, of situations in which persons voicing their wishes are so mentally compromised as to be determined dangerous, too incompetent to understand why they need psychiatric hospitalization, and likely to be detained for a prolonged period of time? If counsel personally determines that the treatment for which confinement was intended is actually necessary for the client's well-being, should the fervency of counsel's arguments be tempered as a result? Or rather, should counsel oppose the doctor's recommendations all the more forcefully, perhaps as a tacit admission that a broader legal principle is actually the focus? The “zealous advocacy” touted as the litigator's highest professional aspiration might better be characterized as “appropriate advocacy” in cases in which the client's best options are unclear and the capacity for personal decision-making is impaired or even non-existent. It is here that the lawyer's role as “counselor” could most appropriately be invoked.

The Case of Bridgewater State Hospital: Clinical Interventions to Prevent Treatment Delays

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This presentation will discuss interventions developed at Bridgewater State Hospital in Massachusetts to manage untreated acute symptoms in patients during legal delays to allow for treatment to be part of the hospital commitment. Bridgewater State Hospital is a strict security forensic hospital that manages the mental health treatment of violent mentally ill individuals who are awaiting evaluations for competency to stand trial and criminal responsibility evaluations ordered by the courts. The hospital also treats the mental health of individuals who cannot be managed in jails, prisons, and state hospitals due to the severity of their mental illness or behaviors related to illness. Patients can only arrive to the hospital through these channels and must be deemed to require “strict security” due to past violent behaviors by forensic evaluators and mental health providers. The presentation will discuss focused conversations with the public defenders, emergency medications and long-term medications, and educational sessions with law enforcement and the courts.

Telehealth: Innovative and Cost Effective Solutions to Legal Delays

Pamela Howard, *Howard Medical Corp, San Clemente, USA* (doctorpam@me.com)

The use of a cloud-based telehealth solution to evaluate patients decreases the cost and time delays that traditionally impede the treatment of psychiatric patients in a forensic setting. This solution enables judges and attorneys to be readily available for consultations as well as allowing Independent Medical Evaluators or treating physicians to testify or consult from a distance. This may be a solution to continuing cases that could be heard at an earlier date and reduce the delay to treatment for patients. The presentation will discuss the benefits and pitfalls of implementing such technology and how it can be utilized appropriately in judicial settings and in the discovery phase of a case as well. It will also talk about how it may be useful for family members and friends, who testify from a distance when the cost of traveling and logistical issues become an impediment. This is particularly beneficial for patients who lack insight into their mental illness and are thus, non medication-adherent.

108. Istanbul Protocol Supplement: FAQs and Facts on the Ground

Clinical and Forensic Psychiatric Pearls: PTSD and Colour of Authority

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

Directly lived and seen experiences of three decades are the source of the ‘pearls’. Non-material human ties, bonds, and connections sustained survivors against torture’s specific intent to break them. Universal condemnation and practice of torture occur because of the conspiracy between antisocial perpetrators and state actors. Torture is hard to recall, report, and hear. Istanbul Protocol

examinations unavoidably provoke suffering when survivors think and talk about their torture. Objective attention to real-time mental status changes requires empathy; and the quintessential question, “How did you survive?” Torture occurs in the spectrum of human rights violations, war crimes, and crimes against humanity. State-sponsored torture and civil society are mutually exclusive. Rights to the rule of law, sustenance, and a safe place to live are inseparable, universal, and non-derogable. Choices and acts of each and every human being produce collective results – for good or evil. Did torturers have absolute control? Evidence of the superseding power of non-material forces was concrete and incontrovertible when survivors chose to hold together. Not all are guilty, but all are responsible. Unless we try to become more than we are, we become less than we were created to be. About 20 refugee asylum and other immigration-related interviews etched indelible impressions on the presenter's professional consciousness. Several case reports will provide specific illustrations for the preceding conceptual statements.

Psychological Dilemmas in the Documentation of Torture

Lilla Hárđi, *Cordelia Foundation for the Rehabilitation of Torture Victims, Budapest, Hungary*
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This presentation discusses the impact of functional memory changes – i.e., psychodynamically driven – on the credibility of torture survivor/refugees in the investigation and documentation for asylum process according to the Istanbul protocol. How do persons remember or forget trauma and torture in life situations when pushed to the extreme? A fragmented narrative of the client can produce many dilemmas in medical doctor's evaluation of the information to formulate a coherent linear sequence. The presentation discusses two considerations: 1. Trauma is indelibly engraved in memory and cannot be forgotten; versus 2. The conscious mind protects itself by unconscious repression of the traumatic experience producing functional amnesia. The psychologic forensic expert must understand traumatic memory functions to be able to provide accurate and useful documentation. Most important is to explain the documentation of such profound and complex symptoms of the torture survivor in the language of laypeople – that is, lawyers and the court. This is best accomplished by the creation of a trusting relationship with the client during examination.

The Role of The Psychiatrist in Modern Media

Gabriel Diaconu, *WPA Section on Consequences of Torture and Persecution, Bucharest, Romania*
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For four decades the APA “Goldwater rule” and the WPA Madrid Declaration Guidelines have asked psychiatrists to serve two masters. On the one hand, they are instructed to share expertise, improve community public health, and ensure dignity of the mentally ill and the profession. On the other hand, they are instructed not to make statements about presumed psychopathology of individuals they have not examined, or without consent. But, is the concern of professional organizations that their members contribute to stigma of patients and the profession self-defeating and counterproductive? The Tarasoff decision provides practical and ethical context to determine the limits of professional silence. This presentation will offer a critical appraisal and provide

perspective on the concept of “Complicity.” In the words of the activist Ayaan Hirsi Ali, “some things must be said, and there are times when silence becomes an accomplice to injustice.”

109. Justice Without Retribution

Public Health Quarantine: An Alternative to Retribution

Gregg D. Caruso, *SUNY, Corning* (gcaruso@corning-cc.edu)

This presentation will argue that the public health-quarantine model offers an ethically defensible and practically workable alternative to retributive legal punishment that is consistent with free will skepticism and is preferable to other non-retributive alternatives. The public health-quarantine model is a non-retributive alternative for addressing criminal behavior that draws on the public health framework and prioritizes prevention and social justice. After briefly sketching the model, the presentation will explore in detail the relationship between public health and safety, focusing on how social inequalities and systemic injustices affect health outcomes and crime rates, how poverty affects brain development, how offenders often have pre-existing medical conditions (especially mental health issues), how involvement in the criminal justice system itself can lead to or worsen health and cognitive problems, and how treatment and rehabilitation methods can best be employed to reduce recidivism and reintegrate offenders back into society. The presentation will conclude by arguing for a capability approach to social justice grounded in six key features of human wellbeing, and contend that we cannot successfully address concerns over public health and safety without simultaneously addressing issues of social justice.

Against Quarantine

Michael Louis Corrado, *University Of North Carolina* (corrado@unc.edu)

The insanity defense separates the dangerous into those of unsound rationality, who may be indefinitely detained and coercively treated, and those of sound rationality, who may be punished. The advance of preventive detention into several areas of American law has weakened that distinction. There is now a serious philosophical proposal to do away with the line entirely and to subject all the socially dangerous to criminal quarantine or coerced treatment. The presentation will begin with a historical review, the aim of which is to lay bare and argue for the principles underlying the penal law’s requirements of proportionality and guilt. Then, it will be argued that just as one who would punish has the burden to establish the offender’s free will (cf. Double, Vilhauer, Sehon, and Corrado), so one who would quarantine or coercively treat has the burden to establish, to a high level of certainty, a lack of control. For the free will skeptic who, like me, is a retributivist at heart, the first of these rules out punishment. For those who believe that control can be distinguished from metaphysical free will, the second rules out universal quarantine. For offenders of sound mind a third way must be found.

Forensic Psychiatrists' and Psychologists' Views on Responsibility, Deviant Traits, and Coercive Offers

Farah Focquaert, *Ghent University* (farah.focquaert@ugent.be)

With the rise of biomedical interventions to ameliorate various mental health problems, the field of forensic psychiatry will be faced with new and potentially more invasive neuro-interventions for patients manifesting violent, disinhibited, and addictive behaviors. While offering neuro-interventions in lieu of imprisonment under the right circumstances respects mental liberty and has the potential to enhance autonomy and agency, mandating such neuro-interventions may drastically undermine autonomy, agency, and mental liberty. Taking responsibility for one's actions is often seen as an essential element to achieve successful rehabilitation as it provides a sense of agency. While blame is considered counterproductive within therapeutic contexts, holding individuals responsible in a forward-looking sense is deemed necessary. Individuals need to be supported and empowered to make different choices. The present study explores and discusses the views of forensic practitioners on 'taking responsibility' and the need to safeguard autonomy and mental liberty in order to achieve successful forensic rehabilitation. We conducted a qualitative interview study to examine the ways in which forensic psychiatrists and psychologists (i) understand and conceptualize responsibility in their daily work practice, and to canvass their normative views

Justice, Reciprocity, and the Victims of Crime

John Simpson Callender, *University of Aberdeen* (john.callender@nhs.net)

The most powerful pleas for justice usually come from those who feel that they have been harmed by the wrongful acts of others. This presentation will explore this intuition about justice and will argue that it arises from the central importance of reciprocity, in the form of equity, balance, and fairness, in human relationships. A clinical case will be used to illustrate what can happen when criminal harm is not followed by any form of restitution. In this case, the punitive impulse was internalized in the victim and turned against herself in the form of deliberate self harm and, ultimately, death by suicide. A distinction will be drawn between retributivism and reciprocity in criminal justice. There are two cardinal features of restorative justice in this context. The first is that it brings offender and victim into a relationship with the aim of repairing the harm that has been caused. The second is that it gives the offender the opportunity to give something back to his victim. In conclusion, reciprocity rather than retribution meets the needs of both justice and the victims of crime and that our responses to criminal wrong-doing should be based on restorative principles.

110. Juvenile Delinquency

Delinquency, Depression, and Trauma: Integrating Trauma Recovery into Assessing and Treating Comorbid Internalizing and Externalizing Disorders in Adolescents

Edward Byrnes, *Eastern Washington University School of Social Work* (ebyrnes@ewu.edu)

Although the comorbidity of depression with delinquency has been long established, empirical evidence about effectively treating these conditions together has been difficult to establish. There is also a growing body of research connecting childhood trauma with delinquent behaviour, offering a potential source of knowledge to inform our treatment of comorbid internalizing and externalizing disorders among adolescents. This presentation briefly reviews the correlation between depression and delinquency, then discusses empirical knowledge about the relationship between traumatic experiences and both the occurrence and onset timing of depression and anxiety disorders, and the occurrence of delinquent behaviour. Strategies for initial screening for depression and traumatic experiences among youths referred for delinquent behaviour, as well as integrating indicated depression and trauma history assessment into the intake practices of agencies serving delinquent youth, will be discussed. Core principles of effective treatment for adolescents suffering from depression, and from post-traumatic stress disorder, will be discussed and compared. This presentation will conclude with a discussion among the presenter and participants about integrating core components of treatments for trauma recovery and depression, including results from promising emerging outcome research.

Implementation of a Project for Prevention in Adolescence: Substance Use and Conflicts with the Law

Gustavo Schier Dória, *Universidade Federal do Paraná* (gustavomsdoria@gmail.com)

This presentation will describe the implementation of a prevention project, which was developed in three phases: Phase I aimed to seek the scientific basis that would justify the project execution in order to define areas of focus that were aligned with the principles of necessity, impact, capacity, partnership, and public health collaboration. Thus, the chosen key areas included Mental Health, Resilience, Attachment, Parental Educational Practices, Social Skills, and Moral Behaviour, Violence, Behavioural Disorders in Childhood, and Intersectoral Work. The second phase covered the propagation of the proposals arising from the theoretical bases, emphasizing topics such as the integration of all public services related to childhood and adolescence (education, healthcare, social assistance, and judiciary system), social mobilization, and technical capacitation. The last phase had as its purpose the optimization of intersectoral work, resulting in the creation of a Centre for Human Rights and Integrated for Intervention in Violence and Drugs and Alcohol abuse and Rehabilitation, a childhood and adolescence mental health service, and an alcohol and drugs treatment service for adults, and protocols elaboration.

111. Law and Dementia: Theory, Practice, and Making It Real

Involving People with Dementia in Research: The Views of Researchers and Older People and Implications for Law, Ethics, and Practice

Nola Ries, *University of Technology Sydney* (Nola.Ries@uts.edu.au)

Until recently, people with a dementia diagnosis have been routinely excluded from participating in research. They have been assumed to lack the capacity to consent and concerns about their vulnerability as research participants have posed ethical and legal barriers. This exclusion has resulted in many gaps in the evidence to inform intervention and treatment for people with dementia. Strategies to support appropriate inclusion in research are needed and must be acceptable to participants, researchers, and ethics committees. This presentation will report on recent empirical studies of older community members and researchers in Australia that explored their views on involving people with dementia in research. Topics included advance directives for research, assessing and enabling decision-making capacity for people with dementia, and the role of substitute decision-makers, ethics review committees, and other gatekeepers. The study findings will be discussed in the context of international developments in dementia research, with a focus on the implications for law, ethics, and practice.

Dementia, Law, Social Work, Adult Guardianship

Keya Russell, *Northern Health Authority, British Columbia, Canada*
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Persons with progressive dementias experience cognitive decline and functional dependency throughout the trajectory of the disease. Since this population will experience cognitive decline as the disease progresses, they will eventually require support with domain-specific decisionmaking. Legislation defines the legal tools available for persons with dementia when supported decision-making is required. Adult guardianship and incapacity planning legislation defines the personal planning and default decision-making options in British Columbia, Canada. The adult guardianship reform, which resulted in the modernization of relevant legislation, was initiated by reformers who advocated for a system that could balance the right to self determination with the need for protection of populations interfacing with this legislation. This balance was achieved by adopting different epistemologies (i.e., ethics of justice and ethics of care) within the legislation. Exploring the operationalization of this legislation in practice is essential for determining its effectiveness in balancing the right to self-determination and need for protection of persons with dementia. This presentation will provide reflections from social work practice and explore the complexities and structural challenges associated with operationalizing adult guardianship and incapacity planning legislation in practice settings.

Pathological Demographics and Decapacitating Care: Global Governance Through Dementia Discourse

Katie Aubrecht, *Mount Saint Vincent University* (katie.aubrecht@msvu.ca)

There is a growing cultural fascination with the global impact of dementia, as exemplified in the World Health Organization and Alzheimer Disease International Global Action Plan on the Public Health Response to Dementia adopted at the 70th World Health Assembly in May 2017. This presentation will share results from a content analysis of global strategies related to dementia and mental health of older adults that was framed by governmentality studies, intersectionality theory, and critical disability studies. The presentation will turn to contemporary dementia discourse circulated by international dementia reports and policy documents as a technology of governance, and a colonial project with eugenic roots. As an illustration, the presentation will consider routine references to pathological demographics and decapacitating care that rely on and reproduce modernist assumptions about a dependency ratio. The implications of the recent proliferation of rarefied knowledge about population aging on conceptions of personhood and care work will be discussed, and Disability, Dementia, and Mad activism explored as counter-knowledges and sites of resistance.

"Vulnerability is Being Incapable in a Context You Can't Handle": Rethinking Guardianship as a Response to the Experience of Dementia in Old Age

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

Supported decision making challenges medico-legal guardianship and the mental capacity construct at its conceptual core, re-conceptualizing decision-making as a skill which (like other skills) is developed through practice. Two gaps in the supported decision making paradigm have precluded a true paradigm shift, however: a failure to consider the needs of persons unable to express will or preference of any kind in relation to day to day tasks, and a failure to consider exploitation through the highjacking of mere choices (i.e., non-genuine decisions) by others. The phenomenological nature of dementia intersects with the distinctive relationship and social contexts of old age to make these gaps especially important for persons experiencing dementia in old age. While guardianship would fill these gaps, the gaps in the supported decision-making paradigm do not resolve the (theoretical and practical) problems associated with the medico-legal model. This presentation will propose rethinking guardianship as a response to a particular kind of vulnerability (as opposed to de-contextualized mental capacity): vulnerability arising through the relationship between the "incapable" self and her social/material/relationship context. Reconceptualizing guardianship as a legal tool for recalibrating the relationship between context and self fills the gaps in the supported decision-making paradigm in a way that is theoretically coherent, rooted in legal principle, and capable of consistent implementation.

Practicing Social Citizenship with People with Dementia: Realizing and Protecting Human Rights in a Context of Compromised Decision-Making

Deborah O'Connor, *University of British Columbia* (Deborah.OConnor@ubc.ca)

The UN Convention on Rights of Persons with Disabilities has provided a strong foundation for asserting a rights-based approach to practice for people with disabilities, but people with dementia have often been excluded in these discussions. While from a legal perspective the link to dementia may be intuitive, within the interdisciplinary field of dementia studies a rights-based approach to practice is only just beginning to emerge. This approach moves toward a more politically and socially active stance for conceptualizing and responding to the dementia experience. Specifically, using the language of citizenship, there is increasing focus being placed on challenging the tendency to dichotomize autonomy and protection, addressing stigmatizing practices, and finding ways to ‘do’ citizenship in the context of compromised decision-making. The purpose of this presentation is to outline a citizenship-in-practice framework and then examine the implications of implementing this approach in relation to understanding and assessing incapacity.

112. Law and the Unconscious: A Discussion of Anne Dailey's Book

Anne Dailey, *University of Connecticut Law School* (anne.dailey@uconn.edu) – Discussant

Truth-Tellings

Martha Umphrey, *Amherst College* (mmumphrey@amherst.edu)

How is a courtroom like an analyst’s couch? Anne Dailey’s *Law and the Unconscious* suggests a number of intriguing parallels. The book emphasizes that psychoanalytic practice is, fundamentally, about storytelling; about both what is said and how it is heard, or more precisely what can be said and how both words and silences are interpreted. On a deeper level, psychoanalysis reveals that one can never gain full access to knowledge about the self and about one’s past. It attempts to recapture the past in the face of knowledge that some part of that past is irretrievable, even as that not-fully-retrievable past is always in dynamic relation to the present. The same can be said of trials. Courtrooms are a dynamic space, constituted by live performance. Testimony is about speech, memory, and interpretation. As such, trials cannot fully reconstruct historical truth, any more than a client in analysis can: at best, they offer stylized reenactments and interpretations. If psychoanalysis offers “psychic truth,” trials offer “legal truth,” neither of which is coextensive with “historical truth.” Instead, both offer a social dreamscape that must be interpreted in order to generate grounds for judgment.

The Compatibility of Psychoanalysis and Law

Martha Schmeiser, *University of Connecticut Law School* (Susan.Schmeiser@uconn.edu)

A theory of human behavior concerned with unconscious forces and the irrationality these represent might seem ill-suited to the normative project of law. Indeed, the insights associated with such a theory, if taken seriously, would appear to pose a nearly insurmountable challenge to the foundations and ideals of democratic self-governance. Freud himself doubted that psychoanalysis would have much to say to law, at least much intelligible to a profession intent on adjudicating responsibility and its consequences, one apparently intolerant of indeterminacy. At least some of his disciples emphasized the incommensurability between psychoanalytic conceptions of guilt and legal ones, worrying that law's "functionaries" might mistake psychoanalysis for a means of adducing "evidence" from a person's unconscious. Like Lear's work, however, Anne Dailey's *Law and the Unconscious* deftly, elegantly, and with remarkable lucidity challenges this narrative of incompatibility by illustrating how compatible the projects of law and psychoanalysis are. For Dailey, law and psychoanalysis are closely aligned in their commitment to human freedom. Attending to law's constitutive function rather than merely than its adjudicative one, Dailey offers the legal profession indispensable tools for responsible engagement.

The Fictions of Law

Susan Blumenthal, *University of Minnesota Law School* (University of Minnesota Law School)

This presentation will highlight some of the key contributions of *Law and the Unconscious* to the interdisciplinary field of law and the humanities. More particularly, it will focus on the matter of fictions—legal and psychoanalytic—and their place in the adjudication of matters of capacity and responsibility. In the course of doing so, the presentation will reflect on the seemingly intractable problem of knowing other minds as well as our own, raising some questions about the extent to which such epistemological conundrums can and need to be resolved within the interdisciplinary paradigm for American law presented in Dailey's book. Finally, the presentation will point to some fruitful new lines of inquiry the book has conjured in my mind having to do with the relationship between historical truth, psychic truth, and truth as a matter of law.

Psychoanalysis and #MeToo

Amy Adler, *New York University School of Law* (amy.adler@nyu.edu)

Anne Dailey's important new book, *Law and the Unconscious: A Psychoanalytic Perspective* (2017) offers a fascinating rubric for us to reconsider basic legal principles. This presentation will build on Dailey's insights in the realm of the legal regulation of sexuality to analyze the emerging cultural and legal response to #MeToo. Dailey's analysis shows how psychoanalytic concepts of "fantasy, identification, transference, and aggression may severely undermine the 'consensual' nature of adult sexual relationships." This presentation will build on Dailey's framework to evaluate the competing claims about sexual consent emerging in reaction to #MeToo. In

particular, the presentation will focus on how these competing visions of sexual consent map onto debates within feminist jurisprudence about female sexual agency and autonomy. Ultimately, the implications of this debate about the nature of sexual consent will be considered in a variety of legal contexts, including the laws governing sexual harassment, rape, and sexual assault.

As If Philosophy in Psychoanalysis and Law

Nomi Stolzenberg, *University of Southern California Law School* (nstolzenberg@law.usc.edu)

Anne Dailey's, *LAW AND THE UNCONSCIOUS: A PSYCHOANALYTIC PERSPECTIVE* is an important milestone in the history of law and psychology. A masterful investigation of how the law comes to grips with the irrational, focusing in particular on issues of sexual consent, false confessions, and the duty to warn, the book marks an important moment in the revival of the tradition of law and psychoanalysis—and in the philosophical tradition of “As If,” a pragmatic philosophy of knowledge that maintains human knowledge consists of fictions, propositions we treat “as if” they are true. Dailey's book demonstrates that, despite having fallen out of vogue, the philosophy of “As If” has had a continuous presence in both law and psychoanalysis, forming a bond between the two fields of practice which belies the oft-asserted contradictions between legal and psychoanalytic perspectives on guilt, free will, consent, and responsibility. In this session, a panel of scholars will engage in a dialogue with Dailey about an array of issues raised in her book, including the fundamental question of how far we can go in treating people “as if” they are responsible for their actions and what role the law can play in fostering responsibility.

113. Law, Injustice, and Embodiment

Disability, Reproduction, and Precision Medicine Research

Maya Sabatello, *Columbia University* (ms4075@cumc.columbia.edu)

Precision medicine research holds promise for tailoring disease diagnosis, treatment, and prevention to individual variability in genes, environment, and lifestyle. Although persons with disabilities may be key beneficiaries of such research their views about precision medicine research are not well-studied. The history of the eugenic movements and the Nazi experimentation still looms, especially among people with psychosocial conditions who were primary targets of these policies. Subsequently, genetic research and reproduction-related practices such as prenatal genetic testing have raised concerns that they may lead to the repetition of these historical wrongs. But, might precision medicine research be different and how might it correspond with debates about reproduction and prenatal genetic testing? How similar—or different—are the views of people with psychosocial conditions about prenatal testing and precision medicine research compared to other subgroups of people with disabilities? And why? This presentation will share findings from a large-sample national study with persons with disabilities in the U.S. that explored the views of people with disabilities including those with psychosocial conditions about these questions; compare the views of people with psychosocial conditions and other

subgroups of people with disabilities on these issues; and discuss the ethical, legal, and social dilemmas that arise.

Law, Disability, and the Intergenerational Effects of Social Inequalities

Isabel Karpin, *University of Technology Sydney* (Isabel.Karpin@uts.edu.au)

Karen O'Connell, *University of Technology Sydney* (Karen.oconnell@uts.edu.au)

Emerging scientific research in the field of epigenetics claims that social inequalities have a persistent and intergenerational health impact, bringing them within the realm of disability and potentially, new legal and medical responses. This research is finding that gender, socio-economic, and racial inequalities cause inheritable harm when biological processes that turn genes off and on are triggered by traumatic experiences of disadvantage. Sources of stress and trauma as diverse as child abuse, domestic violence, slavery, and poverty have been linked to changes in gene expression in individuals and their offspring. The effects, it is alleged, can be as serious as low birth weight, cardio-vascular disorders, and brain deficits. Epigenetic changes thus amplify the initial injury of inequality by producing new generations already biologically harmed by historical injustices. This presentation will explore how legal understandings of disability will be impacted by these recent scientific claims that inequality and stigma are transmitted intergenerationally via the body.

Missed Connections: Psychological Trauma and Disability Law

Rabia Belt, *Stanford Law School* (belt@law.stanford.edu)

The aftermath of the school shooting at Stoneman Douglas High School rehearses a now familiar routine in American life. News accounts depict photos of weeping student survivors and mugshots of the shooter. Articles try to decipher why someone would shoot schoolchildren. Mostly absent from these stories, though, are the answers to another set of questions: Are traumatized students entitled to accommodations in schools under the Individuals with Disabilities Education Act? Are teachers and first responders entitled to accommodations under the Americans with Disabilities Act? Could they receive disability benefits from the Social Security Administration if they are too traumatized to work? Could members of the disability community offer advice, information, resources, and consolation as people who navigate the world with impairments and who may have had their own lives upended in an instant? The school shooting phenomenon is only one example of a deeper and longer-standing trend: our discussions and impressions of psychological trauma are often disconnected from our thoughts about disability. The aim of this presentation will be to question why they stand apart, link them together, and think through what a tighter connection would mean.

Prisoner Mental Health: Constitutive Effects of the Pains of Imprisonment Inside Canada's Provincial Prisons

Gillian Balfour, *Trent University* (gillianbalfour@trentu.ca)

Recent events in Canada's provincial prisons of deaths in custody at the hands of staff and inmates, or suicide in segregation cells have been exposed through media reports, as well as public inquiries. A consistent narrative has emerged that documents the spiralling mental health or untreated mental illness of prisoners. Over 25,000 men and women are held in provincial or territorial custody whereas 15,000 are held in federal custody yet little research has documented the 'pains of imprisonment' within these provincial carceral spaces. This presentation will explore the experiences or 'pains of imprisonment' as told from the perspective of formerly provincially incarcerated men and women as they struggle to return to their communities and families. Through the findings from a series of 120 interviews with former prisoners living in three Canadian cities, this presentation will discuss how their experiences of incarceration – particularly overcrowding, witnessing and experiencing violence at the hands of staff and other inmates – were constitutive of their deteriorating mental health and addictions while in custody and upon release.

114. Law & Vulnerability

The Impact on Women's Health of Underrepresentation in Clinical Trials

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

Historically, women have been underrepresented in clinical trials conducted as part of the drug approval process. We have been aware since the early 1990s that particular groups were overrepresented – young to middle-aged, white men – while other groups were excluded or underrepresented. As a result of legal and policy changes, research gradually showed a rough parity between women and men in later stage trials in the U.S. and Canada, while early phase trials continued to lag behind in inclusion, and particular conditions, such as cardiovascular disease, and populations, such as pregnant and lactating women, remained understudied. This presentation will examine the impact on women's health of this historic exclusion. Inclusive research has demonstrated that sex differences exist in disease prevalence, presentation and extent, and in reactions to treatments. Women experience more adverse drug reactions than men. When drugs are prescribed to populations inadequately represented in the trials, they are off-label uses, with differences in legal regulation of adverse effects reporting and advertizing. When sex differences in drug reactions exist but remain unrecognized, diagnosis is likely to be affected in particular ways, leading to ineffective treatment and contributing to inequality in health care for women.

Civil Commitment of Pregnant Women Based on Alcohol or Drug Use

Mary Anne Bobinski, *University of British Columbia* (bobinski@allard.ubc.ca)

Pregnant women have well-recognized rights to autonomy and self-determination, yet there are continuing debates about whether, and in what circumstances, fetal interests may justify infringement of these rights. One area of concern involves the use of alcohol and drugs by pregnant women. The medical literature indicates that these activities can present significant fetal health risks, though it can be difficult to disentangle the impact of other variables such as poverty and lack of access to health care. Moreover, there is considerable debate about whether the potential risks to fetuses should be addressed within a medical or legal framework. This presentation will explore the current debate through the lens provided by a Wisconsin, United States statute authorizing the civil commitment of pregnant women who are abusing alcohol or controlled substances. The legislation requires proof that there is a substantial risk to the physical health of the fetus and that the woman has refused to make a good faith effort to participate in alcohol or drug treatment that has been offered to her. The presentation will explore the constitutional challenge to the validity of this legislation. The Wisconsin approach will also be compared to initiatives in Canada and other countries.

The Politics of Vulnerability and School Policing

Lisa M. Kelly, *Queen's University* (lisa.kelly@queensu.ca)

Are children vulnerable at school? In recent decades, Canadian school boards, legislatures, and courts have identified schools as dangerous places. Despite statistics showing that children are safer at school than at home, school safety has become a priority for education officials and lawmakers as they adopt measures to combat school violence, drug use, and bullying. As part of these efforts, more students today attend public schools with a police presence. This presentation will examine how discourses of student vulnerability have helped to fuel this rise in school policing. It will focus specifically on School Resource Officer (SRO) programs, which began in mid-twentieth century Flint, Michigan and eventually traveled to Canada in 2008. Whereas American school officials tended to promote SRO programs as a response to school danger and violence, Canadian officials have relied on more socializing discourses. The Toronto District School Board has suggested that having full-time officers in schools allows for “positive police interaction” and makes students “feel more comfortable approaching that officer about a problem or with information about a crime.” It will be argued that both discourses mask the ways in which school policing, offered as a response to student safety, produces student vulnerability to surveillance, discipline, and criminal justice interventions.

Accountable, Transparent Adjudication in Alberta's Mental Health Review Panels?

Erin Nelson, *University of Alberta* (erin.nelson@ualberta.ca)

Mental health laws permit medical professionals to institutionalize those who suffer from mental illness, or to compel them to be treated in the community. The incredibly coercive potential of such regimes demands that patients have the right to be heard by an arbiter who is empowered to

review, and reverse, medical decisions. In Alberta, the arbiter is the Mental Health Review Panel (Review Panel). Considerable benefits flow from the delegation of authority by government to administrative tribunals. But they come at a potential cost in the loss of direct accountability and independence of the decision makers. Issues of transparency and accountability in Alberta's Review Panels will be the focus of this presentation. Are Review Panels accountable? In a word, no. Alberta's process does not meet even the most basic definition of accountability: the expectation that its work be subject to oversight. There is no meaningful oversight, by any institution, of Review Panels. Transparency, a fundamental component of accountability, is also absent, in that Review Panels operate in private. Alberta's Mental Health Act does not even contemplate the possibility of open hearings or published reasons. Alberta's Mental Health Act must be revised to ensure transparency and offer the possibility of accountable decision-making.

Examining Policy, Treatment, and Justice and Quebec's Experience of Mental Health Courts

Alana Klein, *McGill University* (alana.klein@mcgill.ca)

The first mental health court in Quebec was established in 2008. Since then, there has been a rapid scale-up, with five new mental health courts being established in the province in the last year, bringing up the total to twelve. Yet there has been little coordination in terms of policies and processes, and the goals and procedures have been only very broadly articulated at the political and legislative level, leaving much scope for individual variation. This presentation will examine how tensions between competing objectives are navigated in this diverse set of mental health related judicial diversion initiatives in Quebec, drawing on published data and research interviews on practices, procedures, and policies. Questions addressed will include how objectives (e.g., therapeutic outcomes, reductions in recidivism, efficiency gains) are conceived and balanced both subjectively by the actors, and observed and objectively in light of their practices. Practices examined include conditions imposed on participants, punitive measures and incentives, and criteria for measuring and articulating success. Findings will be analyzed with reference to critical criminological, psychological, and legal literature on constructions of crime, mental health, and society.

115. Legal and Ethical Dimensions of Patients' Rights

Reform Without Rights?

Nicole Huberfeld, *Boston University* (nlh@bu.edu)

The World Health Organization offers a broad, human rights-based view of health, for example, the WHO Constitution of 1946 proclaims "...the highest attainable standard of health as a fundamental right of every human being," and the 2030 Agenda for Sustainable

Development declares: “To promote physical and mental health and well-being, and to extend life expectancy for all, we must achieve universal health coverage and access to quality health care.” Notably, the United States lags behind in recognizing health as a human right. The Affordable Care Act of 2010 created a statutory norm of access to health insurance, which facilitates access to medical care, through universal coverage. Universality is a powerful principle, but it has not been wholly accepted politically, and it lacks the force of an adopted right. Without a human right at its center (or civil right, in U.S. law), efforts at health reform will remain open to challenges that weaken foundational norms. The lack of a rights-based approach has real repercussions for patient populations that experience historic discrimination, such as those experiencing mental illness. This presentation will explore whether stable health reform can occur with a human rights vacuum at the center.

Mental Health Patients' Rights

Joao Valente Cordeiro, *Nova University of Lisbon* (joao.cordeiro@ensp.unl.pt)

In the last decades, the concept of patients’ rights has gained importance in the broader context of health law and human rights, despite differences among different countries and jurisdictions. This presentation aims to map and overview the main rights of mental health patients in international and Portuguese law (e.g., the right to full informed consent, the right to be treated with dignity, the right to personal liberty, the right to privacy, the right to legal representation, among others). The particular case of Portugal with the approval of a Mental Health Act 20 years ago and the execution and implementation of a National Mental Health Plan, which started more than ten years ago, will be presented and discussed. The unique cases of compulsory hospital admission and compulsory treatment will be specifically analyzed and debated, with a particular focus on the adequacy, applicability, and practical shortcomings of the legal solutions put forward by the Portuguese Mental Health Act. The presentation will conclude with a brief discussion on the role of the law and human rights in promoting mental health and relieving the social impact of mental illness.

Policy Consequences of New Research on Health Cost Inflation in the U.S.

Neil Buchanan, *George Washington University Law School* (nbuchanan@law.gwu.edu)

The conventional wisdom regarding the extraordinarily high and rapidly rising cost of medical care in the United States is that American health care providers have engaged in excessive testing and other medical interventions due to the reimbursement systems used by health insurers. The American system is expensive, the thinking goes, because doctors and hospitals have been told that they will be paid for everything that they do to their patients, which inevitably leads to their doing too many things to their patients. Recent research, however, has challenged this notion, finding instead that American health care is more expensive not because we do more but because everything we do is more expensive. The problem, in other words, is not that providers are being paid a lot because they are doing too many things but because they are being overpaid for doing the appropriate amount of things. If this is true, decades of policy

consensus fall apart. This presentation will examine some of the fiscal and other implications of the possibility that U.S. health care is too expensive because our providers are overpaid.

Addressing the Real Connection Between Mental Health and Gun-Related Mortality: Suicide, Extreme Risk Protection Orders, and Civil Commitment

Michael Ulrich, *Boston University School of Public Health* (mrulrich@bu.edu)

Despite overwhelming media attention on mass shootings, suicides actually account for the majority of gun deaths. A handful of states have begun passing laws enabling Extreme Risk Protection Orders (ERPOs) in an effort to minimize this significant portion of gun violence. ERPOs allow courts to prohibit an individual from accessing guns, including those they already legally own, if law enforcement or immediately family can demonstrate that they pose a significant risk to themselves or others. As these laws begin to proliferate, legal challenges to their constitutionality are sure to follow. The ability of the state to infringe on a constitutionally protected right when a person has committed no crime, based on a prediction of potential future harm, should indeed be questioned. Utilizing civil commitment for mental illness and quarantine for infectious disease, this presentation will show that public health jurisprudence provides precedent for the ability of the state to limit constitutional rights to prevent potential future harm. Substantive and procedural due process protections provide an avenue for the courts to balance individual rights against the efforts of the state to minimize gun violence, to enable a path to tackling this critical public health problem while respecting individual rights.

Suicide and the Law

Paula Lobato Faria, *Universidade Nova de Lisboa* (pa.lobfaria@ensp.unl.pt)

The law plays a fundamental role, together with education, for the best implementation and application of main policies in mental health. This presentation will analyze the ways the law and public prevention programs can be effective in the prevention of suicide and how this can be improved in the future. Legal measures should be used to enforce prevention suicide initiatives with strong evidence of effectiveness (2017, Beautrais, A. et al.; 2017, CDC). It will also point out some avoidable causes such as the criminalization of suicide in some countries (e.g., Nepal) and some juridical consequences to people who commit suicide (e.g., life insurance restrictions) which promote the non-disclosure of suicide as the cause of death, leading to a sub notification of these situations, and also to indirect discrimination of suicide attempters. The main objective of this presentation is to call attention to the legal challenges and gaps in the field of a significant problem in mental health. In fact, depression is the leading cause of disability worldwide (WHO, 2018) and it's intrinsically linked with suicide. Recommendations on how the Law could prove to be a better instrument in the prevention of suicide will be suggested in the last part of the presentation.

Employee Mental Health and Workplace Wellness Programs

Wendy K. Mariner, *Boston University* (wmariner@bu.edu)

Workplace wellness programs are popular among employers who hope to improve employee health and productivity and reduce labor costs, despite meager evidence of effectiveness. These employer-sponsored programs vary substantially. Some programs financially penalize employees who do not participate, while others are voluntary. Some require employees to take blood or urine tests to identify health risk factors and reward employees who meet specific health goals. Most seek to reduce obesity and alcohol and tobacco use among employees. Few programs address employee mental health adequately, if at all. This presentation will examine to what extent employers bear responsibility for the mental health of their employees. To analyze the scope and limits of the respective responsibilities of employer and employee, it will distinguish among three categories of mental health risk factors: (1) work-related factors (e.g., wages, hours, job security, task control, workplace safety); (2) social determinants of health (e.g., education, housing, environment); and (3) biological or genetic factors. Strong reasons support employer responsibility for addressing category 1 factors. There is little justification for imposing responsibility for category 2 and factors on employees.

116. Legal Rights of Persons with Mental Health Illnesses

Involuntary Detention and Involuntary Treatment Through the Lens of Sections 7 and 15 of the Canadian Charter of Rights and Freedoms

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Kerri Joffe, *ARCH Disability Law Centre, Toronto, Canada*

Despite the hope that the Canadian Charter of Rights and Freedoms would serve to ensure greater recognition of the liberty and equality interests at stake within civil mental health law, scholars argue this has not been fully realized. Thus, given the dearth of jurisprudence in this area, we apply a Charter analysis to the involuntary detention provisions and involuntary treatment provisions in various jurisdictions in Canada, through the lens of the Charter's section 7 and section 15 rights. This presentation applies a section 7 Charter analysis to the involuntary treatment provisions in British Columbia, Alberta, and New Brunswick – three jurisdictions which reveal some of the most extreme ways that civil mental health laws interfere with Charter rights. Secondly, we analyze two ways in which civil mental health laws violate substantive equality rights in regard to section 15 of the Charter. We conclude with a summary of our findings and recommendations from our research study including an analysis of the role of the Convention on the Rights of Persons with Disabilities.

Children in the First-Tier Tribunal (Mental Health): Is it ‘Child-Friendly Justice’?

Carole Burrell, *Northumbria University* (carole.burrell@northumbria.ac.uk)

Between 2016 and 2017 the Mental Health Act 1983 was used 1044 times in England and Wales to compulsorily detain and treat children and young people in hospital for mental disorder. Following detention, children and young people have the same legal rights as their adult counterparts to challenge their detention before the Mental Health Tribunal. Yet a child’s ability to effectively participate in the Tribunal process will be hampered by a lack of available, consistent, and reliable support. Children detained in hospitals ‘out of area’ will be far from the family home and the assistance of relatives and friends. Equally children can be overwhelmed by the Tribunal process itself, which appears to make few allowances for their particular vulnerabilities. This presentation will critically analyze Tribunal practice in England and Wales pertaining to mentally disordered children and young people under the age of 18 years. It questions whether the Mental Health Tribunal system delivers ‘child-friendly justice’ and whether it can properly be described as a champion of children’s rights.

Enhancing Transparency and Privacy at Civil Commitment Review Hearings Under the CRPD

Andrew Jason Caple, *Queensland University of Technology* (andrewcaple@outlook.com)

This presentation questions whether the various international statutory approaches regulating the operation of privacy at civil commitment review hearings are inconsistent with the requirements of the CRPD, particularly Article 12 in relation to equality and legal capacity. The phrase ‘civil commitment’ describes the process in which the law authorizes medical practitioners to detain and to administer medical treatment to a person in the absence of consent, and extant criminal proceedings. The primary method of accountability in most international jurisdictions is the establishment of a tribunal, which must review the statutory criteria to ensure commitment processes are lawful. Tribunals have authority to confirm, revoke, or vary a person's involuntary status. The essential thesis is that state parties to the Convention should implement a supported decision-making framework enabling involuntary patients, should they wish, to make autonomous decisions to waive rights to privacy and confidentiality, and to open review hearings either in part, or in full. In addition, reviewing tribunals should now be obliged to publish reasons statements according to a model of good practice illustrated largely by the current practice in New South Wales, Australia.

Understanding Detention Decision-Making Behaviour Under the Mental Health Act 1983 and Its Impact on Mental Health Tribunals: A UK Perspective

Nicola Emma Debora Glover-Thomas, *University of Manchester*

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In the UK, the Mental Health Act 1983 (MHA 1983) (as amended by the Mental Health Act 2007) provides the legal framework which governs decisions made concerning the care and treatment of those suffering from mental disorder where they may pose a risk to themselves or others. The perspective of the patient and the care provider may conflict and can be a source of tension and challenge within mental health law. Through access to a mental health tribunal, patients are offered the apparatus to review and challenge their detention. With detention rates under the mental health legislation rising exponentially, this is having a knock-on effect upon tribunal application numbers. As there is a legal requirement to review all cases of individuals detained under the MHA 1983, understanding the key drivers for this increase in detention is essential in order to understand how to better manage both detention rates and the upsurge in tribunal caseloads. With the increase in overall activity, mental health tribunal workloads present significant practical challenges and has downstream cost implications.

Dangerous Minds: Myths and Realities Behind the Violent Behaviour of the Mentally Ill, Public Perceptions, and Judicial Response Through Involuntary Civil Commitment

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

The public outcry about whether a person with a mental illness should be restrained and confined has grown in recent years as a result of the misunderstanding of the risk these individuals pose to the safety of the community at large. Is there science behind how psychiatrists opine to judges in predicting future dangerous behaviour? Why are jails filling up with criminal defendants carrying a mental illness diagnosis? Why does the public subscribe to the feeling that persons with a mentally illness are inherently dangerous? It is time to understand and debunk the public perception that persons with a mental illness are a risk to the community. This presentation will explore the current involuntary civil commitment process for confining a mentally ill and dangerous person in a psychiatric hospital, a critical review of how one assesses the criteria of dangerousness as a basis for involuntary psychiatrist treatment, what constitutes dangerous behaviour under various approaches, and whether that behaviour can be accurately predicted. The presentation will examine the risk factors used to assess dangerous behaviour and explore the widely held public perception that mentally ill persons are inherently dangerous.

117. Legislative Impact I: New Mental Capacity Legislation in Theory and in Practice: From India to the Island of Ireland

Mental Incapacity for Medical Treatment Decisions in Hospital Inpatients

Ruth Ann Murphy, *Trinity College Dublin* (ruthannmurphy1@gmail.com)

The Assisted Decision-Making (Capacity) Act 2015 is the most significant development in Irish capacity legislation in over a century. We assessed the prevalence of mental incapacity in 200 hospital inpatients in an urban setting and 100 hospital inpatients in a regional setting using the 2015 Act and the MacArthur Competence Assessment Tool for Treatment (MacCAT-T). Half of the participants were female (51.7%). Mean age was 70.2 years (standard deviation 15.6). Almost two-thirds (62.3%) were medical inpatients; the remainder were surgical inpatients (37.7%). The most common diagnoses were respiratory and gastrointestinal disorders (19.0% each) but 47.3% had symptoms or diagnoses in more than one body system. According to legal criteria for mental capacity, 28.0% of participants lacked mental capacity for treatment decisions; 22.7% were unable to understand relevant information; 27.0% were unable to retain that information long enough to make a decision; 26.7% were unable to weigh it up; and 23.7% were unable to communicate their decision. On multi-variable analysis, participants who lacked mental capacity were more likely to be medical patients, of older age, and with increasing numbers of symptoms or diagnoses.

Capacity for Treatment Decisions in Acute Hospital Inpatients in Northern Ireland

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

The Mental Capacity Act (Northern Ireland) was passed in 2016 and has yet to be brought into operation. The Act will introduce capacity legislation to Northern Ireland and will replace the Mental Health (Northern Ireland) Order 1986. The new Act will apply to decisions about health and welfare interventions and stipulates that compulsory intervention can only proceed when a person lacks the relevant decision-making capacity and the proposed intervention is thought to be in his or her best interests. A process of planning for the implementation of the Act is currently underway. The Act will have a very wide remit and one of the areas where it will apply is for healthcare decision-making. Previous international studies have shown the prevalence of treatment decision making incapacity in acute hospital patients is high (in the region of 40%), but there has been no research in Northern Ireland. This project replicated a study by Brendan Kelly and colleagues in Dublin and aimed to investigate the prevalence of incapacity to make treatment decisions in acute hospital inpatients and assess whether they would come under the scope of the new Act. Some of the possible implications for policy, practice, and research will be presented.

India's Mental Healthcare Act 2017 and the United Nations' Convention on the Rights of Persons with Disabilities

Richard Michael Duffy, *Trinity College Dublin* (duffyrm@tcd.ie)

In 2017, India passed the Mental Healthcare Act 2017. This is a significant change in India's law with the potential to apply to over 1.3 billion people. The Indian Act is unique in that it was written with the explicit intention of complying with the United Nations' Convention on the Rights of Persons with Disabilities (CRPD). Many countries are currently in the process of revising their legislation to bring it in line with the CRPD. This presentation examines the relationship between India's new legislation and the CRPD. It identifies areas of potential conflict between the CRPD and the Indian legislation, and examines the practical, legislative, and ethical approaches India has utilized in these areas. Potential areas of non-concordance are explored and a detailed analysis of each provided. This presentation will have a particular focus on mental capacity, the role of nominated representatives, and advance decision-making within the new Indian legislation. Finally, the international implications of India's steps towards CRPD-concordant mental health legislation will be explored.

Mental Incapacity for Treatment Decisions in Psychiatric Inpatients

Aoife Curley, *Trinity College Dublin* (acurley@tcd.ie)

For people with mental illness in Ireland, the Mental Health Act 2001 primarily governs involuntary admission. At present, the legislation can be used regardless of a person's mental capacity to consent, once criteria for detention are fulfilled. New legislation has been drawn up in the form of the Assisted Decision-Making (Capacity) Act 2015, which aims to assist persons in exercising their decision-making capacity, using a new statutory framework. To date, there are no studies in Ireland to indicate the prevalence of mental incapacity for treatment decisions in psychiatric inpatients. This presentation will present original research on mental capacity to make treatment decisions among voluntary and involuntary psychiatric inpatients. Capacity is assessed using (a) the MacArthur Competence Assessment Tool for Treatment (MacCAT-T) to evaluate patients' understanding, appreciation, reasoning, and ability to express a choice regarding mental healthcare decisions; and (b) the new criteria for mental incapacity in the Assisted Decision-Making (Capacity) Act 2015. This presentation will look at the correlation between these two ways of assessing mental capacity and will discuss relevant clinical, ethical, and legal issues, alongside what the proposed changes in legislation could mean logistically in practice. Implications for other jurisdictions will also be explored.

The Inherent Jurisdiction of the High Court and Its Relevance to Irish Psychiatry

Gautam Gulati, *University of Limerick* (gautam.gulati@hse.ie)

The source of "inherent jurisdiction" lies in the Irish Constitution. This invests the High Court with "full original jurisdiction in and power to determine all matters and questions whether of law or fact, civil or criminal". Thus, the High Court hears common law actions and derives the authority to declare the rights and liabilities of individuals. The High Court's inherent jurisdiction

may be used across various matters including *parens patriae*, judicial review, and the granting of bail. The aspect most relevant to psychiatrists is *parens patriae*. *Parens patriae* means “parent of the nation”. In law, it refers to the jurisdiction of the state to intervene to protect children and incapacitated individuals from abusive or negligent natural parents or legal guardians. The state, acting as *parens patriae*, is vested with authority to make decisions affecting the welfare of the persons brought under the state’s protection. The High Court has used this power in cases where there is a lacuna in mental health legislation and in cases of individuals who lack capacity, sometimes to facilitate care in an alternative jurisdiction. This presentation will discuss recent case law arising from the use of inherent jurisdiction by the High Court in Ireland.

118. Legislative Impact II: Re-Evaluating the Role of Relatives in Mental Health Legislation: Reflections on the Law in England and Wales

Reconsidering the Role of Relatives in Mental Health Legislation: Reflections on the Law and Reform in England and Wales

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

This presentation will (re)consider the involvement of relatives/carers in mental health legislation in England and Wales. The Mental Health Act 1983 includes an important safeguard for detained patients in the form of a ‘Nearest Relative’ (NR). The NR has a number of key powers and duties in the compulsory admission process, however, some of these stand in tension with each other and the role has recently come under scrutiny and review. This presentation will consider the rationale for the involvement of relatives, and explore some of the current challenges with the role. It will consider ongoing review and potential reforms to the role of relatives/carers in mental health legislation in England and Wales. The government appointed an independent review of the Mental Health Act in September 2017. The review is considering, *inter alia*: ‘*the ability of the detained person to determine which family/ carers have a say in their care, and of families to find appropriate information about their loved one*’. The interim report has concluded that: ‘*The role of the nearest relative... is ...no longer fit for purpose*’ (p. 32). The presentation will offer some reflections on whether proposals for change will lead to improvements in the support and protection that relatives/carers can provide for detained patients.

The Views of Approved Mental Health Professionals Towards the ‘Nearest Relative’ Role in England

Jeremy Dixon, *University of Bath* (J.Dixon2@bath.ac.uk)

Involuntary detention for people with a mental disorder is widely used across Europe. Although

relatives have a right to be informed of detention in 12 European countries, their role in the process remains under-researched. This presentation will focus on the interaction between mental health professionals and ‘Nearest Relatives’ in England. The Nearest Relative role is defined under the Mental Health Act 1983 and gives named relatives the power to object to discharge of a patient from hospital, to object to some forms of treatment, and to apply for or request detention of a family member. The presentation will report on findings of a survey with 55 Approved Mental Health Professionals (AMHPs) and focus group discussions with 33 AMHPs in 2017-18, who were responsible for co-ordinating and conducting Mental Health Act assessments. Survey data indicates that AMHPs consulted with Nearest Relatives in a high proportion of cases. However, qualitative findings revealed that AMHPs also struggled to balance the legal rights of Nearest Relatives and patients. AMHPs considered several factors before contacting Nearest Relatives including, the actual or assumed wishes of service users, the actual or assumed mental capacity of the service user, and the environment in which the Mental Health Act assessment would take place.

Experiences of Relatives Acting as the ‘Nearest Relative’ Under the Mental Health Act (England & Wales, UK).

Kevin Stone, *University of the West of England* (Kevin2.Stone@uwe.ac.uk)

Relatives play a key role when a person is detained under the mental health legislation in England and Wales. Despite this importance, their experiences of undertaking this role has been relatively ignored by research. The Nearest Relative function attracts powers and rights which can influence the decision-making process that mental health services follow when deciding to make a detention decision, or looking for community options. Emerging findings from an explorative qualitative study of 20 nearest relative participants suggests that the distressing impact detaining their relative has on their own mental wellbeing is under-estimated, and there is little or no support offered. Furthermore, this study suggests that nearest relatives do not appear to be aware of or understand the rights and powers which the statute empowers them with. This study considers how the timing of when they are informed of these rights and powers matters; and highlights inconsistencies in the means by which nearest relatives are informed. At a time of legislative review in England and Wales the study illuminates where possible amendments would be welcomed by relatives and carers.

119. LGBT Mental Health and Wellbeing: Law and Policy Implications

Public Health Research on Sexual Minorities and Advancement in Law in the United States

Ilan H. Meyer, *University of California Los Angeles* (meyer@law.ucla.edu)

The past two decades have seen an influx of research in public health related to sexual minorities (e.g., lesbians, gay men, and bisexuals) in the United States. This presentation will review the

contribution of public health research to advancing discourse about LGB people and how such shifts in discourse have led to legal advancements, such as U.S. Supreme Court decisions that sodomy laws are unconstitutional and to allow same-sex marriage. In the 1970s, public health research on LGB populations focused primarily on whether homosexuality was a mental disorder. This focus shifted to HIV/AIDS in the 1980s, and again in the 1990s when research began to focus on diverse populations of LGB people and on other health issues, framing health problems that face LGB populations as health disparities. The concept of minority stress contributed to the notion that mental and physical health problems facing LGB people are the result of unfair social conditions related to stigma and prejudice. The presentation will track how such research in public health and related fields has shaped legal arguments, leading to greater emphasis on the harm to LGB people from unfair social and legal conditions and moving the court to afford greater equality to LGB people.

Acceptance, Integration, and Mental Health Among Active Duty LGBT and Non-LGBT Service Members

Carl A. Castro, *University of California Los Angeles* (cacaastro@usc.edu)

Over 70,000 active duty United States military personnel identify as lesbian, gay, or bisexual (LGB), and approximately 15,000 identify as transgender. Until the repeal of the policy commonly referred to as “Don’t Ask, Don’t Tell,” LGB service members could not disclose their sexual orientation; if they did, discharge from the military was a common consequence. Transgender service members may currently serve openly; however, their ability to do so has been challenged by the current Commander-in-Chief. Many LGBT active duty military personnel choose to remain “closeted,” not disclosing their minority status due to fears about discrimination, stigma, harassment, and violence. Findings from the Military Acceptance Project, the first comprehensive study to date of LGBT and non-LGBT active duty service members in the US military, suggest that LGBT people in the military have subjective experiences that hinder perceptions of acceptance and unit integration. These experiences, which can arise from both direct individual action and as a result of federal policies, may lead to increased stress, harassment, discrimination, bullying, hazing, and sexual victimization. This presentation will seek to explain these varied manifestations of lack of acceptance among active duty LGBT military personnel, and the behavioral and health consequences that follow.

Geography, Political Climate, and Suicidality Among LGBT Youth in the United States

Jeremy T. Goldbach, *University of Southern California* (goldbach@usc.edu)

Death by suicide is a major public health concern, recently rising to the second leading cause of death among youth, and sexual and gender minority youth have much higher reporting of suicidality compared to their heterosexual peers. Although research commonly focuses on individual and interpersonal factors in predicting suicide among LGBT youth, policy and social-environmental dynamics may also play an important role. For example, regional studies suggest

that LGBT youth who live in more “supportive” counties are less likely to attempt suicide than those in less supportive environments. Using data from a U.S. national crisis hotline of LGBT youth (ages 12-24; N=656), we examined whether geographic differences (urban or rural) and political climate, including the presence or absence of protective LGBT laws and policies, were associated with suicidality. Youth in rural areas stated they were “likely” to make a suicide attempt in the future more than twice as often as urban youth (16.1% vs. 7.6%). Those in areas with more protective laws and policies were less likely to report having made a suicide attempt compared to their less protected peers (29% vs. 37%, respectively). Findings suggest that the legal and political system may impact suicidal behavior at the individual level.

Sexual Orientation Disparities in Mental Health Among Black American Adolescents: Effects of Cyber and Bias-Based Victimization

Ethan H. Mereish, *American University* (mereish@american.edu)

We examined sexual orientation disparities in depression and suicidality among Black American adolescents, and the mediating role of cyber and bias-based victimization in accounting for these disparities. Secondary analyses were performed on data from a probability sample of adolescents (N = 1,129) collected in a school district in the southeastern United States. Participants reported sociodemographics, depressive symptoms, suicidality, and experiences of bias-based and cyber victimization. With some exceptions, Black adolescents who are lesbian, gay, bisexual, or mostly heterosexual reported higher rates of depression, suicidal ideation, and suicide planning than Black heterosexual adolescents. Black lesbian, gay, bisexual, and mostly heterosexual adolescents reported more cyber and bias-based victimization than Black heterosexual adolescents. Sexual orientation disparities in mental health were partially explained through both forms of victimization. Further research and clinical interventions are needed to address the role of bias-based and cyber victimization in disparities in mental health among Black sexual minority adolescents. This study also carries implications for the importance of legal protections and policies targeting victimization in schools and online in order to reduce mental health disparities.

Conducting Ethical, Rigorous Research with LGBT Youth

Sheree M. Schrage, *California State University* (sheree.schrager@csun.edu)

Although research with lesbian, gay, bisexual, and transgender (LGBT) youth is essential both to understand physical and mental health disparities and to develop interventions targeting those disparities, conducting rigorous, ethical research with this population remains a substantial challenge. In addition to considerations for research with adolescents in general, factors unique to LGBT youth must be addressed at every step of the research process. This presentation summarizes the methodological considerations that cut across key domains of research with LGBT youth, including sampling and recruitment, study design, ethical protections, and issues of measurement and interpretation. This presentation will discuss the merits and limitations of existing approaches to studying LGBT youth and suggest innovative ways to approach important

research questions yet unanswered. Informed by theoretical and empirical literature, practical experience, and an ongoing dialogue with LGBT youth themselves, this presentation will provide a “field guide” to best practices for ethical, productive research with this vulnerable population in hopes of assisting the research community in addressing the remaining gaps in literature and policy.

120. Liberty, Care, and Violence

To Use or Not to Use Physical Restraints in Pediatric Psychiatric Care: Should Health Professionals as Guarantors Use Coercive Measures to Protect Children from Potential Harm?

Elvira Pértega Andía, *Hospital Universitario Infanta Sofia* (elvira.pertega@gmail.com)

The CRPD establishes that involuntary treatments and coercive measures should be banned in psychiatric institutions. Nevertheless, national legislations still allow the use of coercive measures to protect from imminent harm as a last resort. This conflict places health professionals’ legal responsibility to protect from harm using coercive measures under scrutiny. In particular, this presentation will discuss how professionals’ legal role as pediatric patients’ guarantors may shape their decisions regarding whether or not to use physical restraints (PR) in inpatient pediatric psychiatric units (IPPU). It will be claimed that the role of guarantor makes professionals more prone to use physical restraints for safety reasons as they are obliged to act in case of risk of harm. Hence, the presentation will recommend changes to the current law so that instead of professionals being responsible to act with coercive measures (i.e., PR) in case of risk of harm, the law protects professionals from being accused of negligence or malpractice if they do not use coercive measures (i.e., PR) to protect from potential harm, even if harm occurs.

Developing Supportive Environments: Critical Realism, Relationality, and Legal Capacity

Amanda Keeling, *University of Leeds* (a.keeling@leeds.ac.uk)

Article 12 of the UN Convention on the Rights of Persons with Disabilities has moved the focus of capacity law from the assessment of individual’s mental capacity, to the support networks in which they make decisions and to a more relational understanding of legal capacity. In doing so, it poses a significant challenge to established protective legal frameworks, which have positioned certain groups as ‘vulnerable’ to harm and given agents of the state powers to intervene. Empirical work conducted in 2014 by the author has suggested that existing social work practice with ‘vulnerable adults’ can have the paradoxical effect that social work practice designed to protect people can in fact open them to future exploitation or abuse. This is due to practice which can marginalize the individual from the decision-making process, removing their agency and it is argued that social work practice should be refocused to create ‘supportive environments’, where an individual’s legal capacity can be fostered and developed. However, this raises questions of

what a ‘supportive environment’ for legal capacity looks like, and what constitutes ‘good’ and ‘bad’ support. This presentation will describe a normative framework for a supportive environment, bringing together critical realist ethics and relational approaches to autonomy and vulnerability.

Rethinking Liberty Through the UNCRPD

Beverley Clough, *University of Leeds* (b.clough@leeds.ac.uk)

The UN Convention on the Rights of Persons with Disabilities has been seen as potentially affecting a paradigm shift in disability rights. One of the key articles of the Convention (and one which has to date received little critical discussion) is Article 14, which states that ‘the existence of a disability shall in no case justify a deprivation of liberty’. This opens the space for a critical conversation about what is meant by ‘liberty’ here. Current approaches to liberty in the legal literature tend to be built upon liberal ideas of non-interference, with regulation often seen as an active interference with this. Legal frameworks such as the Deprivation of Liberty Safeguards (DoLS) in England and Wales hinge upon Art 5 of the European Convention on Human Rights and the approach to liberty residing within it. Certain settings are similarly seen as sites of interference and control, with deinstitutionalization and moves to community care seen as key means by which to facilitate liberty for people with disabilities. Through engaging with ethics of care, critical disability studies, and legal geography literature, this presentation will tease out what are some of the implications of this article for issues of liberty, institutionalization, and the role of the state.

Human Rights and Transitional Justice Responses to Institutional Violence Against People Living with Dementia

Linda Roslyn Steele, *University of Technology Sydney* (linda.steele@uts.edu.au)

It is well known in dementia research and practice that people living with dementia experience disproportionate rates of institutional violence in Residential Aged Care Facilities (RACFs). The violence manifests not only in conduct that is unlawful under criminal and civil laws, but extends to use of substituted decision making and chemical and physical restraint. Dementia researchers, advocates and practitioners are still developing effective ways to improve the circumstances in RACFs, including how RACFs respond to incidents of institutional violence (including that which is not presently criminalized). This presentation will report on the preliminary findings of an empirical project exploring an approach that brings together human rights and transitional justice responses to institutional violence. These responses combine dignified, respectful, and non-discriminatory reparation and support for individual victims with large-scale reform to the RACF regulatory frameworks and practices and public hearings of past and historical abuses, in order to ensure a safer and more just aged care system for dementia populations as a whole.

Choice and Force: The Interplay Between Progressive Mental Health Programs and Regressive Mental Health Law

Jiijan Voronka, *University of Windsor* (jvoronka@uwindsor.ca)

Housing First is a combined housing and community mental health service delivery program that targets the ‘chronically homeless mentally ill.’ As its evidence base increases, the intervention continues to be scaled-up in parts of Europe and North America. The core program philosophy that underpins the model is choice, and Housing First uses recovery-oriented and harm reduction practices to offer client-centred care. Clients do not have to be off street drugs or on psychiatric medication to stay in the program. This presentation will explore how community treatment orders (CTOs) under the Ontario Mental Health Act enable mental health/housing programs such as Housing First to position their programming as progressive. This is because CTOs often enforce compulsory treatment plans on ‘hard to house/serve’ clients as a condition of community living. Thus, CTOs ensure medical compliance so that programming doesn’t have to. Drawing on ethnographic research, this presentation will examine the interplay between progressive service delivery programs and regressive mental health law and show how liberal mental health services rely on the law to regulate medical compliance so that programs can continue to be positioned as choice-based.

121. Lights, Camera, Action: Engaging Consumers and Carers in Tribunal Hearings

Lights, Camera, Action: Engaging Consumers and Carers in Tribunal Hearings

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Amendments to the NSW Mental Health Act, 2007 make recovery and patient consent to recovery plans key principles. The role of carers has been expanded to include them in decisions about admission, discharge from mental health facilities, and community treatment. Carers often want to be involved in Tribunal hearings and this is often opposed by the consumer. The Tribunal is then faced with the complex task of balancing the wishes of the consumer against the views of the carer and the need to consider all relevant evidence within a recovery framework. Resolving these tensions can be challenging. This presentation sets out how the Tribunal has sought to meet these challenges by training and educating Tribunal members to be able to maximize consumer participation, involve carers in hearings, and obtain the best evidence for the Tribunal to make the most appropriate decisions. A key goal of Tribunal member training over the last few years has been to bring an awareness of recovery principles to hearings and a culture of therapeutic hearings, where possible.

Issues Facing Clinician Members in Engaging Consumers and Carers in “Recovery” Oriented Tribunal Hearings

Charles Doutney, *Mental Health Review Tribunal, Sydney, Australia* (cdoutney@bigpond.net.au)

Recent changes to the NSW Mental Health Act followed widespread community consultation and recommendations made by an expert reference group established by the Ministry of Health and reflect a number of issues that came to attention in the course of this process. There was a clear desire to promote a more active role for carers and consumers in the planning of mental health care and to incorporate more actively the concept of recovery and patient autonomy into the daily activities of mental health services, and changes were made in various clauses of the Mental Health Act to reflect this desire. The Tribunal has responded to this challenge by discussion of its processes and conducting a number of educational activities for members. This presentation sets out to explore the nature of Tribunal Hearings, their purpose within the Mental Health Act, the role of psychiatrist members, and possible difficulties in embedding treatment modalities in legislation.

Not a Lawyer! Not a Doctor! So What Can the "Other Suitably Qualified" Member Do to Engage Consumers and Ensure They Have a Voice in Tribunal Hearings?

Lyn Anthony, *Mental Health Review Tribunal, Sydney, Australia* (lyn.anthony@bigpond.com)

This presentation identifies some of the challenges the "other suitably qualified member" faces in Tribunal hearings when the hearing is not conducted, or does not proceed in a consumer focused manner. Sometimes this occurs when the hearing is run in a rigid, formulaic, and legalistic manner, with little attention or priority given by the presider to the consumer. Similarly, when members of the treating team are overly focused on past problematic issues with consumer compliance and poor clinical response to trialled medications, hearings can easily lose sight of the consumer and their recovery goals. There are clearly essential legal procedures and requirements of the NSW Mental Health Act 2007 which must be satisfied and accurate, current, and relevant medical evidence which must be elicited and considered during hearings. How this can be effectively managed in the relatively brief time available while encouraging active consumer participation, is a challenge for all participants involved in hearings. Best practice approaches to conducting consumer focused hearings and ensuring effective communication with all participants in NSW Mental Health Review Tribunal hearings will be outlined.

122. Living with Mental Health Disabilities

The Right to Health of People with Mental Disabilities in Ghana

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The analysis examines different applicable legislation from international human rights treaties ratified by Ghana, such as the International Covenant on Economic, Social and Cultural Rights to a variety of domestic laws and policies which provide mental health care in the formal (allopathic) setting, but equally pave way for mental health services through informal (traditional and spiritual) practices. Besides the lack of financial and human resources in the general health system in Ghana, the stigma and discrimination surrounding mental disabilities have hindered the development of quality mental health care, leading to inhumane and cruel treatment of people with mental disabilities. The study shows how the right to mental health is theoretically ensured through a balance between Ghana's implementation of international human rights law and domestic law that keeps up with their deeply rooted traditions and cultural practices. Although Ghana strives towards expanding mental health care and building up a collaboration between the formal and informal mental health care providers to offer quality service, it comes with challenges which the current law does neither address nor solve. Concerning the implementation of the right to health, one challenge is the inadequacy of the law regarding insufficient provisions for the cultural and traditional approaches.

123. Malingering

Legal and Ethical Implications and Resolutions for the Malingering Patient

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

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

"It Hurts all the Time": Stability of Common Symptoms Among Truth Tellers and Malingerers

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Lisette Zwaan, *University of Maastricht*
Harald Merckelbach, *University of Maastricht*

This presentation will report on a study that investigated the relationship between the stability of symptoms and the likeliness of malingering. There is a widespread belief among practitioners that fluctuations and inconsistencies in reports might be a cue of malingering. However, previous studies investigating trauma-related symptoms showed that those instructed to feign (i.e., malingers) such complaints were uniform in their reports. Malingerers might be aware of this consistency-veracity misbelief, and thus intentionally produce consistent reports over time. In contrast, the state of people truly suffering from symptoms may oscillate over time, causing natural inconsistency. We included two groups of participants: Students with genuine common physical symptoms (e.g., headache), and students without any symptoms but instructed to feign them. During a five-day period, we asked participants to report the intensity of their symptoms and to describe their complaint. Our preliminary findings indicate that those who malingered common symptoms reported more consistent and exaggerated symptom intensity scores than truth tellers.

124. Marginalized People and End-of-Life Care Policy: Promoting Mental Health and Well-Being

Managing Change in the UK Hospice System: Organizational Theory in Relation to Patients with Dementia

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Sue Read, *Keele University* (s.c.read@keele.ac.uk)

Hospices are key providers of end-of-life care and grew due to gaps in understanding and provision of care for people with cancer. The hospice movement turned 50 in 2017, however cancer still dominates the provision of care by UK hospices. Whilst there are many service developments, projects and pilots operating outside of 'traditional norms of hospice', the movement is slow to change. This is particularly evident in the relation to the challenge of dementia impacting the wellbeing and mental health of patients, families, and carers. There has been no other condition in hospice history that has created such a demand for change. There is an argument that access to hospice care is a human rights issue and institutionalized norms of practice are marginalizing groups of patients creating inequity in end-of-life care. This presentation explores organizational change theory models in relation to the UK hospice provision which demonstrate how marginalized groups can be better accommodated in accordance with a human rights framework.

Software for Marginalized Groups: Evaluating the Applicability of a Specialist App for Generic End-of-Life Care and Support in UK Hospice

Sue Read, *Keele University* (s.c.read@keele.ac.uk)

The IMS Institute for Healthcare Informatics found that although there has been a growth in the availability of apps there has been limited focus on areas where impact on health services might be greatest (e.g., people with disabling chronic diseases such as cancer). This highlights the need to develop apps that are applicable to such patient populations. Participatory Action Research was used to develop the underpinning knowledge base for an app (picTTalk ©) where a group of researchers worked with people with an intellectual disability and their advocates to develop a communication software tool; free to download on iPad and android interfaces. Research evidence to support the use of apps is crucial if they are to be recommended for patient care. This presentation will report on a formal evaluation of this app in three hospices in the West Midlands, UK: Two adult hospices and a children's hospice. Following workshops to introduce the app, its use was monitored using interviews and focus groups to explore its potential within end-of-life care and support generally, not just for people with an intellectual disability, from health and wellbeing perspectives. Such knowledge mobilization and translatability is important in health care in the UK.

Perceptions of Loss and Bereavement in Criminal Case Law: Marginalizing Offenders' Grief?

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Sue Read, *Keele University* (s.c.read@keele.ac.uk)

Loss and bereavement in the context of criminal justice, and especially the question of disenfranchised grief within the criminal justice process, all constitute under-researched issues, despite the mental vulnerability, which characterizes prisoners who are in a state of complicated grief. However, an emerging interest in relation to these themes (loss, bereavement, and criminal justice system) has become evident and should be acknowledged within the criminal justice research context or within the context of bereavement studies. Indeed, prisoners' stories on loss and bereavement strongly reveal both marginalization and vulnerability as the pervasive characteristics of the prison population, raising therefore significant questions about care and compassionate reform in the context of criminal justice. This presentation aims at enhancing further this emerging research picture by exploring the judicial perceptions on loss and bereavement within the context of criminal law and sentencing: To what extent has judicial thinking recognized the potential significance of those issues; in what way do judges seem to construct these perceptions? The overall aim of the presentation is to provide a critical account on judicial perceptions by analyzing them within the framework of disenfranchised grief.

125. Mass Violence

The Yellowknife Bomber

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On September 18, 1992 a powerful explosion took place in the City of Yellowknife. A miner, Mr. Roger Warren, was found guilty on January 20th, 1995 of having placed a large amount of explosive materials in the Giant Mine, causing the death of nine miners. This event took place in the midst of a bitter labour dispute between the Union representing the workers and management of the mine. Mr. Warren served 21 years in prison and received day parole on January 17, 2014. This presentation will review the incident, the circumstances surrounding the act, and the actor, as well as the labour situation and the social context in Yellowknife at the time. How did he manage to secure a large number of explosives? What motivated him, what was his state of mind at the time, did he act alone or in confederation with other members of the Union, and what was the Union position in relation to “tough action” being openly advocated by some members of the Union? These questions will be answered and the results of Mr. Warren’s forensic psychiatric examination will be presented.

Preventing Mass Violence

Robert Patrick Archer, *Eastern Virginia Medical School* (rarcher@bayforensicpsychology.com)

The incidents of mass violence that occurred in the United States have been deeply disturbing to the public as well as to mental health professionals. The public, the media, as well as our patients, family members, and friends have reached out to mental health professionals in the hope that we can provide an understanding of these events that may serve to reduce their frequency in the future. This presentation will explore how we can best respond to these requests, including the current limitations of psychologists in the prediction of mass violence. Two incidents of mass violence will be used to illustrate these issues. The first will be a review of the investigation of the explosion on the U.S.S. Iowa in April 1989 that resulted in the deaths of 47 seamen. The second incident used for illustration purposes will be the University of Texas Clock Tower shootings that occurred in August 1968. This presentation will discuss the reliability and validity problems inherent in retrospective reviews of the personality characteristics of perpetrators, and the limitations imposed by base-rate issues in the prediction of mass violence.

Active Shooter and Mental Health: What the Literature Has to Say

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

Aloy Kumar, *Wake Forest Baptist Medical Centre, Winston-Salem, USA*

Ellis Turner, *Meharry Medical College*

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The term “mass shooting” broadly refers to an incident involving multiple victims of firearm

violence at the hands of an active shooter. To date, no organization has ascribed set criteria to the term. Since 1982, approximately 61 mass shootings have occurred in the US, with 43 involving Caucasian male shooters. The FBI defined the term “mass murderer” as an individual who has killed four or more people in a single event at one location. Professor James Alan Fox of Northeastern University, who has written extensively on the subject, has accepted this number of casualties as the standard since the 1980s. This presentation will examine the phenomena and the motivations of some active shooters with the intent of informing the conferees of the myriad contributing factors.

"Schizophrenization of Consciousness" in the Postmodern Era and Crime

Yakov Gilinskiy, *Russian State University of Education* (yakov.gilinsky@gmail.com)

We all live in the new world, the postmodern world. Many of the characteristics of postmodern society influence various social processes and phenomena, including crime, deviance, and methods of social control. The complexity and unaccustomed nature of the postmodern world gives rise to a "schizophrenizing of consciousness" (F. Jameson), neurosis (T. Bewes) and, accordingly, unreasonable and incomprehensible aggressiveness. The level of murders and other serious crimes against the individual is declining all over the world since the late 1990s and early 2000s. For example, in Russia the level of murders (per 100,000 inhabitants) decreased from 23.1 in 2001 to 7.1 in 2016. And this is very good. But the number of such crimes committed as a result of mental deviations of criminals increases. And among all the murders, the proportion of cruel ones increases. In Russia, the United States, and other countries, murders among schoolchildren are growing. Increased aggressiveness of people in the society of postmodernity requires specialized research.

126. Medical Assistance in Dying: Considerations of Capacity and Autonomy

The Social Determinants of Autonomy in the Context of Medical Aid in Dying

Jonas-Sébastien Beaudry, *University of British Columbia* (jonasbeaudry@gmail.com)

Public and legal debates and norms about medical aid in dying (MAiD) have focused primarily on the deliberative facets of autonomy and have paid far less attention to its social components. As a result, safeguards may fail to properly protect the autonomy of vulnerable persons. After introducing the factual and theoretical background of this problem, the presentation will explain the distinction between deliberative and social dimensions of autonomy, and why a right to autonomy might entail not only protecting an agent's decisional capacities, but also certain conditions enabling the realization of such capacities. Legal and bioethical discourses about autonomy have traditionally focused on its deliberative dimensions. This presentation will outline

an alternative interpretation of the right to autonomy that recognizes the necessity of social resources and proposes a principled way of constraining that right. It will also map the kinds of social determinants of autonomy in the context of MAiD that our government should monitor and analyze in order to enact proper safeguards to protect socially vulnerable people in the future.

Medical Assistance in Dying (MAiD): An Ethico-Legal Analysis of Current Challenges in the Canadian Context

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Canadian medical assistance in dying (MAiD) legislation was introduced in 2016 after *Carter v Canada* ruled that criminalizing MAiD violated section 7 (as determined by the Oakes Test) of the Charter of Rights and Freedoms. From this ruling resulted Bill C-14. Numerous problems are emerging in institutions and courts, suggesting that an ideal balance between patient autonomy and protection of the vulnerable has not yet been achieved. To determine current issues with MAiD legislation and propose reasonable solutions, a policy review was conducted on MAiD legislation in 11 jurisdictions. Second, Canadian court and patient cases were reviewed to define problems with the legislation. These problems were then subjected to the Oakes Test to determine whether they were constitutional and proposed solutions based on the policy review. The review revealed five issues: Necessity of terminal illness, exclusion of the mentally ill, necessity to refer after conscientious objection, necessity for patient capacity during the waiting period, and violation of privacy. We also predicted two further issues: Illegality of advance directives and exclusion of minors. Six of these problems were found to be unconstitutional and alternative solutions will be proposed. While current legislation presents numerous challenges, laws in other countries may model viable solutions.

The Sacrament of Pharmakon: Euthanasia and Assisted Suicide as Medical Ersatz Liturgy

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Religious arguments are typically excluded from the euthanasia and assisted suicide (EAS) debate because they rely on a particular tradition that is not universally acceptable to all. Yet many physicians and patients are deeply committed to religious beliefs that are constitutive for one's being. The standard requirement of religious neutrality challenge and it will be argued that EAS is a religious practice because it assumes a view of the good life, which entails radical autonomy and freedom from pain and suffering. It will be argued that EAS is a medical ersatz liturgy that effectively administers the sacrament of pharmakon, meaning both poison and remedy in Greek. Drawing on Michel Foucault's work on governmentality as pastoral power and Giorgio Agamben's genealogy of technical effectiveness from Christian liturgy, the presentation will address three liturgical dimensions of EAS: (1) shepherding the patient unto salvation from suffering through death; (2) the physician-priest becomes an instrumental cause through the

administration of the sacrament of pharmakon which heals through poison; and (3) legalization of EAS cultivates habits and practices oriented towards the “good life” of radical autonomy through the medicalization of death. The presentation will conclude that EAS as ersatz liturgical pharmakon extends medicine’s power over life and death, thereby restricting, not protecting, freedom.

Voluntary Assisted Dying Laws in Victoria, Australia: A Regulatory Analysis

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Ben White, *Queensland University of Technology* (bp.white@qut.edu.au)

Eliana Close, *Queensland University of Technology* (eliana.close@qut.edu.au)

Australia’s second most populated State, Victoria, enacted the Voluntary Assisted Dying Act 2017 (Victoria) on 29 November 2017. The Act permits assistance to die in limited circumstances, and will commence on 19 June 2019. To receive assistance to die, a person must have ‘capacity’ and act ‘voluntarily and without coercion’. The legislation also expressly provides that a person will not be eligible ‘only if the person is diagnosed with a mental illness’. In the public debates leading up to the Victorian Parliament’s consideration of the Bill, it was frequently described by political proponents as the most conservative Bill of its kind in the world. But what are the implications of this conservatism? This presentation presents an initial regulatory analysis of the new Victorian legislation. It draws on two standards identified by Yeung (2012, *King’s Law Journal*) for assessing a regime’s regulatory legitimacy: Whether the regime achieves its stated policy goals effectively and whether its design and implementation comply with the principles of good governance.

Mental Capacity, Appreciation, and Narrative Evidence: A Storied Approach to Eligibility Assessments for Medical Assistance in Dying (MAiD)

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Patients must be found capable of consenting to health care decisions before they are eligible to receive medical assistance in dying (MAiD). There is no specific test for the capacity to consent to MAiD. The standard approaches e.g., the McArthur Capacity Assessment Tool, focus on understanding and appreciation. These are broad terms and evidence for both can be elicited in various ways by various means. Standard approaches to capacity assessment can be supplemented with other methodologies that might generate relevant evidence. Given the concern that the appreciative dimension of mental capacity is not well assessed, we should look to methodologies that might enable a patient to think flexibly about, and evaluate the worth of, available alternatives to their situation. These can be expressed in terms of preferred stories by which a patient might want to live and can be elicited through a mode of questioning developed in narrative psychotherapy. This requires in part the patient’s ability to a) recognize the impact that depression has on their life and b) imagine preferred stories and articulate either how they might be realized

or why they can't be. Capacity assessments can be informative and mitigate end-of-life suffering, even for those who receive MAiD.

127. Medical Disclosure: Exploring the Tension Between the Patient's Interests and the Physician's Interests from a Medical and Legal Perspective

A Patient's Right to Know: A Comparative Analysis of the Scope of a Physician's Duty of Disclosure of Potential Harms vs. Actual Harms

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A physician's legal and ethical obligations of disclosure lie at the heart of the physician/patient relationship. Yet, while the duty of disclosure in the context of informed consent has evolved and crystalized since the early 1980's in Canada, uncertainty abounds in relation to the disclosure required following an adverse event. For example, how much information must the physician disclose? Is the scope of disclosure limited to the bare medical facts or must the physician disclose if the injury could have been prevented with appropriate care? This presentation will seek to elucidate the scope of the duty of disclosure following an adverse event through a comparative analysis with the law of informed consent. Viewed through this lens, it becomes clear that the scope of disclosure required following an adverse event after medical treatment ought to reflect the same increased recognition of individual autonomy and focus on patient best interests as in the duty of disclosure in obtaining informed consent prior to the medical treatment.

The Legal Duty of Candour in the UK and Whether this is Consistent with the Approach of the UK Supreme Court in Montgomery on the Individual Patient's Right to Information Disclosure

Lauren Sutherland, *Ampersand Chambers, Vancouver, Canada* (Laurenadv@aol.com)

In the landmark UK decision of *Montgomery v. Lanarkshire Health Board*, the UK Supreme Court finally introduced a patient focused test to the law on information disclosure to patients. This decision brought the UK into line with many other common law jurisdictions such as Canada and Australia. The focus of this presentation is to examine the UK professional duty of candour and whether this is consistent with the right of a patient to be fully informed following

Montgomery. This presentation will also examine the purpose of the duty of candour and the extent to which it serves to enhance the relationship between patients and doctors, the extent to which providing an apology benefits the patient, whether there is any justification for a filtering or restriction of information disclosure should an adverse event occur, and whether an adverse event extends to “near misses”. Legal sanctions are attached where there is a failure to consent a patient. This presentation will consider whether legal sanctions should also be attached to a failure to provide full information disclosure post an adverse event.

Barriers to Disclosure of Medical Errors

Garry Feinstadt, *University of British Columbia* (gfeinstadt@shaw.ca)

The purpose of this presentation is to examine those factors, which affect the physician's ability to disclose adverse outcomes and medical errors especially in the context of possible allegations of negligence and resulting litigation. Such disclosure is a continuation of the process of consent and disclosure prior to treatment. As such, the same factors will affect both ends of the process. Understanding those factors, which predispose to errors in diagnosis is fundamental to understanding barriers to disclosure. This presentation will discuss the role of cognitive errors and biases in this continuum. It will look at those specialties in medicine, which are most vulnerable to cognitive errors and biases and ultimately litigation. This presentation will also discuss those physician personality traits such as narcissism, which can adversely affect the processes mentioned above. Disclosure to the institution is also essential. As such, examination of the environment within the institution and the manner in which it handles adverse events will be addressed. The incorporation of such principles as metacognition, introspection, and mindfulness into medical training will be discussed in the context of reducing the risk of cognitive errors and biases and thereby adverse outcomes

The Psychological Impact of the Non-Disclosure of Adverse Events on Medical Patients

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This presentation will focus on the impact of adverse events on the potential long-term mental health of patients from late or after-the-fact as compared to prompt disclosure, of adverse outcome from medical procedures. Medical ethics commentary has focused on developing practice guidelines governing the nature and extent of disclosure of adverse medical events. However, precious little research has been conducted on the long-term effects of nondisclosure/late disclosure on the mental health and well-being of patients. This presentation will seek to redress this gap by presenting a review of the extant research literature on patient responses to disclosure, a summary of disclosure-context factors that worsen or mitigate negative effects of adverse events, the impact of adverse event severity, and patient-related factors including mental health, familial, vocational and other external stressors, and physical health variables. Understanding the longer-term impact of non-disclosure on patients is essential to the proper development and application of medical ethics guidelines surrounding consent and

disclosure of medical procedures, risks, and outcomes. The paucity of research and discussion of patient-perspective factors reflects not only the newness of this discussion, but professional anxiety surrounding litigation and minimizing risk exposure, and the dominant perspectives of health care professionals and bioethicists.

How Can You Obtain an Incompetent Patient's Consent?: An Analysis of the Legal and Medical Tensions that Arise when Patients Hover at the Border of Competence

Daniel Corrin, *Brain & Injury Law, Vancouver, Canada* (dcorrin@braininjurylaw.ca)

Legal guardianship is a useful tool in the practice of medicine. In principle, it protects physicians and patients by permitting treatment guided by appropriate substitute decision makers. It is premised on the knowledge and fiduciary responsibilities of the substitute decision maker as being a valid replacement for the views of the incompetent patient. Legal lines are drawn with relative ease for the young. After that, there is presumed competence in an age emphasizing autonomy. When the question of competence arises in situations of remitting mental illness, patient challenge, or with legal complexities the medical and legal tool boxes seem lacking. Patients are at risk of adverse events as families, lawyers, and physicians vie to discern who may speak for the patient. For example, even the act of speaking to a third party about an adult's competence without consent of the adult can cause difficulties. This presentation will seek to examine the responsibilities of legal and medical professionals called upon to assess and provide opinions in the above described situations. Respecting patient autonomy, ensuring the best patient outcomes, avoiding adverse events, and navigating legal and medical rules is not as easy as it ought to be.

128. Medical Ethics I: Alternative Perspectives in Medicine

First, Do No Harm? The Dark Side of Hippocratic Medicine

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Hippocratic ethics is often equated with traditional medical ethics, exemplified by “first, do no harm” and the Oath. Those that hold traditional moral positions, such as the prohibition of euthanasia and physician-assisted suicide, often invoke the Hippocratic Oath as a way to safeguard the practice and ends of medicine without appealing to religious arguments. Yet the modern sensibility separates epistemology from ethics; but for Hippocrates epistemology is inseparable from ethics. By examining specific texts within the Hippocratic corpus, it will be shown that the medical epistemology that grounds the medical art is similar to that of the early modern philosopher Francis Bacon's violent mastery over nature to relieve the human condition. Such mastery of nature is an ethical stance that characterizes the Baconian project, which currently animates the ethos of modern medicine. It will be argued that Hippocratic epistemology lies at the

heart of Western medicine and already anticipates the Baconian project by 2000 years. Citing Hippocratic ethics in contemporary debates about medical ethics as well as in medical practice must take seriously the dark, violent side of Hippocratic epistemology that seeks to master nature. Otherwise, invoking the Hippocratic tradition can tacitly support violence against human nature rather than protect it.

Undoing the Myth of Purity in the Technologization of Surgery

Jason David Keune, *St. Louis University* (jason.keune@health.slu.edu)

The technologization of surgery can be characterized by Philip Kitcher's myth of purity, which challenges the notion that there is a clean distinction between pure science and technology, and that this break allows a more "pure" pursuit of scientific knowledge – free of social, political, and ethical influence. A brief genealogy of surgery that attends to this distinction will be presented: in its early history, surgery relied little on technology and the identity of a surgeon was that of "scientist." Consider the "purity" of the lifesaving Blalock-Taussig shunt or the breast-sparing mastectomy (innovations that are based on new approaches to rearrangement of tissue, not on the engineering of physical objects). Over time, surgery became increasingly technologized, and the technology commodified, through a variety of political, industrial, and social processes. The "scientist" identity remained, making the interaction with these processes charged with standards of scientific validity and "evidence-based medicine," and thereby resistant to social, ethical, and political critique by Kitcher's myth. This, then, formed a basis for contemporary device marketing strategies, which are remarkable for their effectiveness.

Shared Technology, Competing Logics: Implications of Prescription Drug Monitoring Program Use in Healthcare and Criminal Justice Fields

Elizabeth Chiarello, *Saint Louis University* (liz.chiarello@slu.edu)

Efforts to curb the contemporary US opioid crisis have brought healthcare and criminal justice into an uneasy relationship. These fields enlist different institutional logics oriented towards care versus punishment as they employ distinct strategies and mobilize disparate resources to tackle the crisis. But how might efforts to address this social problem facilitate change in these professional fields and what implications might these changes have for patients' access to care and exposure to punishment? Previous work on medicalization and criminalization shows how social problems change as they traverse the boundaries of organizational fields, how the same problem can be understood as "sickness" or "badness" depending on whether healthcare or criminal justice has claimed it under its purview. This research examines how efforts to address a shared social problem using a shared surveillance technology (Prescription Drug Monitoring Programs) affect the daily work of healthcare providers and enforcement agents. Drawing on interviews workers in two California counties in California, the presentation will demonstrate how the use of shared technology shifts their roles, routines, and relationships in field-specific ways. The presentation

will conclude with a theoretical discussion of how social problems transform social fields and a policy discussion of the implications of big data surveillance for patients' access to care.

The Biopolitics of the Common Good

Kyle Edward Karches, *Saint Louis University* (kyle.karches@health.slu.edu)

Medicine is often defined as a practice aimed at the individual good of the patient rather than at the common good. Yet in the Aristotelian-Thomistic tradition, the individual good cannot be so neatly separated from the common good. This presentation will aim to apply this tradition's conception of the individual and common good to the practice of medicine. It will first explain the Aristotelian-Thomistic concept of the common good. Whereas liberal political theory treats the common good as simply the aggregate of all individual goods, Aristotle and Aquinas contend that certain human goods can only be achieved cooperatively. Furthermore, although liberalism distinguishes between the individual and the sovereign state as political actors, both Aristotle and Aquinas treat other institutions and practices, including medicine, as participants in political activity. Thus, these communal activities have responsibility for the common good. It will then be shown that, in fact, Aquinas's understanding of political activity is already implicit in some aspects of medical practice, and it will be argued that physicians ought to recognize and defend these practices as contributors to the common good. The presentation will conclude by pointing out some other potential ramifications of this emphasis on the common good for medical practice.

129. Medical Ethics II: Conscientious Objection in Health Care

Conscientious Objection and the Complicity of the Medical Profession in the Accommodation of Unprofessional Conduct

Udo Schuklenk, *Queen's University* (Udo.schuklenk@protonmail.com)

Medical complicity can be understood in myriad ways. The presentation will focus specifically on the role the medical profession plays in justifying and accommodating unprofessional conduct among its members. Conscientious objection or refusal-based accommodation requests are demands by medical professionals that their refusals to provide professional services that are within the scope of their profession be accommodated by their colleagues, by their profession, and by society. Typically, when these requests are accommodated, patients suffer inconvenience or more serious harmful consequences to their health, sometimes even death. The objectors typically suffer no negative consequences. Doctors have a societal license granting them a great deal of professional autonomy in the context of their work. However, doctors have no reason to assume this extends to conduct unprofessional. After defending the view that conscientious objectors act, each time they object to the provision of professional services on 'conscience' grounds, unprofessionally, the remainder of this presentation will focus on the complicity of the medical

profession in protecting their colleagues. It will be argued that such actions undermine the very reasons for why societies have professions in the first place.

Conscientious Objection in Health Care—Beyond “Yes” or “No”

Lisa Fullam, *Santa Clara University* (Lfullam@scu.edu)

Too often, conscience is used as a trump card flung down to halt conversation. “I can’t do that—it violates my conscience.” However, the importance of FORMING one’s conscience would seem to imply that a claim of conscience is the beginning of a conversation, not the end of one. Then what? First, how far one should yield to a conscience claim (or hold on to one’s own) depends on the probability of the claim itself. Where there are reasonable alternative opinions, the medical professional should, out of respect for the patient’s own conscience, be willing to refer to another provider. Also, any adequate consideration should include asking whether toleration or cooperation is in order—and if not, why not? In sum, there are limits to licit conscience claims, and there are limits to the degree to which a provider’s conscience claim should be denied. And in the stormy area in between, there are tools to help us navigate tricky waters.

Conscience of Health Care Institutions

Elliott Bedford, *Ascension Indiana, Indianapolis, USA* (Elliott.bedford@ascension.org)

The concept of institutional conscience is highly disputed, especially within the healthcare realm. Indeed, many arguments against the concept seek a further end: to remove institutions themselves, especially Catholic hospitals, from conscience-based legal protections. This presentation will argue that institutional conscience is an analogous reality but is no less real, pervasive, or necessary across different types of human institutions. First, foundational definitions of conscience, conscientious refusal, and institutional conscience will be offered. Next, the presentation will outline and respond to two major objections: first, that institutions are not natural persons and therefore not subjects of conscience, and second, that protection of individual conscience is inimical to protection of institutional conscience and therefore should always trump institutional conscience, especially in large, diverse organizations. Finally, the presentation will outline possible areas for further opportunities, research, and discussion for reasonably addressing issues pertaining to institutional conscience and its protection.

Moral Integrity and Healthcare Institutions

William Rooney, *Oxford University* (Williamrichardrooney@gmail.com)

The most prominent argument in favor of conscientious objection for medical practitioners views objection as a compromise where practitioners preserve their moral integrity while minimally impairing patient care. This presentation examines the implications of this position for conscientious objection by healthcare institutions. One problem is that institutional conscientious

objection appears to undermine individual moral integrity. It has been argued before that institutional conscientious objection prevents or disincantivizes practitioners who disagree with their institution from acting with moral integrity. This presentation will further argue that institutional conscientious objection ‘hollows out’ the moral integrity of those who do agree. With Bernard Williams’s foundational account of moral integrity in mind, this presentation will argue that institutional objection distances practitioners from their moral choices, undermining Williams’s picture of an agent intimately connected with their ground projects. As a result, the most powerful reason in favor of personal conscientious objection (on the compromise view) counts against institutional conscientious objection. This presentation concludes that those who accept personal conscientious objection as a compromise intended to protect moral integrity should be skeptical of the value of institutional conscientious objection. If institutional objection is to be accepted alongside this view of personal objection, it will require additional support.

Complications of Compromise on Conscience

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

A number of scholars have promoted some sort of “reasonable compromise” view with respect to conscientious refusals in health care. Such a view attempts to respect the right of individual health care practitioners, and also perhaps institutions, to refuse to provide specific health care services on the basis of professional or moral objections, while also protecting those who do not share such objections from access to legal services. Typically, the operational compromise is to require practitioners to be transparent in their refusals, offer unbiased information regarding available health care services, and provide referrals or transfers of care when necessary to ensure access. These compromises raise the specter of moral complicity and potential moral scandal by virtue of seemingly approving of such services. This presentation will elucidate various criteria by which degrees of moral complicity may be assessed, as well as operative distinctions within the concept of scandal, which subserve a nuanced analysis of complicity and scandal with respect to transparency, information, and referral/transfer. The proffered analysis supports certain compromise proposals that allow physicians to act in accord with their individual consciences while ensuring adequate access to legal, but morally contested, health care services.

130. Medical Ethics III: Medical Ethics in a Democratic Society: A Model and Realities of Ethics Education and Ethics Competence

Ethical Competence of Medical Professionals as Moral Judgment

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

This presentation will offer a conceptual analysis of ethical competence of physicians in the

context of a democratic society. The analysis provides the normative background for the reports of the results of empirical research which is to be discussed in two following presentations. It will be argued that ethical competence of physicians should be seen against the background of a model of physician ethics which is founded on the values and ideals of a democratic society. From this perspective, physicians should not rely on moral deliberation as an application of the rules and standards contained in codes of professional ethics or commitment to a set of values and principles. They should see their ethical competence as defined by democratic citizenship which is enacted in the exercise of commitment to such democratic values as individual liberty, equality, mutual recognition, and respect. Accordingly, the ethical competence of physicians is to be understood as based on the capacities of moral judgment and sensitivity to diversity which are informed by the democratic values and ideals rather than as quasi-deductive application of rules, standards, values, or principles.

What Ethics Teachers Teach Polish Medical Students?

Emilia Kaczmarek, *University of Warsaw* (emilia.kaczmarek@uw.edu.pl)

Bioethical issues are becoming increasingly prominent in democratic societies. Medical professionals are important participants in such debates, as they are expected to have expertise and authority to discuss such issues. Accordingly, they can shape those debates and influence the directions of the development of the culture of democratic societies and their regulatory solutions. This presentation will report the results of a survey of teachers of medical ethics in Polish medical schools. The main purpose of the survey was to determine, firstly, how well medical ethics education is adjusted to the values and ideals of a democratic society, and secondly how medical schools prepare future doctors for responsible participation in a democratic debate on bioethical issues. The survey focuses on the contents, sources, and methods of medical ethics instruction, as well as on teachers' role in the shaping of those components of the courses they teach. The results of the survey will be discussed against the background of the changing Polish public culture.

The Ethical Competences of Medical Professionals in Poland

Jakub Zawila-Niedzwiecki, *University of Warsaw* (j.zawila-niedzwiecki@uw.edu.pl)

One of the key bioethical questions within the medical profession is whether Polish physicians are prepared to reflect on and discuss the ethical problems they encounter during their professional activities in ways that are consistent with the values and ideals of a democratic society. This presentation will report the results of a survey of Polish physicians, which was conducted to find out whether they can identify and analyze medical ethical problems or seek and receive support in case they feel unable to deal with a problem on their own. The survey's focal points include: physicians' understanding of what medical ethical competence involves, effectiveness of the ethics education they received, and usefulness of the knowledge and skills acquired during their medical education. The results will be compared to the data from earlier researches conducted in Poland and elsewhere on similar issues.

131. Medical Ethics IV: The Conscience of Health Professionals and the Prerogatives of the State: Balancing Rights and Duties in the Face of Controversial Medical Practices

Humanizing Treatment of Dying Patients in the ICU: Fulfilling the Duty to Care Without Intending Death

E. Wesley Ely, *Vanderbilt University Medical Center, Nashville, USA* (wes.ely@vumc.org)

The world's sickest patients are admitted daily to millions of intensive care unit (ICU) beds, where it is the duty of physicians to provide merciful care in all circumstances. The ICU environment is increasingly complex, with technology monopolizing the attention of healthcare professionals, often at the expense of empathy towards the whole person. Consideration of personhood (mind, body, and spirit) is too often neglected, and a focus on patient autonomy tends to dominate other bioethical principles and may exclude consideration of the physician's autonomy within the patient-physician covenant. This is especially important considering that data indicate a rise in requests for euthanasia by patients, surrogates, and even other members of the care team. How should a physician's conscience be incorporated into decision-making when patient autonomy and physician conscience are at odds? Providing merciful care need not come at the expense of patient welfare, and the medical profession must improve comprehensive palliative care in the ICU. Humanizing treatment in the last days of life without intentionally killing the patient demonstrates the value of every patient's dignity, respects physician conscience, and upholds the finest traditions of medicine: cure sometimes, heal always, harm never.

No Neutral Space: Medical Practice and Moral Foundations

Ewan Goligher, *University of Toronto* (ewan.goligher@mail.utoronto.ca)

Every medical decision is innately value-laden. In making medical decisions, both the physician and the patient pursue specific aims; these aims are pursued because they are deemed worthy of pursuit—they are believed to be good. The means used to achieve those aims are also subject to moral valuation—means may be judged as virtuous or vicious. Discerning between good and unethical aims or between virtuous and vicious methods necessarily engages one's basic moral framework: the network of beliefs held whether consciously or unconsciously concerning the ontology, epistemology, and teleology of moral values and duties. Diversity in accepted moral frameworks can give rise to significant moral conflict; these conflicts might be resolved by resort to 'neutral' or 'common' values. Such attempts at neutrality are untenable because values cannot be specified apart from foundational appeals to ontology and epistemology, the sources of conflict. Given human epistemic limitations, foundational conflicts in ontology and epistemology cannot be finally resolved in favour of any one system. Attempts at adjudicating moral conflict in modern

healthcare must recognize and account for the competing foundational ontological and epistemological commitments held by all parties to a conflict.

Concepts of Health and Questions of Conscience: Engaging the Prospect of a Widening Moral Gap in the Health Professions

Lauris Christopher Kaldjian, *University of Iowa* (lauris-kaldjian@uiowa.edu)

Moral pluralism in democracies results in ethical differences among members of society due to contrasts between the foundational beliefs and values on which ethical convictions rest. In healthcare, this pluralism may create tensions in shared decision making between patients and healthcare professionals when different concepts of health lead to disagreements about specific treatments or goals of care. Specifically, a patient may be guided by a concept of health that prioritizes his or her individual well-being while the patient's clinician is guided by a concept based on biostatistical norms. Such disagreements may pose ethical questions that are sufficiently serious for a healthcare professional as to constitute a question of conscience. Respect for the conscientious practice of professionals in these circumstances can avoid the moral distress that arises when a professional believes his or her integrity would be compromised by conforming to patient or societal expectations regarding controversial medical practices. This respect also reflects awareness that philosophical and religious diversity provides an important source of critical appraisal in society that can facilitate constructive dialogue leading to better practices in healthcare that are responsive to the needs and interests of all patients and professionals.

The Legal Treatment of Moral Complicity

Robert Miller, *University of Iowa* (robert-t-miller@uiowa.edu)

For purposes of conscience exemptions for medical professionals and others, some scholars have argued that courts, not the individual affected, should determine whether an action makes the individual complicit in an activity to which he objects. Such views distinguish "primary" moral judgments, which concern which kinds of actions are right or wrong and about which individual conscience will be respected, from "complicity" judgments, which concern whether the individual's actions make him complicit in the wrongdoing of others and about which individual conscience will be respected only if courts agree with it. This distinction is untenable. Morally, whatever moral reasons support respecting individual conscience for primary judgments apply equally to complicity judgments. Legally, given the fact-intensive nature of complicity judgments, courts will have higher error rates than the individuals involved. Since legal cases arise only when an individual objects and the government disagrees, judicial errors will be systematically biased towards false-negatives (findings that the individual would not be complicit when he really would be). This bias is magnified because one's views on underlying primary judgments tend to bias one's views about related complicity judgments; hence, judicial errors will systematically disadvantage groups with minority views.

International Legal Protections for Conscientious Practice in Health Care

Teresa Collett, *University of St. Thomas School of Law* (tscollett@stthomas.edu)

Sources of legal protection for healthcare workers' rights of conscience exist in international and regional law. These include the Universal Declaration of Human Rights, the International Covenant on Civil and Political Rights, the Charter of Fundamental Rights of the European Union, Parliamentary Assembly of the Council of Europe Resolution 1763 (2010), the American Convention on Human Rights, and the African Charter on People and Human Rights. These legal documents provide broad protection to rights of conscience and religion and therefore should provide support for healthcare workers' claims of conscience rights. However, a study of the judicial interpretation and application of these documents reveals a growing refusal to recognize these rights in the context of abortion, contraception, and mental health therapies. Many commentators present this refusal as a matter of respect for patient autonomy, arguing that healthcare professionals relinquish their rights to conscience when entering their professions. Others argue that recognition of conscience rights results in barriers to legitimate medical care. This presentation will reject these arguments, asserting that morality is individual, not corporate, and that amoral professionals pose a grave threat to a system dependent on trust and respect for the most intimate secrets and concerns of those seeking healthcare.

132. Mental Health Act, England and Wales: The Reviews, Looking Backwards, Looking Forwards

Mental Health Act, England and Wales: The Reviews, Looking Backwards, Looking Forwards

Sarah Vicary, *The Open University* (sarah.vicary@open.ac.uk)

Drawing on data from a wider study, this presentation discusses the relationship between role fulfilment and professional identity from the perspective of Approved Mental Health Professionals (AMHPs) whose professional background is mental health nurses. Findings are interpreted in four stages: the first two show a transition from “unclean” to “honorary social workers”. In this perception of mental health nurses, it is argued that the ascription of the professional role as special denotes a change in professional identity and also acceptance. Once clean, mental health nurses go on to use this shift in professional identity to challenge hitherto accepted professional boundaries and also begin to challenge how the AMHP role itself is fulfilled; stages three and four. Such praxis of role fulfilment is a significant finding which provides a new understanding of its impact on professional identity. Key findings have implications for policy concerning statutory mental health work and future review of mental health legislation.

Mitigation of Risk

Kevin Stone, *University of the West of England* (kevin2.stone@uwe.ac.uk)

Approved Mental Health Professionals (AMHPs) make the final decision as to whether a person should be detained in hospital in England & Wales (UK) under civil mental health legislation. There has been little research to date as to the nature of the work that the AMHPs undertake in reaching that decision, and the contributing factors. As the final tier of mental health provision AMHPs engage with patients where least restrictive options are no longer considered to be keeping them, and in some instances the public, safe. Drawing on findings of 20 AMHP participants (ten mental health nurses and ten social workers) participants highlight assessments where the risks were considered to be high. The findings of this study highlight the nature and complexity of AMHP work and the challenges the role faces in respect of discharging its statutory duties. Themes emerging are challenges with containment, appropriate resourcing, and decision making when upholding the principles of the legislation. The implication of this research rests with how professionals are equipped to assess and reflect on risk, and employment policies that support AMHPs in practice.

Boundary Spanning

Caroline Leah, *Manchester Metropolitan University* (c.leah@mmu.ac.uk)

This presentation examines boundary spanning as a core element of Approved Mental Health Professional (AMHP) working practices. It draws from an empirical case study, the Hybrid Identities Project (HIP), that explored the multi-professional identities of ten AMHPs as hybrid professionals. The presentation argues that AMHPs as boundary spanning professionals operate within broad knowledge areas with competence developed outside their main area of expertise, enacted through their 'perspective in use'; a new concept that specifies the contextual multidimensional perspectives foregrounded through the enactment of the AMHP role. As boundary spanners, AMHPs experienced benefits and burdens in their role enactment. This was influenced by the complexity of working across organizational structures that required sophisticated navigation to ensure professional competence as a 'legal enforcer' of the MHA. The presentation will explore issues of professional power, privilege, and status experienced through boundary spanning that involved the deconstruction and reconstruction of professional tensions. It will conclude that AMHPs as boundary spanners act as 'agents of change' within a networked mental health system.

Decision-Making

Andy Brammer, *Wakefield Borough Council, Wakefield, UK* (andybrammer@wakefield.gov.uk)

This empirical research explores the various factors that impact upon and influence the decision-making of Approved Mental Health Professionals (AMHPs). In this explorative qualitative study, 18 semi-structured interviews with Approved Mental Health Professionals were undertaken using a fictitious vignette of a community-based assessment. A further seven AMHPs attended a focus

group to explore their beliefs about the purpose of mental health legislation. Their interpretation of the identified risk was identified as the primary reason for undertaking assessments and the primary consideration with regards to detention. The participants' assessment of risk reflected the criteria under the Act of risk to health, safety, and with a view to the protection of others. The participants' assessment incorporated an ability to weigh-up a range of variables that AMHPs identified as risk indicators, as either being that were static, historic, or part of the current dynamic. The focus group supported this view of assessment but also identified the lack of alternatives to admission and the risk or blame culture as significant factors leading to the decision to detain. The overall conclusion from the review of these findings in the presentation is that the decision-making is multi-factorial and includes legal considerations interpreted using individual frameworks that incorporate practice wisdom, values, and resource constraints.

Power

Rosie Buckland, *University of Bath* (r.c.buckland@bath.ac.uk)

This presentation considers issues of power in relation to assessment under the Mental Health Act (MHA). Throughout the various incarnations of the MHA, there have been pendulum swings between medical and legalism, intimately connected to broader discourses about where and with whom power should lie in relation to decisions about madness. Charting these shifts is important to understand the contemporary debates about the MHA. In research about MHA assessments as individual systems of power, this research uses discourse analysis and narrative analysis to understand interviews with MHA participants and the documents written by those accounting for their decisions. This presentation considers the major themes in the existing research in relation to each group of MHA participants: Service users, carers/family/friends, AMHPs, doctors, and others such as ambulance staff and police. Key points from research are the significant differences in perspectives between groups, highlighting a lack of shared meaning in relation to assessment processes and 'recovery' more broadly. Also of concern is the wealth of research suggesting that detention in hospital is often stressful, traumatic, and risky for service users and that they and those in their social networks make calculated decisions about risk to navigate MHA processes.

Professional Discretion

Charlotte Scott, *University of Leeds* (ss12cas@leeds.ac.uk)

This empirical research project used observations of practice and interviews with Approved Mental Health Professionals (AMHPs) in England to explore how practitioners make the transition from theory to practice. AMHPs operationalize the statute and Code of Practice of the Mental Health Act (MHA) and the research findings shed light on how they navigate the tensions between what is expected of them and what can actually be delivered in practice. The presentation explores how AMHPs use discretion in every day practice to fulfil their role and duties given the context of limited resources such as a lack of inpatient bed provision. The research methods elicited data that provides an insight into discretion 'in action', how AMHPs respond reflexively to complex practice dilemmas, and also how they make sense of this when reflecting after the event. This

presentation will also make links to our wider understanding of professional discretion within legal decision-making processes.

133. Mental Health and Legal Challenges in Policing, Crime Prevention, and Correctional Management and Death Row: Informing Policy, Practice, and Legislation

This is a student panel organized with special permission from the IALMH as an initiative to bring in developing scholars under supervision from senior academics. The students presenting their work on this panel have developed their work under the guidance and mentorship of faculty from Seattle University Department of Criminal Justice. Their work includes thesis projects, research conducted for academic program requirements, and/or within a service-learning course framework.

Exploring the Reid Techniques Influences on False Confessions: A Meta-Analysis

Katlynn McDaniels, *Seattle University* (Mcdani10@seattleu.edu)

Over time, police interviewing and interrogation techniques have adapted and expanded. As of today, one of the most taught and practiced methods is the Reid Technique. This technique prides itself on using coercive and manipulative techniques in order to provoke confessions from suspects. However, these confessions are not always true. The Reid Technique has been found to elicit false confessions and harm a suspect's overall mental health. This analysis will examine the Reid Technique and false confessions in relation to coercion, Miranda rights, lie biases, and juvenile interviewing risks. This investigation will touch base on studies surrounding the Reid Technique and create an overall analysis as to the efficiency and the efficacy of the interviewing tactic. The results of this meta-analysis will be discussed along with future implications and the limitations of this analysis. If this analysis replicates that of previous researchers, a new interviewing tactic will be needed to prevent further harm to suspects.

Survivors of Sex Trafficking: Effective Rehabilitation and the Role of the Police

Jill Campbell, *Seattle University* (campbe88@seattleu.edu)

Nizama Djuderija, *Seattle University*

Liberty Ruderman, *Seattle University*

Pheobe Crampton-Haywood, *Seattle University*

Haley Hirata, *Seattle University*

Amina Ibrahim, *Seattle University*

This presentation will review the literature on the reintegration process of survivors of sex trafficking, focusing on four questions: (1) How is sex trafficking conceptualized in communities? (2) What specific programs and/or services are available to sex trafficking survivors? (3) How can effective reintegration system for survivors be developed? (4) What is the best protocol to meet the needs of sex trafficking survivors? Different approaches to human trafficking are reviewed showing that the most effective system for the reintegration of sex trafficking survivors is a highly individualized “wraparound model” where assistance is offered in many different areas, including housing, employment, education, parenting assistance, legal support, psychological and medical attention, and skills training. Implications for law enforcement including training in sex trafficking to officers to equip first-responders with sensitivity training and to introduce a system-wide shift in treatment and bias towards victims of human trafficking will be discussed.

Effects of Trauma Experiences and Symptoms on Criminal Offender Types

Kaely Wickham, *Seattle University* (wickham1@seattleu.edu)

Complex trauma is exposure to traumatic stress at a critical age for emotional development and has been found to be associated with difficulties in self-regulation, aggression, and criminal behavior. Research shows that complex trauma symptoms are empirically associated with aggression in youth, but there is little research on how different symptoms or experiences can be associated with different types of criminal behavior. This study examines the effects of early childhood trauma experiences and symptoms on offense type in adulthood. Self-report surveys were administered to a sample of incarcerated adults in Washington State soliciting information on early trauma and offense type. Results provide empirical findings to better understand the relationship between early complex trauma on offender type with examination of the differences between violent and non-violent crime types with specific focus on violent and sex crimes. Implications for trauma-centric rehabilitation programs and early childhood interventions to address trauma and related symptoms and possibly prevent future criminal behavior will be discussed.

Mental Health and Behavioral Crisis on Death Row: Correctional Management Challenges

Sophia Evans, *Seattle University* (sophie.evans333@gmail.com)

In the United States, capital punishment is legal in 32 of 50 states. Since 1978, \$7,558,240,000 have been spent in support of the death penalty. While the United States is suffering from debt, California alone has paid \$4 billion in support of capital punishment. This money could be spent supplying treatment for inmates, and for criminology and crime prevention research examining. There is growing evidence that innocent people have been executed, with 160 people sentenced to death row exonerated since 1973 and 14 civilians executed with evidence

showing their innocence years later. Research shows that capital punishment increases the risk of suicide, depression, and substance abuse for the families of those related to an inmate on death row, as well as the correctional officers involved in the executions, and that death row prisoners experience significant mental health issues that present challenges for correctional management. The significant cost of capital sentencing, in particular in light of the significant mental health and behavioral crisis issues associated with a sentence of death, will be discussed. Implications for management of mental health and behavioral crisis incidents on death row within the context of legislative efforts to abolish capital punishment in the United States will also be discussed.

134. Mental Health and Wellness for Lawyers

Strategies to Develop Lawyer Resilience

JoNel Newman, *University of Miami School of Law* (j.newman@miami.edu)
Melissa Swain, *University of Miami School of Law*

Lawyers are exposed to numerous stressors in their work. The most salient stressors include time pressures, professional culture, overcommitment, and exposure to trauma through client work. This presentation will help attendees to identify their own stressors and the sources of stress in their work. Once stressors and their sources are defined and inventoried, the presentation will discuss various strategies for minimizing the impact of these stressors and developing resilience and well-being in the face of stress. Potential strategies include wellness and self-care routines such as meditation, exposure to natural environments, developing habits of mindfulness, and emphasizing gratitude as well as developing healthful relationships. In particular the presentation will explore whether there are ways to “inoculate” lawyers from the worst impacts of stress through education about the stressors and how to cope with them before exposure? How can we learn from medical colleagues who engage in training and therapy as resilience building strategies?

Mindfulness in the Practice of Law

Scott Rogers, *University of Miami School of Law* (srogers@law.miami.edu)
Bernard Perlmutter, *University of Miami School of Law*

Mindfulness practices and insights offer lawyers a larger set of options for working skillfully amid challenging situations. Scientific research and personal experience support the efficacy of mindfulness as a tool for better managing high stress environments, cultivating more collaborative interpersonal relationships, and realizing improved health and well-being, physically, emotionally, and cognitively. This presentation will explore the practice of mindfulness as both a destination and a path—an end in itself and a means to enhance qualities that allow lawyers to thrive in the important and challenging work they do.

A Call to Prioritize the Mental Health of Law Students Working in Clinics

Alice Bowman, *University of Strathclyde* (alice.bowman.2015@uni.strath.ac.uk)
KC Della Fera, *University of Miami*

In disciplines such as social work, counselling, and psychology, it is acknowledged that working with vulnerable clients who have experienced trauma can adversely impact practitioners. Vicarious trauma refers to having been exposed to the trauma of people who have been traumatized. Those experiencing vicarious trauma can re-experience the trauma of the person who has been traumatized, manifesting in anxiety, depression, a shift in worldview, feelings of hopelessness, and burn out. In the legal field, despite working with the same client groups as social workers, counsellors, and psychologists, the impact of vicarious trauma is rarely acknowledged. Through an analysis of survey results taken from law students working in the University of Miami and the University of Strathclyde Law Clinics this presentation will answer the question of whether or not law students experience vicarious trauma. Furthermore, this presentation will analyze the effects of vicarious trauma on Law Clinic Students and suggest strategies for managing the effects of vicarious trauma within University Law Clinics. In suggesting strategies to assist students identify vicarious trauma, protect them from the adverse effects and assist them in managing symptoms, we hope that the normative discourse of “lawyering” can be changed, from the bottom up.

135. Mental Health in Stressful Professions

Instituting a Coaching Program to Enhance Resident-Physician's Mental Health and Wellness

Caroline Lee Bertolet, *Eastern Virginia Medical School* (bertolcl@evms.edu)

The Accreditation Council for Graduate Medical Education (ACGME) has recognized the importance of promoting wellness and mental health among resident-physicians. Compared to the general population, resident-physicians experience high rates of burnout, suicidal ideation, and depression. Focusing on wellness is not only more beneficial to the resident-physicians but also for patient care. Residents’ experiencing burnout are less likely to provide optimal patient care. With the increased focus of promoting wellness and mental health, many medical schools have implemented wellness programs. This presentation will focus on a piloted program utilizing counselors to provide wellness coaching at a medical school. The counselors use brief solution-focused therapy techniques combined with insight-oriented counselling to teach skills and provide support to increase resident-physicians’ overall wellness. The presentation will provide a brief overview of the program and common resident concerns with the main focus pertaining to utilizing insight oriented brief solution-focused therapy in a medical setting. Implications for counselling programs, students, and further research will be discussed.

136. Mental Health in the Prison System

Mental Health Risk Factors and Parole Decision-Making

Kimberly Houser, *Rowan University* (houser@rowan.edu)

E. Rely Vîlcică, *Temple University*

Legal decisionmaking literature focuses on identifying legal and extra-legal factors that may explain variation in decisions. One particular criminal justice decision that has serious implications for individual freedom is the parole decision, i.e., the early conditional release from a prison term. A great deal of parole research emphasizes the predictive nature of the decision—i.e., ability to predict future reoffending upon release—with main efforts directed towards identifying criminal risk factors. In regards to mental health, research is mixed on whether or not mental illness is a risk factor for criminal behaviour. Yet individuals with mental health problems tend to fare worse in criminal justice risk assessments. This presentation will specifically address the role that mental health factors may play in explaining parole decisions—granting or denial of early release. Drawing on a large representative sample of parole-eligible candidates in a large US State, the analyses will test for both direct and indirect effects of mental health factors on parole release decisions. Criminal risk factors usually considered in parole deliberations (e.g., program participation in prison; institutional adjustment) will be tested for their possible mediating role. The results should provide insights into a largely unexamined area of parole decisionmaking.

Correctional Officer Management of Mentally Ill and Cognitively Impaired Prisoners

Amy Lynn Klassen, *University of Toronto* (amy.klassen@utoronto.ca)

The ideal prison, one in which discipline is rigorously exercised and compliance is ensured, is a space where correctional officers must be hyper-vigilant to any form of behaviour that is perceived to contravene the smooth operation of the prison complex. Using data from a nine-week ethnographic study of correctional officer training in Canada, this presentation will argue that COs are placed in a difficult position when faced with mentally ill or cognitively impaired prisoners. New officers are given basic knowledge about the types of mental illnesses present in prison populations but they are offered little to no training on meaningful management strategies that would best support this dynamic population. COs rarely view mental illness as organic and this reduces a prisoner's culpability for their antagonistic behaviour. The language of risk used to describe mentally ill prisoners works to reduce empathy among officers and increases the blameworthiness of mentally ill prisoners for their misbehaviour. The range of options available to officers and their ability to use their training to manage this group is particularly limited. Officers are often left to come up with creative modes of interaction that are not and cannot be taught in basic training.

Continuum of Carelessness: Paradoxes of Mental Health Care in Corrections in Ontario, Canada

Alexandra Hunter, *University of Toronto* (alex.hunter@mail.utoronto.ca)

Most of the research on mental health in prison in Canada is done at the federal level. Almost no research has been carried out at the provincial level. We know very little about what mental health care looks like or how mental illness more generally is understood in the correctional context. This presentation examines the various responses to mental disorders in prisons in Ontario. How do correctional professionals (i.e., medical personnel and correctional officers) who are charged with the management of mental health in prison see and understand the issue? How do correctional professionals make sense of a fluid definition of what constitutes mental illness in prison? The presentation will trace how definitions and understandings affect how people make sense of their jobs and of the role they have to play in dealing with mental health issues in prison. It will explore the ways in which mental illnesses are defined and the reasons why the lack of a transparent definition of mental illness serves a number of purposes. In doing so, the presentation will shed light on the ways in which the various professionals who provide mental health care to prisoners navigate and operationalize mental illness in custody on a daily basis. The findings highlight why currently policy cannot be meaningfully created or implemented effectively.

137. Minorities in Mental Health: Medicine, Coercion, and Public Health

Co-Production to Understand the Black, Asian, and Minority Ethnic (BAME) Experience of Mental Health Legislation and Medication: Working with BAME Service Users, Carers, and Nursing Students to Develop Education that Enables Understanding of Medication and Coercion

Iris S. Gault, *Kingston University* (i.gault@sgul.kingston.ac.uk)
Mary Chambers, *Kingston University*

Black and Asian minority ethnic (BAME) service users receive more compulsory medication in the UK than other groups. This project builds on the results of an earlier qualitative study that analyzed case studies involving Black, Asian, and minority ethnic (BAME) service users (SUs), carers; lay and professional with experience of compulsory medication; focusing on developing education for already qualified practitioners. However, in subsequent consensus workshops with the research team, SUs, and carers, the SU and carer participants queried the focus on already qualified practitioners and stressed the need to address student professional education. Consequently, another co-produced study with SU and carer participants from the earlier study will engage with BAME mental health nursing students in consensus workshops to design an

educational experience to improve collaborative practice and understanding of the BAME perspective on medication taking. The project is ongoing so we cannot predict the exact outcome of this work. However, early discussions suggest possibly a practice placement and/or a virtual reality experience (in combination with Sage publishers). The educational experience will be piloted in an English university and attitudes evaluated pre and post intervention using the validated Leeds Attitude Towards Concordance Scale.

138. Navigating the Intersection of Dementia and the Law

Forensic Aspects of Subcortical Dementia

Manish A. Fozdar, *Duke University Medical Center* (drfozdar@braininjuryexpert.com)

Subcortical Dementia presents with a unique clinical picture. More specifically, the cognitive deficits are distinctly different than cortical degenerative dementia such as Alzheimer's disease. Evaluation of such patients in the legal context such as while performing testamentary capacity evaluation, disability evaluation, and guardianship evaluation requires a thorough understanding of the underlying pathophysiology and assessment methods to evaluate these cognitive deficits. Basic anatomy of subcortical structures will be reviewed followed by cognitive assessment methods. Clinical case examples will be presented, and audience participation will be encouraged. Finally, challenges posed by these types of cases and future research directions will be discussed.

Competency to Stand Trial and Dementia

Timothy S. Allen, *University of Kentucky* (tsapsych@uky.edu)

The presentation will describe the effects of common forms of dementia on the ability of an individual to understand the charges against them and their ability to assist their legal counsel in constructing a defense. The impact of impairments in specific cognitive domains will be correlated with the abilities required to effectively participate in the criminal process. The presentation will review the process for an adequate assessment of dementia in such cases.

Sentencing Mitigation and Legal Defenses for the Criminal Defendant with Dementia

Vivek Datta, *University of California San Francisco* (vid918@mail.harvard.edu)

As we face an ageing population there is an ever growing number of older individuals who find themselves entwined in the criminal courts. Dementia may lead individuals to engage in criminal behavior, may render individuals vulnerable to engage in criminal conduct unknowingly, and may have implications for adaptation and functioning while incarcerated. Because of the progressive

nature of neurocognitive disorders, evaluating whether someone had cognitive or behavioral impairments due to dementia at the time of the offense can be challenging, particularly if the forensic examination occurs several years later. The presentation will discuss the challenges of attempting to retrospectively assess whether an individual had a dementia diagnosis at the time of the offenses, and whether they had a diagnosis that rendered them more vulnerable to criminal behavior - both knowingly and unknowingly. The presentation will also discuss the challenges of assessing whether someone had mens rea for specific intent crimes in the context of dementia. Finally the presentation will review how neuroimaging has been used and abused in mitigation for defendants with an alleged dementia diagnosis.

Mapping Dementia and Cognitive Decline in Testamentary Capacity

Jane Lonie, *Consulting Psychologist, Sydney, Australia* (loniejane@gmail.com)

Cognitive assessment is a vital component in the evaluation of testamentary capacity. Medical opinions are therefore being sought when testamentary capacity is questioned. This is occurring with increasing frequency given the rising number of mentally disabling conditions, of which dementia, a cognitive illness, poses one of the largest threats to testamentary capacity in modern society. A better understanding of the ways in which dementia related cognitive impairment can affect a testator's capacity would better inform the conduct of legal assessments of capacity in this context. This will also serve to strengthen the reasoning base from which capacity determinations are made – including the quality of evidence. The current approaches to assessing testamentary capacity are subjective, opaque, and inconsistent. Further research is needed to address this significant problem which may result in the loss of legal capacity. Consequently, relevant literature over the past ten years has been examined focusing on the question: 'what cognitive abilities are required to satisfy the legal criteria for testamentary capacity'. This research demonstrates an alarming scarcity of relevant work with little analysis venturing beyond a general acknowledgement of the importance of executive function. Several additional areas of relevant cognitive function will be discussed.

Religious Considerations of Muslim Dementia Patients

Hadil Lababidi, *University of Erlangen-Nürnberg* (hadil.lababidi@fau.de)

Since most research on Dementia patients is unspoken solely influenced by Western ideas, there is a need for a discourse about dementia in the Islamic cultural area. The Muslim dementia patient and his or her religious beliefs must be considered as an entity for establishing a cultural and religious sensitive approach to biomedical ethics - with respect to the heterogeneity within the Muslim discourse. The Muslim concept on illness and disability grounds on the authoritative sources in Islam, namely the Quran and the Sunna (sayings and actions of the Prophet Muhammad). The view of the sick, elderly, and weak human being influences the stance on senile dementia in Islam. This presentation will add to the discourse on the ethical debate on medical and non-medical measures from an Islamic perspective. Many end-of-life questions are debated in the inner-religious sphere such as the debate on the use of PEG-tubes or measures involving the

deprivation of liberty. With the increasing number of Muslim senile dementia patients in non-Muslim regions, there is a need to involve Muslim point of views in ethical debates to raise awareness of different religious stances on medical and non-medical measures that regard senile dementia patients.

139. Neuroscience, Behaviour, and Criminal Law

The Role of Neurology in Understanding Behaviour and in the Forensic Evaluation

Pamela Blake, *Memorial Hermann Healthcare System, Houston, USA*
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Neurology is the field of clinical medicine that deals with the diagnosis and treatment of disorders of the brain. Advances in neurosciences, particularly in neuroimaging and neuropsychological testing, have moved the discipline forward dramatically over the last 40 years, building on the original foundational function of neurologists to ‘localize the lesion’ based on the clinical examination. Neurological disorders that may be relevant to behaviour, and which may be explored in mitigation, include congenital and genetic conditions that affect cognition, emotional processing, and conduct; pre-natal exposures including drugs and alcohol; childhood insults to the brain in the form of environmental adverse experiences or other exposures; head injuries; significant psychiatric conditions; and acquired neurological conditions such as epilepsy and neurodegenerative disorders, among others. This presentation will discuss the role of the neurologist in evaluating an individual with respect to neurological function as determined by the history and physical examination, and the role of supporting information gained from structural and functional neuroimaging studies and neuropsychological testing as well as ancillary testing such as EEGs. The presentation will also review when the involvement of a neurologist is indicated and the manner in which neuroscience findings can be coordinated.

Using Neuroscience to Understand Psychopathy and Violent Offending

Kent Kiehl, *University of New Mexico* (kkiehl@unm.edu)

Psychopathy is one of the best predictors of future violence. Research from the presenter’s laboratory has shown that psychopathy is associated with structural and functional impairments in limbic and paralimbic brain regions. This presentation will review studies from over 3000 offenders who have participated in MRI research. The presentation will discuss the developmental and gender effects in psychopathy as well as recent studies of differences in the brains of those who commit homicides. This work provides the foundation for a better understanding of those at risk for committing violent crimes and the neural systems underlying these conditions. Implications for treatment will also be discussed.

Neuroscience and Criminal Law

Santha Sonenberg, *Attorney-at-Law, Washington, DC, USA* (santhasonenberg@yahoo.com)

Neuroscience evaluations can be an important and often vital component in a criminal case, relevant to a number of issues including (1) a defendant's mental state (*mens rea*) at the time of the offence, (2) her capacity to know right from wrong and to conform her conduct to the requirements of the law (criminal responsibility), (3) the voluntariness of a statement made to law enforcement officials, (4) an arrestee's ability to comprehend, and validly waive, the right to counsel and the right not to incriminate herself, (5) her ultimate degree of culpability and (6) the efficacy of any interventions and/or consequences imposed by the justice system. Neuroscience evaluations to determine the presence and scope of brain disorders that may be present can include neurological, psychological, neuropsychological, and psychiatric assessments as well as testing including neuroimaging studies. The presentation will discuss the signs suggesting that a brain/mental health evaluation is warranted and how to determine the sort of evaluation that is needed. The presentation will also review the process of arriving at how to make a neuroscientific diagnosis relevant to various issues and at various stages of a case, and the considerations in using, and having admitted, neuroscientific evidence in criminal cases.

140. Neurotechnology and Forensic Psychiatry: Practical, Ethical, and Legal Challenges

Neurotechnological 'Mind Reading' in Forensic Psychiatry: Ethical Challenges

Gerben Meynen, *Tilburg University* (G.Meynen@uvt.nl)

Neuroscientific 'mind-reading' could, in principle, be applied in forensic psychiatry. This presentation will consider ethical challenges regarding such an application. First, it will discuss the concept of neuroscience-based 'mind reading' and explain why brain-based 'mind reading' could be of value to forensic psychiatric settings. In addition, the presentation will address relevant technical limitations of current 'mind-reading' techniques, such as the possibility of countermeasures that may distort or manipulate 'mind-reading' procedures (e.g., in fMRI-based lie-detection). Next, it will identify significant ethical concerns about potential future use of such neurotechniques in forensic psychiatry. More specifically, normative implications regarding four topics will be analyzed: Confidentiality, (dis)trust, competency, and coercive measures. The presentation will conclude that forensic psychiatric use of these techniques involves some complex ethical challenges. Psychiatrists and ethicists, it will be argued, should pay close attention to these issues when introducing neuroscientific 'mind reading' in forensic psychiatry.

Brain Imaging and the Detection of Deception

Ewout Meijer, *Maastricht University* (eh.meijer@maastrichtuniversity.nl)

The detection of deception has attracted increased attention during the last decade. Especially discussions about the use of brain-imaging technology such as EEG and fMRI for this purpose have gained momentum. The (lack of) ecological validity is often a key ingredient in these discussions. That is, published research on brain imaging and deception detection is often criticized for poorly reflecting the real life circumstances the technique will be applied to. Although this criticism is valid, it will be argued in this presentation that we can and need to move on beyond this ‘but it is not real life’ argument. The presentation will offer a review of the various research paradigms and the dependent measures that have been adopted to study deception and its detection. It will then highlight how brain-imaging research has guided our theoretical understanding of deceptive behaviour, and what the consequences of this are for practical applicability and legal admissibility.

The Perils of Brain Based Mind Reading

Lisa Claydon, *The Open University* (lisa.claydon@open.ac.uk)

This presentation will consider two of the ethical issues relating to the use of brain-based mind reading in the courtroom. The two questions it will consider are firstly the constitutional role of the jury in determining the guilt or innocence of the accused in jurisdictions where that decision is left to lay people drawn from ordinary members of society. Secondly it will consider the question of transparency in the use of the data acquired in the medical examination of the accused in criminal trials, posing the question, “is it possible to identify precisely what use of information the accused is agreeing to when consenting to cooperation with brain based mind reading technologies?” The medical expert employed by prosecution or defence may, as the technologies improve, be expected to use and document the use of such technologies and retain a permanent record of the information recovered. This presentation will explore the ethical issues underpinning the retention of such records and consider how such information may be utilized.

If Lie Detection Technology is Accurate, Should It Really be Banned?

Paul Catley, *The Open University* (paul.catley@open.ac.uk)

Despite claims as to its reliability by organizations including Cephos and No Lie MRI, courts in most jurisdictions have not admitted lie detection evidence into the courtroom. Currently refusals to admit such evidence focus on perceived weaknesses in terms of reliability and general arguments that laboratory findings do not equate to tests undertaken within a trial process. However, the technology is improving. Soon such evidence may pass tests of admissibility such as those set out in the US judgments in *Frye* (a lie detection case) and in

Daubert. At this point courts are going to have to grapple with much more fundamental questions which go to the heart of the justice system. If technology can tell us if a witness or an advocate is lying should we use that technology? Is there something so fundamental about rights to privacy and/or rights against self-incrimination that they trump the quest for truth? Outside the courtroom should employers be able to insist that employees undergo such testing? Should employees be able to make the same demands of employers? What about spouses or lovers? Politicians? The presentation will not definitively answer these questions, but it will explore the issues.

Coercive Use of Neurotechnologies in Forensic Evaluations: The Right to Privacy and Bodily Integrity

Sjors Ligthart, *Tilburg University* (s.l.t.j.ligthart@uvt.nl)

Neuroscience is constantly evolving, and neurotechnologies which can provide brain related information – such as (f)MRI, EEG and PET – are continuously improved. Some technologies are already being used in criminal cases, for instance in forensic psychiatric evaluations. Neurotechniques may, in principle, enable forensic psychiatrists and the judiciary to circumvent the defendant's silence or reluctance to cooperate with psychiatric evaluations, for instance in the context of the insanity defence or risk assessments. However, not all defendants are likely to cooperate with these technologies, and as a consequence the possibility of coercive use of these technologies is an important issue. The presentation will consider this possibility from a legal point of view. At a European level, the use of coercion raises serious legal questions. The presentation will examine the legal implications of the use of coercive neurotechnologies for the right to privacy and bodily integrity (article 8 ECHR). It will compare the use of neurotechnologies with current forensic research methods, like taking DNA and fingerprints, and examine the extent to which neurotechnologies are, in a legally relevant way, different in the context of to privacy and bodily integrity.

141. Pain

The Outcry of Pain: The Ikerd Response

Olivette R. Burton, *University of Pennsylvania* (burtoethics@yahoo.com)

Who can hear the outcry of pain? There is a Biblical statement that says in part that “all creation keeps on groaning together and being in pain together until now.” The saying captures the truth about the very condition of man, especially in light of recent events, and re-introduces all to the spectre of human suffering and its concomitant partner... pain. Since that is the case, the sound pain produces, be it sourced by physical injury, emotional or mental distress, or psychic stimuli, cannot merely be audible noise heard by just anyone; nor can or will just anyone respond. Who does the arduous work between sickness and healing or sickness and death? And at what cost to themselves? Enter the healer. Through cases and stories this presentation is focused on the transforming power and value of persons who are able to hear and respond to the outcry of pain,

the effect such response has had on them, and their ability to cope with their own personal situations so as to find peace and fulfillment in the chaos around them.

142. Parenting

Why Parallel Parenting Rather than Co-Parenting is the Better Option for Parental Alienation and High Conflict Cases in Family Law

Catherine MacWillie, *Custody Calculations, Calendars & Orders, San Dimas, USA*
(DivorceCoachServices@yahoo.com)

In today's high stakes of parental alienation and high conflict cases of custody and divorce, families struggle to parent under the worst of circumstances. Parents working with the new reality of court orders and the requirement to co-parent will never be possible for some families due to the actions of the other parent. Additionally, the court rarely factors in the dynamics of personality disorders, abuse, power, and control in some families when ordering co-parenting. This is also due to lack of knowledge that there is an alternative under parallel parenting. Some families are separated by a few miles and others by thousands of miles, so trying to co-parent over doctor, dental, and counselling appointments, medications, school, homework, sporting functions, tutoring, obstruction, interference, withholding, and continued litigation complicates and makes co-parenting impossible. Many parents are now losing custody over the argument that they are unable to co-parent with the other parent. To provide protection from this scenario parents need the alternative to co-parenting that parallel parenting provides. So how does it work, what does it take, how difficult is it to implement, are court orders necessary, and can anyone do it?

In the Interests of Parents with Personality Disorder and Their Children: Experience and Outcomes

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

UK law underlines the welfare of children as paramount concern, emphasizing the rights of the child and the responsibilities of parents. This is supported by Articles 3 and 12 of the United Convention on the Rights of the Child, which state the primary importance of the child's interests, views, and opportunities to express. However, psycho social outcomes for children of parents with personality disorder are poor. Similarly, parents with personality disorder report high levels of parenting distress and key barriers to accessing support, questioning the adequacy of treatment for their mental illness. This is despite evidence to suggest a significant proportion of mothers involved with child safeguarding, or child protection services, report symptoms associated with borderline personality disorder. The presentation will review literature detailing the prevalence, experience, and outcomes of parenting with personality disorder. Drawing on empirical findings it will suggest the value of a trauma informed social perspective for enhancing the capacity and

experience of parents with personality disorder and thereby more positive outcomes for their children. It will conclude by suggesting the importance of further empirical research in this area.

143. Patient Abuse and Rights Violation

Illicit Inseminations: When Fertility Doctors Impregnate Their Own Patients

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

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

144. Personal Integrity and the Body

Radical Body Modification and Autonomy: An Ethical Analysis of Body Integrity Identity Disorder (BIID) and Clinical Practice

Sarah K. Sawicki, *Saint Louis University* (sarah.sawicki@slu.edu)

Body Integrity Identity Disorder (BIID), previously known as apotemnophilia, has been described in clinical literature since 1977. Symptoms traditionally include a feeling of dysphoria regarding one's body and a desire to amputate an otherwise healthy limb or for some other form of radical body modification. However, there is significant debate whether it ought to be classified as a neurological condition, psychological condition, or a combination of both. Currently BIID has no formal diagnostic criteria. As such, there is no consensus on best practices for treating persons experiencing this disorder. This leaves clinicians, especially surgeons, in an ethical conundrum regarding patient requests for radical body modification, such as elective amputation or procedures to render one deaf or blind. This presentation identifies the ethical and professional conflicts that

arise when a person with BIID makes a request for radical body modification, analyzes the ethical implications of common ways to address patients with BIID, and examines ways for physicians to holistically treat and care for patients who present with these symptoms while balancing competing ethical interests.

145. Personality Traits and Disorders

Aggression in Personality Disorders: Profiles Using the Alternative DSM-5 Model for Personality Disorders

Claudia Savard, *Université Laval* (claudia.savard@fse.ulaval.ca)

Dominick Gamache, *Université du Québec à Trois-Rivières* (dominick.gamache@uqtr.ca)

Mireille Lampron, *Université Laval*

Caroline Simard, *Université Laval*

Marc Tremblay, *Centre intégré universitaire de santé et de services sociaux de la Capitale-Nationale, Québec, Canada*

An increasing number of empirical findings support the utility and validity of the Alternative DSM-5 Model for Personality Disorders to study personality disorders (PD), as well as functional impairments caused by these disorders. The present investigation focuses on the Alternative Model's capacity to identify theoretically and clinically meaningful pathological personality traits associated with aggression and, subsequently, subgroups of patients who report different levels of aggression. A sample of 86 patients (49 F, M age = 34.34, SD = 12) were assessed prior to treatment in a specialized facility from the Quebec City Mental Health University Institute, Canada. Aggression was assessed using the Buss-Perry Aggression Scale (BPAS), which screens for physical and verbal aggression, anger, and hostility. First, hierarchical linear regressions using the 25 pathological personality traits assessed by the 100-item version of the Personality Inventory for DSM-5 personality disorders (PID-5) were performed to identify the best predictors of aggression. We then used a TwoStep cluster-analytic procedure, with PID-5 and BPAS' scales as clustering variables. Results yielded a six-cluster solution, coherent with PD theory and more traditional DSM diagnoses, two of which characterized by high aggression scores. Clinical implications regarding risk assessment for aggression in PD patients will be discussed.

Psychopathic and Vulnerable Narcissistic Traits: The Mediating Role of Entitlement Rage

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Due to their relationships with externalized antisocial behaviours, Dark triad traits (narcissism, Machiavellianism, and psychopathy) and their assessment are of considerable importance in the field of forensic psychology. Recent findings have uncovered an unexpected relationship between vulnerable narcissism, a fragile and defensive variant of narcissism, and Factor 2 (or antisocial) psychopathic traits, prompting some researchers to suggest the existence of a “vulnerable dark triad” characterized by an antagonistic interpersonal lifestyle and emotional vulnerability. Studies have also shown that entitlement rage, a vulnerable narcissism subscale from the Pathological Narcissism Inventory (PNI), drives hostility and aggressive behaviour when narcissistic self-image is threatened. The purpose of the present study is to take an in-depth look at the associations between vulnerable narcissism and psychopathic-antisocial traits. The role of PNI entitlement rage will be taken into consideration as a potential mediator of the relationship between vulnerable narcissism and two measures of psychopathic-antisocial traits: The Psychopathy subscale of the Short Dark Triad and the Expanded Version of the Three-Factor Levenson Self-Report Psychopathy Scale. Results from multiple regression and mediation-moderation analyses (N = 352 from a community sample) will be discussed, providing us a better understanding of the interplay between vulnerable narcissism and antisocial features of psychopathy.

Stalking Perpetration and Victimization: The Role of Maladaptive Personality Traits

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Marie-Ève Cloutier, *Université du Québec à Trois-Rivières*

Jonathan Faucher, *Université du Québec à Trois-Rivières* (jonathan.faucher@uqtr.ca)

The present investigation focuses on the role of two categories of maladaptive personality traits in predicting stalking perpetration and victimization: The Dark Triad traits (Machiavellianism, narcissism, psychopathy) and the five personality disorder trait domains from the Alternative DSM-5 Model for Personality Disorders. A total of 435 participants (374 F; age 18-30, M = 23.1, SD = 3.1) were recruited from a community sample in the province of Quebec, Canada. They completed online versions of the recently developed Stalking and Obsessive Relational Intrusions Questionnaire (SORI-Q), which measures four dimensions of stalking-like behaviours (Hyper-intimacy, Intrusion, Surveillance, and Aggression) perpetrated and/or suffered during the previous year; the Dark Triad Dirty Dozen (DTDD); and the 100-item version of the Personality Inventory for DSM-5 personality disorders (PID-5). Correlational, multiple regression, and moderation analyses show that maladaptive personality traits from both the DTDD and the PID-5 were significantly associated with stalking perpetration and victimization. DTDD Machiavellianism and PID-5 Antagonism were the most consistent statistical predictors throughout the analyses, with DTDD Narcissism, PID-5 Psychoticism, PID-5 Disinhibition, and PID-5 Negative affect making secondary contributions. These results will be discussed from a theoretical and a clinical standpoint.

Profiles of Stalking Victims Based on Insecure Attachment Dispositions, the Dark Triad Personality Traits, and Their Own Staking Perpetration

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Previous works on the profiles of stalking perpetrators have highlighted the presence of insecure attachment dimensions (anxiety, avoidance) and the Dark Triad personality traits (Machiavellianism, narcissism, psychopathy) amongst them. Although some data also indicate the presence of these personality dispositions amongst stalking victims, suggesting an interplay between stalking perpetration and victimization, little is known about the psychological functioning of stalking victims. The objective of this work is to identify profiles of stalking victims based on conceptually meaningful variables associated with stalking victimization. Our analyses will focus on a subsample of participants ($n = 57$; 49 F; age 18-30, $M = 22.9$, $SD = 3.3$) from a larger community sample of 764 participants recruited online who reported high stalking victimization in the past year. They completed the Stalking and Obsessive Relational Intrusions Questionnaire, assessing both stalking perpetration and victimization, and the French adaptations of the Dark Triad Dirty Dozen and the Experiences in Close Relationships scale. To determine profiles of stalking victims, both a discriminant function analysis and a cluster analysis, using insecure attachment dimensions, the Dark Triad personality traits and stalking perpetration as predictors, will be performed. Theoretical explanations and clinical implications of the results will be discussed.

146. Perspectives of Mental Health Nurses and Carers

Exploring the Lived Caring Experience of African Caribbean and African Carers Who Care for Relatives with Psychosis

Julia Ellena Hollis, *Unitec Institute of Technology* (jpelle@unitec.ac.nz)

This presentation will report on a study that explored lived caring experience of seven African and African Caribbean carers who cared for a relative or spouse with psychosis living in the United Kingdom, using Van Manen's hermeneutical phenomenological approach. The context of the caring relationship between carer and the cared for person revealed five essential themes: Being there and staying there; the experience of losing oneself and re-discovering self, particularly when the cared for person was in crisis; keeping an on-going dialogue with other family members who are joint carers; and also partnering with mental health services. Carers expressed a conscious awareness of cultural stereotypes about Black African and Black Caribbean people, which they experienced when engaging with mental health services. This research highlights the need for

mental health and social care services to engage carers at the point of assessment and to ensure their involvement at each stage of the cared for person's journey. Developing education and training for mental health nurses which enhances knowledge of cultural values and perceptions and experiences of mental health, mental illness, and well-being from both the African and African Caribbean community is important to maintain and update.

Integrating Critical Pedagogical Approaches to Justice and Mental Health Through Harm Reduction

Nancy Clark, *University of Victoria* (nancyclark@uvic.ca)

Michael Cowan, *Law Foundation of BC, Vancouver, Canada* (mcowan@lawfoundationbc.org)

Increasingly, persons living with mental health challenges are vulnerable to substance misuse and experience criminalization and marginalization. Criminogenic behaviour often results from intersecting social determinants of mental health, such as homelessness, poverty, and trauma. These social determinants intersect and produce structural vulnerabilities characterized by processes of oppression and social exclusion. More than 1,420 people have died of drug overdoses in British Columbia in 2017; an increase of 43% from 2016, approximately 81% involved the opioid Fentanyl. Many of these deaths have occurred because of social isolation and lack of safe supported housing. During the first quarter of 2018, there were 59.6 fatal overdoses per 100,000 people, putting Vancouver on par with the very worst affected areas of the US. Justice education can provide innovative pedagogical approaches to promote knowledge for social justice aims. The objectives of this presentation are: 1) Describe how justice education can partner with institutes of higher learning, including nursing education and community organizations, to promote mental health and wellbeing of structurally vulnerable groups 2) to discuss how community court in Vancouver's Downtown Eastside operationalizes harm reduction aimed at mitigated structural harms and addressing the root causes of criminogenic behaviour associated with substance misuse and mental ill health.

147. Poetry, Madness, and Creativity

Poetry, Creativity and Madness

Hope Maxwell Snyder, *Bread Loaf in Sicily*

This presentation will discuss mental illness and the creative process, specifically for poets. The presenter will talk about Sylvia Plath, Robert Lowell, Anne Sexton, Theodore Roethke, Alda Merini, and others. The presentation will include information about the lives of these poets, their writing, and examples of their poems. If time allows, the work of other poets will also be read.

Creativity Poetry and Mental Illness

Laurence Tancredi, *New York University*

This presentation will discuss the poetry and the lives of poets Anne Sexton, Sylvia Plath, Theodore Roethke, Robert Lowell, Alda Merini, and others.

148. Police Violence Against People with Mental Illness and Impairment

Living with Mental Illness, Police Encounters, and Relationships of Power: A Critical Phenomenological Framework

Stephanie Q. Quiring, *Indiana University* (squiring@iu.edu)

The criminalization of mental illness has drawn and kept a disproportionate number of people living with mental illness in jails and prisons across the United States. Too often the criminal justice system is ill-equipped or unequipped to provide meaningful mental health care. This presentation examines key legislative policies and judicial decisions that contributed to the transinstitutionalization of people living with mental illness and put encounters with police at the forefront of community response. This presentation also frames the police's role as gatekeeper in the midst of encounters involving people living with mental illness and determining outcomes: (1) Death, (2) arrest, (3) diversion to care, or (4) no formal action taken. When police respond, the state-extended authority to act is guided by *parens patriae* and police power. The literature that informs police decision-making during encounters with people living with mental illness, in crisis or the 'grey zone,' is examined and gaps noted. Finally, a conceptual framework – grounded in critical phenomenology – is provided and integrates the social, economic, political, and cultural influences of these encounters towards new research and knowledge-building.

Police Violence Against Individuals with Mental Illness

Barbara Kritchevsky, *University of Memphis* (bkrтчvs@memphis.edu)

Individuals with mental illness come into contact with law enforcement more frequently than other individuals and the nature of mental illness often leads to misunderstandings and violence. American law is struggling to define police obligations to the mentally ill under the Americans with Disabilities Act, both in recognizing when conduct that appears criminal is a manifestation of mental illness and when police must make accommodations in approaching and arresting the mentally ill. The courts also struggle to determine when police violence against individuals with mental illness constitutes excessive force in violation of the Fourth Amendment and when the victims of police violence may obtain damages from the police. Both issues require courts to balance the need to protect the public and officer safety against the civil rights of individuals whose illnesses manifest in behaviour that draws police attention. This presentation will explain the legal approaches American courts take in determining whether police must accommodate the mentally ill under the Americans with Disabilities Act and the Fourth Amendment. It will argue that police

should have to take known mental illness into consideration in approaching and arresting the mentally ill.

Policing the Mentally Impaired

John Burris, *Attorney-at-Law, Oakland, USA* (burris@lmi.net)

This presentation will focus on the victims of police abuse who at the time of their encounter were labouring under a significant mental impairment. Family members often call the police seeking assistance. Unfortunately, police officers are mostly ill equipped either by training or temperament to resolve the conflict without using lethal force. Several cases will be used to illustrate that lives can be saved if officers were better trained and had alternative techniques available. This presentation will explore the different interventions that have been successful and those that have not been. It will also discuss the tremendous negative impact on families calling for assistance when the person is killed by the police.

149. Prisoner Release I: Emerging Perspectives on Effective Prison-to-Community Transitions

A Randomized Clinical Trial Pilot Study of SUPPORT for Returning Inmates

Bradley Ray, *Indiana University* (bradray@iupui.edu)

Substance Use Programming for Person-Oriented Recovery and Treatment (SUPPORT) is a community-driven, recovery-oriented approach to substance abuse care for returning inmates. SUPPORT offers clients choice in service participation and aims to strengthen both internal and external aspects of recovery capital through empowerment and choice. Ultimately, this approach serves as a system-level solution within a community or state that aims to help clients not only achieve abstinence but to make significant progress in other areas of life, as the RSOC model is well-suited to develop sustainable supports and life-long skills that are transferable to natural settings and promote personal development. The primary mechanisms through which SUPPORT will accomplish its goals include: (1) Services delivered by a certified recovery coach; (2) recovery-focused treatment plans developed around each client's chosen goals; and (3) payment vouchers clients can use to access support services to meet their goals. In this study we report the six-month results from a randomized clinical trial pilot comparing SUPPORT to a treatment-as-usual group. This presentation will examine both changes in client recovery outcomes (e.g., agency/self-determination, treatment motivation, self-efficacy, substance use frequency) as well as criminal justice outcomes (arrest or return to incarceration).

Hope, Identity, and Self-Efficacy: Underlying Mechanisms of Recovery and Desistance Guiding Community Reentry from Prison for Persons with Mental Illnesses

Stacey Barrenger, *New York University* (stacey.barrenger@nyu.edu)

People with mental illnesses continue to be overrepresented in the criminal justice system. Mental health interventions designed to address criminogenic risk or link individuals to mental health services have not been successful at reducing recidivism and promoting community tenure. Incorporating a recovery and desistance orientation into interventions for persons with mental illnesses will address both mental health needs and criminological behaviours. Both recovery and desistance theories identify hope, self-efficacy, and identity as underlying mechanisms. Understanding how these mechanisms operate in recently released individuals with mental illnesses will help to produce an integrative framework of community reentry from prison from which to build or augment interventions. This presentation will review three existing qualitative studies on community reentry to examine the role of hope, self-efficacy, and identity in the narratives of persons with mental illnesses recently released from prison. In two of the studies, participants completed in-depth interviews as part of a reentry intervention study. In the third study, participants completed life history, phenomenological, and meaning making interviews. Data was coded thematically using grounded theory and phenomenological techniques.

College in Correctional Custody: Does It Count?

Stephanie Hartwell, *University of Massachusetts Boston* (stephanie.hartwell@umb.edu)

This presentation will describe the promise and barriers to college level prisoner education pre and post correctional release from the vantage point of the house of correction, the program professors, and the students. Although the literature on prisoner education is unequivocal in its ability to reduce recidivism and improve outcomes, post-secondary education programs for incarcerated or formerly incarcerated persons are often rare as the public is either unaware of their positive impact or not interested in investing in persons who commit crime. However, education and employment are the most important predictors of reduced post-release recidivism and the lowest recidivism rates are among incarcerated individuals participating in post-secondary education programs. Additionally, in the near future, the majority of available jobs will require some college education. College educated individuals earn more, are less likely to be unemployed, and less likely to be incarcerated than non-college educated individuals. Here, we use qualitative data from field notes and coded variables related to access in a controlled environment, variability of and among students, and community transition issues to highlight both the promise and barriers to offering college courses to best understand how programming in this area should be structured both behind bars and out to the community.

Using Prison Health and Mental Health Service: Perspectives from Formerly Incarcerated Adults with Serious Mental Illnesses

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

Mass incarceration disproportionately affects people with mental illnesses. The experience of incarceration poses several physical and mental health risks due to the stresses and circumstances associated with imprisonment. People with mental illnesses are more likely to experience physical and sexual victimization and attempt suicide while incarcerated. They also may have difficulty following rules due to their psychiatric symptoms drawing attention from correctional officers. While we know something about correctional officers' attitudes towards people with mental illnesses, little is known about the prison experiences of people with mental illnesses, their use of services while in custody, and their interactions with corrections officers and health care providers. This presentation presents the results of a study on how people with mental illnesses experience incarceration, including interactions with correctional officers and treatment staff, use of physical and mental health care, and sanctions (e.g., solitary confinement). Participants were recruited from three different sites in the US: Missouri, New York, and Pennsylvania. Participants completed an in-depth interview, short survey, and critical event timeline. Data were analyzed using a combination of analytics including grounded dimensional analysis, content analysis, and descriptive statistics.

150. Prisons and Human Rights

Prisons, Rehabilitation, and Independent Monitoring Under International Treaties

Bronwyn Naylor, *RMIT University* (Bronwyn.naylor@rmit.edu.au)
Stan Winford, *RMIT University*

The purposes of imprisonment may be endlessly debated: To deter; to denounce the crime; to protect the community. But international treaties and standards, including the ICCPR, the UN Standard Minimum Rules (the 'Mandela Rules'), and the European Prison Rules, state clearly that the preparation of a person for reintegration into society is a fundamental goal of a prison system. This presentation examines the question whether, and to what extent, prison monitoring regimes established under treaties prohibiting torture and inhuman treatment can enhance the rehabilitative role of the prison. To date 87 countries, including many in Europe and Scandinavia, and recently Australia, have ratified the UN OPCAT (the Optional Protocol to the Convention Against Torture) since it came into force in 2006. OPCAT requires ratifying states to establish National Preventive Mechanisms, monitoring bodies to prevent 'torture and cruel, inhuman and degrading treatment' in places of detention. It also requires ratifying states to receive monitoring visits from the SPT (the UN Subcommittee for the Prevention of Torture). This presentation will examine the scope of monitoring under OPCAT, considering whether and how its mandate to protect against ill-treatment extends to facilitating the rehabilitative role of the prison.

151. Psychiatry's Influence on Law

The Role of Forensic Psychiatry in Civil Rights

Melissa Piasecki, *University of Nevada, Reno School of Medicine* (mpiasecki@unr.edu)

Forensic psychiatry is a sub-specialty of psychiatry and relates to the intersection between legal and mental health issues. This presentation will introduce the typical activities of forensic psychiatrists (and other forensic mental health professionals), such as expert witness services in civil and criminal litigation. This will be followed by detailed descriptions of the roles of forensic psychiatrists related to civil rights. Forensic psychiatrists contribute to the work of legal professionals in civil rights matters related to immigration, disability, and the rights of institutionalized people such as prisoners. The role of the forensic psychiatrist may vary depending on the nature of the matter. Potential roles include expert consultant to a court or monitor in a civil rights action, member of an investigative team, and consultant to a disability rights team. Forensic psychiatrists may evaluate immigrants who may be eligible for asylum due to trauma or for protections in immigration proceedings due to mental disabilities. This presentation will offer examples of how forensic psychiatric services may be organized and the opportunities for forensic mental health professionals to gain additional knowledge and expertise in civil rights.

152. Psychotic Disorders

The Use of Linguistic Markers and Automatic Discourse Learning Methods to Predict the Transition to Psychosis: What are Ethical and Epistemological Challenges for the Patients and Psychiatrists?

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Michel Walter, *Centre Hospitalier Universitaire de Brest* (michel.walter@chu-brest.fr)

For many years, prediction in the field of schizophrenia is one of the challenges of international psychiatry. Several centres were formed to identify earlier subjects at risk of developing a psychotic disorder and thus allow to act quickly. To improve the prediction, the department of psychiatry in Brest is interested to identify specific linguistic markers of the psychotic transition using automatic learning techniques. The study was approved by the research and ethics committee of the Brest Hospital Centre. However, this technique raises the question of sharing medical information with researchers in linguistics. Is medical confidentiality maintained? In case of error, who will bear the responsibility? The automatic learning techniques, or

doctors? Moreover, from a commodification of language to a desubjectivation of the individual, this mutation of the clinic raises ethical and epistemological challenges. Driven by the principle of beneficence and obligation to act on vulnerable subjects, the precautionary ethic might be the right measure between the supporters of abstention and those of "the action whatever the cost". Deploying an energy to form itself constantly, it would thus join the language in its mediating function between the "inner world" of the individual and the "common world".

153. Publishing at the Interface of Psychiatry and the Law: Challenges, Opportunities, and Scholarly Journals

The Editor's Perspective on Getting Published

Brendan Kelly, *Trinity College* (brendan.kelly@tcd.ie)

Submitting papers and getting them published is an important, complex process. Publication depends not only on the research and thought underpinning the work described, but also on the authors' ability to structure their arguments, contextualize their research, present their findings clearly, and explore the implications of their work in the broader context. Preparing a manuscript for submission is a multi-step process that merits time, thought, and attention. Preparing papers is a key element of good science communication that is relatively neglected in programs of undergraduate and post-graduate education. The *International Journal of Law and Psychiatry* is the world's leading journal in its field and receives submissions from all around the globe. Writing for a global readership requires a particular skill set that includes especially clear use of language, logical presentation of ideas, focused formulation of results, and mindful discussion of findings. Responding to peer reviewers and interacting with journal editors are other important skills that can significantly shape a submission's journey through the editorial process. This presentation focuses on these themes and provides advice about optimizing the likelihood of having your submission published by making it more robust, clearer, more "editor-friendly" and—most importantly—more "reader-friendly."

The Peer Reviewer's Perspective on Getting Published

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

What are peer reviewers seeking when they assess submissions made to international, multidisciplinary scholarly journals? What is the difference between supplementing the professional literature and making a truly original contribution to scientific knowledge? Is this difference one that will inevitably determine whether a submission is accepted for publication? What differentiates a submission of domestic interest from one of international significance? Does a submission need a thesis or an argument? What are peer reviewers attempting to convey when they observe that a submission lacks "structure"? How much weight is given by peer reviewers to a submission's methodological rigor? Will poor written expression

or deficits in proofreading—involving spelling problems, typographical errors, punctuation concerns, or technical citation deficiencies—always be fatal? What techniques are critical for skillfully and engagingly addressing contributions from more than one area of disciplinary knowledge? Are peer reviewers looking for bland, boring, and “safe” submissions, or instead for something that excites and inspires the reader?

Researching, Writing, and Publishing Beyond a Single Disciplinary Focus

Bernadette Maree McSherry, *University of Melbourne* (bernadette.mcsherry@unimelb.edu.au)

“Interdisciplinary,” “multidisciplinary,” and “transdisciplinary” are terms used to describe research that moves beyond a single disciplinary focus in attempting to solve complex problems. The distinctions between these terms are often subtle, but always meaningful, as each reflects an important perspective on modern social scientific scholarship—both theoretical and applied. The incorporation of perspectives from a range of identified disciplines is increasingly encouraged in universities and in public service institutions alike, particularly in relation to areas that have a policy orientation. This assumes that intractable problems can only be solved by transcending specific disciplinary cultures. This presentation will explore how interdisciplinary, multidisciplinary, and transdisciplinary approaches may be practically applied, and will describe some of the challenges in researching, writing, and publishing beyond a traditional single disciplinary focus. It will examine whether learning others’ disciplinary language is possible, or whether incommensurability is always the case, and how best to cultivate common ground.

The International Journal of Law & Psychiatry: An Author’s Perspective

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

How well does the International Journal of Law and Psychiatry fare on the factors that I take into account in choosing a journal to submit a paper: Is its readership that one I want to reach? Does it have a niche readership of interest? How broad is the readership base; is it international? How does it deal with interdisciplinarity; how well does it work for clinicians? Will my colleagues who I want to read it, read it? Does the journal have a good ‘impact factor’ (for a journal in this subject area)? How efficient, helpful, and friendly is the review process? How quickly does it publish following acceptance? I will discuss my experience with the journal along these lines – including one or two surprises. I shall also report on the results of a small informal survey of a number of colleagues’ (both medical and legal) experiences with submissions to the journal.

An Introduction to Publishing in Scholarly Journals

Jennifer Franklin, *Elsevier, UK* (jfranklin@elsevier.com)

This introduction to the journal publication process will provide information and tips to guide

authors through key parts of the publication process. Topics covered will include factors to consider in selecting the right journal, writing style for scientific journals, structuring the article for maximum utility and understanding, and authorship issues. This presentation will also cover navigating the peer review process, how the typical peer review process is conducted, and how authors can deal with peer review comments in different situations. Impact measures used in journals publishing will be covered, including the Impact Factor and H-index, with explanation of how to use and understand these measures correctly to get maximum value. Finally, the session will cover how to maximize visibility of the article after publication, how to promote the work and share with networks, and how to use tools to track performance of the article across academic platforms, in the media, and on social media.

154. Queer and LGBT Bioethics

Akshay Khanna, *Independent* - Discussant

'An Unspeakable of the Oscar Wilde Sort': The Ethics of Queer Medical Nomenclature, 1890-Present

Lance Wahlert, *University of Pennsylvania* (lwahlert@mail.med.upenn.edu)

What's in a name? Of the many variables that have been instrumental in the histories of medicine and bioethics for LGBTQ persons—from psychopathological treatments to community related infections—perhaps no feature has been more prominent than the *naming* of queer persons in medical discourse. Homosexual, transsexual, transvestite, bisexual: These are all terms that were birthed in the field of sexology at the turn of the 20th century. By extension, in the past century, nosology has remained a vital bioethical battleground for LGBTQ medical legitimacy, especially as such terminology has afforded or forfeited legal and civil protections. This presentation will survey the ethics of LGBTQ lexicography in medicine... past, present, and future. Of central interest for this presentation will be textual evidence including canonical works of queer literature and instrumental medical texts ranging from the Diagnostic and Statistical Manual (DSM) of the American Psychiatric Association (APA) to the World Health Organization's (WHO) World Health Report. An overriding question for this presentation will be: "Who counts in LGBTQ medicine, and under which names?"

Queer Vulnerabilities

Tiia Sudenkaarne, *University of Turku* (tijun@utu.fi)

Queer bioethics is an explicated field of bioethics focusing on issues concerning lesbian, gay, bisexual, trans, and intersex individuals, and others whose gender and sexual variance is deemed somehow problematic by medical ethics. Queer bioethical analyses can discuss, for example, the global accessibility of gender reassignment for transgender people, the ethics of sex affirmation when treating intersex conditions, or reproductive justice in queer reproduction. Further, however, queer bioethics interrogates the basis on which socio-medicalized views on gender and sexuality

are produced and reproduced. A development in feminist empirical bioethics, this presentation will discuss the concept of layered vulnerability and apply it to queer bioethics. The layered account of vulnerability disputing individuals or groups from being vulnerable rather than being rendered vulnerable – crucially, also without being rendered powerless – the presentation will offer an original approach to LGBTQI vulnerabilities. Drawing from queer bioethics and the queer bioethics inventory, a methodological tool for both theoretical and practical uses, the presentation will discuss suggestion for layers to be used in further analyses for queer bioethical vulnerabilities.

Whose Interests are Advanced by LGBT/ Queer Bioethics?

Cristina Richie, *East Carolina University* (richiec17@ecu.edu)

Before there is sexual orientation there is sex. And lesbians, as a class of women, have been right to point out that men—gay and straight—still benefit from a patriarchal society. Lesbians remain more vulnerable to misogyny, underemployment, discrimination, sexism, and a lack of social representation. Sexual orientation cannot be separated from patriarchy, privilege, and dominance. It is precisely these differences which Doris Leibetseder has so incisively pointed out. These are inequalities are compounded when speaking of access to medical reproduction. Theorists writing about the biological children of gay people—as a blanket term for both gay men and lesbian women—often gloss over these facts. It is sloppy conceptual work to place gay men and gay women together when discussing LGBT/ Queer bioethics, yet this is often done for expediency. This presentation will explore medical reproduction as a case study in LGBT/ Queer bioethics emphasizing that the homosexual experience—physically, socially, economically, emotionally, and politically—is not homogenous. Bioethicists must clearly define whose interests are at stake when advancing LGBT/ Queer bioethics and ensure that lesbians, and other queer women, are not disadvantaged.

Queer and Transgender Reproduction in Six EU-States

Doris Leibetseder, *Uppsala University* (doris.leibetseder@gender.uu.se)

One social group particularly affected by biotechnological and legislative changes around Assisted Reproductive Technologies (ART) are queer and transgender people. This comparative presentation will examine which possibilities and constraints they experience in six purposely selected European countries (Austria, Estonia, Poland, Spain, Sweden, the UK), including countries where none or less research on queer and transgender use of ART is done. Based on the results of the presenter's Marie-Skłodowska Curie project "QTReproART -Towards an Inclusive Common European Framework for Assisted Reproductive Technologies (ART): Queer & Transgender Reproduction in the Age of ART", this presentation will address two aspects: First on the outcomes dealing with the regulation of ART for LGBTQ-people, the second on the experiences of self-identified queer and transgender people with ARTs. The first part of the talk on the legal regulations of ART for queer and transgender people consists of laws on family, kinship, and gender recognition and a comparative national analysis. The second part of the

presentation will show the outcomes of the analyses of queer and transgender experiences with ART and suggestions on how to improve their precarious reproductive situations.

Queer Bioanalytical Analysis of Community Engagement and Negotiating Mistrust in HIV Vaccine Development in Kenya

Salla Sariola, *University of Helsinki* (salla.sariola@helsinki.fi)

Community engagement is a ubiquitous tool in Global Health research. International bioethical guidelines mandate community engagement as a way of ensuring that research is socially relevant to communities taking part in research, collaborative, and democratic. A key theme in the study of community engagement and Global Health research is trust. Engagement is seen as trust-building *par excellence*. This presentation will argue, however, that particularly in contexts of sub-Saharan Africa it would be analytically more productive to think with mistrust. History of medical research in sub-Saharan Africa is marked by conflicts between communities and health professionals and research has been associated with colonial and postcolonial forces, black magic, and experimentation. Based on ethnographic research from Kenya in 2014-2015, this presentation uses a queer bioethical framework to analyze a conflict that ensued between an HIV vaccine research group, LGBTIQ study participants, and the community living in the vicinity of the study centre. The case demonstrates the conditions and limits of engagement, and how queer bioethical thinking about mistrust is relevant to understanding the role sexuality and vulnerability in conflict. In this context engagement tools are made to work across differences of race, class, education, and sexuality, with precarious results.

155. Race and Mass Incarceration

The Role of Truth and Reconciliation in Serving Men in Prisons in the Era of Mass Incarceration

Maria Ward Morrison, *Washington University in St. Louis* (m.morrison@wustl.edu)
Fr. Dustin Feddon, *St. Vincent de Paul Seminary*

Rehabilitative services to incarcerated men are limited in both availability and effectiveness in the US, where the primary objective of the correctional system is retribution. Incarceration rates have climbed dramatically since the 1970s from approximately 300,000 to 2.3 million today. The majority of the incarcerated are people of colour (56%) and nearly all are impoverished. The US has a long history of enslaving, terrorizing, and systematically denying rights to people of colour. These facts are often relegated to the background in research of and practice with incarcerated and recently released men who are primarily conceptualized as criminals. We propose a model of service provision to men during the reentry process that incorporates providing material support with an engagement in a truth and reconciliation process with their communities. This process goes beyond a restorative justice model to confront the history of racial bias that led to the conditions of mass incarceration. The aim of this process is to assist formerly incarcerated men as

well as their communities in addressing the wounds of mass incarceration and establishing a shared human identity based on mutual care, shared responsibility, and justice.

Preliminary Findings from the Community Wise Optimization Study: Addressing Social Justice, Substance Use Disorders, and Reentry

Liliane Cambraia Windsor, *The University of Illinois at Urbana-Champaign*
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Carol Lee, *The University of Illinois at Urbana-Champaign* (carolal2@illinois.edu)

Rates of substance misuse (SM) among residents of distressed communities are similar to the general population in the United States. Yet SM has significantly higher consequences for residents in distressed communities (e.g., higher incarceration and HIV infection rates). This presentation discusses preliminary findings from a 2*2*2*2 randomized factorial experiment funded by the National Institute on Minority Health Disparities (grant # U01MD01062) aiming to develop and test Community Wise, an innovative, multi-level intervention created in partnership with service providers, residents of distressed communities, and individuals with histories of substance use disorders and incarceration to reduce SM. Community Wise is hypothesized to reduce SM by raising critical consciousness (the ability to understand the structural roots of one's problems in order to empower communities to address social determinants of health while changing individual behaviours). A total of 214 of 528 men have been randomized thus far into one of 16 experimental conditions to examine which intervention component is the most potent in reducing SM. Intervention retention is 48% and ongoing follow-up rates range from 43% to 56%. Preliminary findings indicate that the intervention's feasibility must be enhanced, licensed facilitators may be more effective than peers, and goal implementation components may be more potent.

156. Recidivism

Examining How Much is Enough: The Effect of Prison Stay Duration on Recidivism in Oregon, USA

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Brian Renauer, *Portland State University* (renauer@pdx.edu)

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Kris Henning, *Portland State University* (khenning@pdx.edu)

In 2011, Snodgrass et al. published a study examining how length of prison stay impacts recidivism, accounting for criminal history, criminal trajectory, severity of current crime, and relevant demographics in the Netherlands. They found no consistent and significant relationship between time served and offending. Part of Oregon's Justice Reinvestment Initiative is to reduce imprisonment while maintaining public safety. The current study is a replication of Snodgrass et

al.'s quasi-experimental study examining the connection between length of stay and recidivism in the context of Oregon. The study used a variety of state data sources on incarcerated individuals released in Oregon from 2011-2015 and then assessed the impact of stay on follow-up through 2018 for three years of recidivism tracking those whose most serious offence is a Justice Reinvestment crime. The relationship between imprisonment and recidivism is clearly complex, and it is likely that the overall influence depends on the specific context of the criminal justice system in question. The results provide useful information on the effectiveness and efficiency of our criminal justice system. The results can be used to identify ideal prisons stays that minimizes recidivism, maximizes public safety, and potentially reduces overall costs.

157. Refugees I: Health, Mental Health, and Social Conflict: Syrian Refugees in Host Countries

Non-Communicable Disease Burden and Barriers to Accessing Healthcare Among Camp-Dwelling Syrian Refugees in Beirut, Lebanon

Fatima M. Karaki, *University of California, San Francisco* (Fatima.Karaki@ucsf.edu)

The study reported in this presentation aims to evaluate the burden of non-communicable diseases (NCDs) and to understand the barriers to accessing healthcare among Syrian refugees living in Burj el-Barajneh camp in Beirut, Lebanon. Participants completed a quantitative survey and qualitative open-ended interview about their health concerns, living conditions, and healthcare experiences. Of 106 participants in the quantitative survey, 93 (88%) were female and the average time displaced from Syria was three years. Most common self-reported NCDs included arthritis (37%), hypertension (25%), skin disease (24%), and lung disease (15%). In qualitative interviews, 20 participants cited their main health issues as stress, hypertension, diabetes, and pregnancy concerns. Almost all refugees considered healthcare costs prohibitive. Many refugees felt discriminated against by healthcare workers as well as by the surrounding host Palestinian and Lebanese communities. This presentation will conclude that NCD prevalence is high among the Syrian refugee population in Lebanon, placing significant demand upon the Lebanese healthcare system. Cost is a major barrier to care among Syrian refugees; this is compounded by their fragile economic status and a significant impact to seeking care of perceived discrimination in host communities.

Syrian Refugees' Traumatic Experiences and Couple Intimacy in Jordanian Host Communities

Niveen Rizkalla, *University of California, Berkeley* (rizkalla555@berkeley.edu)

This presentation will examine the impact of traumatic-experiences on marital lives of Syrian refugees in Jordanian host-communities. Refugees, 158 married adult Syrians seeking services from NGOs, reported on their current circumstances and war exposure. Assessments included the Harvard Trauma Questionnaire (HTQ)-PTSD and the Personal Assessment of Intimacy in Relationships (PAIR). The impact of HTQ-PTSD on intimacy scores as well as on seven dimensions of intimacy—i.e., anger, emotional, intellectual, recreational, sexual, and social intimacy—was assessed with multiple regression. Forty-three percent of the refugees screened positive on HTQ-PTSD. Overall intimacy-scores were low: $M= 2.4(\pm 1.1)$ of a possible five. Refugees screening positive on the HTQ-PTSD scored lower on intimacy ($M=1.95(\pm 65)$) compared to the ones screening negative ($M=2.23(\pm 66)$). HTQ-PTSD seemed to have its significant negative impacts in three areas: Emotional ($b=-.37$, $p=.05$), recreational ($b=-.35$, $p=.006$), and sexual ($b=-.34$, $p=.014$) intimacy. Furthermore, the higher the HTQ-PTSD symptoms reported, the lower the overall couples' intimacy, whereas the higher the years of education and economic status, the higher the couples' intimacy. It is essential to better address the overwhelming impact of PTSD on Syrian refugees' interpersonal relationships.

Syrian Refugee Women Displacement Challenges: A Qualitative Study

Laila Soudi, *Stanford University* (lsoudi@stanford.edu)

The Syrian Civil War has created a mass exodus of people, with more than half the country's pre-war population having been displaced. The grand majority of refugees from the War fled to neighbouring countries, including Jordan. This study explores the displacement challenges of Syrian women after seeking refuge in various urban communities of Jordan. Twenty open-ended interviews were conducted in 2014 with Syrian refugee women at various humanitarian organizations, public spaces, or at refugees' homes. Participants reported on their displacement challenges and current unmet needs as refugees in urban communities of Jordan. Of these participants, 94% reported exposure to war before seeking refuge in Jordan, with all women reporting on their displacement challenges. As newly displaced women, they faced housing difficulties, suffered from the high cost of living, the illegality of work, scarce economic resources, poverty, inability to admit their children in schools, hostility of locals, as well as hyper-attention to the events in Syria and the status of the family members they left behind. Many women reported feeling hopeful about being able to return to Syria, feeling sad about losing their country, and feeling disappointed in yet grateful for the hospitality of local Jordanians. The needs of Syrian refugee women are enormous, especially in an already-overwhelmed, low-resource host country like Jordan.

Well-Being and Post-traumatic Growth Among Syrian Refugees in Jordan

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

The Syrian war has exposed people to trauma beyond comprehension and created a mass-exodus to neighbouring-countries. The study reported in this presentation explored the factors affecting the well-being and posttraumatic growth of Syrian refugees while residing in the urban communities of Jordan. The sample (N=250) included data collection of surveys (in Arabic), with Syrian refugees who were interviewed at humanitarian organizations in Jordan. The survey included a global rating of well-being, the Posttraumatic Growth Inventory, The Harvard Trauma Questionnaire (HTQ), The War Events Questionnaire, K6, and The Modified Mini Screen. Univariate and multivariate results indicated that enhanced well-being was associated with income, health, and absence of affective disorder. Posttraumatic growth increased in association with income, assistance from non-governmental organizations, and absence of psychosis and affective disorder. Findings suggest having sufficient income and gaining humanitarian assistance can contribute to Syrian refugees' mental health.

Syrian Refugees: A Threatened Identity: The Case of Syrian Refugees in Egypt

Hanaa Shuwiekh, *Fayoum University* (hanaashiwk2000@hotmail.com)

The Syrian conflict has killed hundreds of thousands of people and forced 12.5 million people (six out of ten of the country's prewar population) from their homes in the world's worst refugee crisis. The immense suffering of Syrians has threatened their personal and collective (e.g., national) identities as well as physical identities' mere existence. It has potentially heightened existential annihilation anxieties (EAAs) and fears of national identity loss, as observed in historical accounts of genocide. This study utilized the development-based trauma framework on identity traumas to study the cumulative effects of trauma on the identities of Syrian refugees. Participants included 196 Syrian refugees residing in Cairo, Egypt (Mean age = 35.99, SD = 11.05). The rate of post-traumatic stress disorder was 33.5%, and the rate of depression was around 30%; the level of comorbidity was high with a high rate of suicidal plans or attempts (13.7%). Analyses indicated that existential annihilation anxieties, moderated by identity salience, mediated the effects of cumulative trauma on mental health. The results confirmed the utility and validity of the identity trauma model and provided evidence of the dire mental health needs of Syrian refugees.

158. Refugees II: Refugees and Mental Health

Psychosocial Interventions Within a Mobile Medical Clinic During the Rohingya Crisis in Bangladesh, 2017-2018

Jennifer Ann Bourassa, *BC Operational Stress Injury Clinic, Vancouver, Canada* (jenniferbourassa@hotmail.ca)

Based on personal experiences as well as other psychosocial delegate accounts, reports, and surveys, this presentation will focus on the challenges and successes of integrating psychosocial

interventions within a mobile medical clinic treating Rohingya's within the Bangladeshi camps during 2017 – 2018. A brief historical overview will be provided to in order to establish context to this particular crisis as well as the back drop on the birth and transformation of psychosocial interventions within the international milieu. However, the main focus of this presentation will be to discuss the more micro elements of this work: Client complexities, recruitment challenges, essential training, as well as the coordination/networking efforts between community resources locally, nationally, and internationally. In addition, it will present some trials around ensuring client confidentiality while maintaining continuity of care for those who suffered from sexual gender-based violence and child protection concerns. Lastly, it will outline some of the bias psychosocial workers face within this context and some efforts and ideas to overcome these barriers.

Cultural and Systematic Barriers to Addressing Mental Health Among Refugees from Burma

Isok Kim, *University at Buffalo* (isokkim@buffalo.edu)

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

Limited mental health service use remains a critical concern for resettled refugees because their mental health is tied to traumatic experiences. It is critical to understand cultural and systematic nature of barriers, since each refugee group has unique combinations of factors. We conducted semi-structured, in-depth interviews with Burmese and Karen community leaders living in Buffalo in order to examine issue of mental health service use among refugees from Burma. Interviews elicited community leaders' views and their understanding on mental health, based on their experiences working with their own community members. Findings revealed cultural differences and lack of knowledge on mental health concepts as overarching issue that contribute to varying decisions to use mental health services. Although some were aware of depression or PTSD, such knowledge for them was gained more recently though agency-based training. Three major categories were identified: Sources of mental health issues, service use barriers, and proposed solutions. Findings expand our understanding of unique and specific mental health issues, barriers, and proposed solutions to this refugee population through the eyes of community leaders. Useful information and culturally appropriate support, such as tea gathering, are identified for refugees in utilizing healthcare services.

Future Tasks for Transcultural Psychiatry and Psychotherapy

Werner E. Platz, *Health and Social Centre Moabit, Berlin, Germany* (weplatz@web.de)

At the end of 2016, according to the United Nations High Commissioner for Refugees (UNHCR) surveys, 65.6 million people worldwide fled, around 22.5 million are refugees fleeing war, persecution, and severe human rights violations. In 2016, around 750,000 people applied for asylum in Germany. The asylum right for politically persecuted foreigners is laid down in Article 16a of the German Law. Psychiatric diagnostic practice focuses on posttraumatic stress disorder, severe depressive episodes, and episodic paroxysmal states of anxiety (panic disorders), mother tongue language competence facilitates a continuous psychic contact. Our practice mainly covers

people from the Arabic-speaking world with the involvement of competent language mediators. Detailed reports from the Federal Office for Migration and Refugees (BAMF) are required to justify asylum applications or to submit in opposition proceedings. Because of the overloading of the BAMF, many refugees could not immediately apply for asylum, they were granted a temporary permit for different periods of time, which is then extended in each substantiated case. Essential for the basis of medical treatment is the electronic health insurance card. Using the example of a refugee family from Syria, the path of psychiatric-psychological treatment will be illustrated.

Why Asylum Seekers Should not Participate in Intervention Studies

Douwe H. van der Heide, *GGZ Centraal* (d.vanderheide@ggzcentraal.nl)

In a psychiatric clinic for asylum seekers in the Netherlands a double blind, placebo-controlled intervention study was conducted into the effect of caloric vestibular stimulation on a dissociative symptom common among inpatients with therapy-resistant PTSD. Effects were rated by independent, blinded observers; at the (premature) conclusion of the study (n = 9) effect was observed in two patients: One in the intervention condition, and in one in the placebo condition. At the same time, the clinic happened to start a program for the implementation of routine outcome monitoring (ROM); this included the use of two symptom validity tests (SIMS and MENT) as a general validity check (n = 203). The validity turned out to be poor: Mean SIMS score 33.8, 95% CI [31.5, 36.1] (cutoff > 16); mean MENT score 18.7, 95% CI [16.7, 20.7] (cutoff > 9). As poor symptom validity confounds the inclusion of participants in an intervention study it was decided that it would be unethical to proceed; the intervention study was aborted. Our conclusion is that if asylum seekers are to participate in intervention studies, a symptom validity check should be done as an extra precautionary measure to prevent unethical exposure to the test intervention.

159. Reproductive Health I: Accessing Reproductive Health Services in Australia

Between Rocks and Hard Places: The Lived Experience of Third-Party Reproduction and Mismatched Regulatory Frameworks

Anita Stuhmcke, *University of Technology Sydney* (anita.stuhmcke@uts.edu.au)

This presentation will assess the ability of existing legal frameworks to respond to reproductive need based upon interviews with Australians who have travelled for the purposes of third-party reproduction. In particular it assesses the extent to which four decades of policy development in Australian have facilitated a regulatory approach which ‘does no harm’ and ensures the health and safety of all participants. The conclusion reached is that the current regulatory framework for third-party reproduction has failed those that need it most. Global travel for the purposes of reproduction is disruptive, and exposes gaps and collisions between health care law and family

law and other areas of law such as immigration and criminal law. This presentation will draw upon interviews with individuals who have travelled in their attempt to pursue family formation through ART and surrogacy in order to identify and analyze the lived experience of particular sites of conflict between legal regimes. Shared attributes of interviewees include physical and psychological harm, and economic and emotional loss. The aim is to rethink the current regulatory approach to ART and surrogacy so as to improve the impact of law upon individuals who pursue assisted family formation.

Surrogacy in Australia: Enforced Altruism's Market Failures

Jenni Millbank, *University of Technology Sydney* (jenni.millbank@uts.edu.au)

Australian regulation of surrogacy was dramatically liberalized over the past decade, yet still enforces a strict vision of reproductive altruism. Surrogates within Australia cannot be paid anything other than documented reasonable expenses; nor can intermediaries be paid to arrange, facilitate, or advertise surrogacy services. The stated legal objective of such measures is to 'prevent exploitation'. Our research found that while surrogacy is tightly controlled throughout Australia, it is not well facilitated, and domestic surrogates are inadequately supported by parents, peers, or professional networks. There were also reports of surrogates experiencing very serious health problems, which were undetected due to the largely on-line self-matching and unscreened nature of the Australian environment. This presentation will argue that the rigid adherence to altruism in Australia, far from protecting women, has led to a situation where surrogates may be placed at significant risk to their physical and emotional health. The US commercial market has produced a settled model of surrogacy facilitation including screening, intermediation, dispute resolution, and on-going support measures which may, somewhat counterintuitively better 'protect' surrogates' interests than the paternalistic Australian system.

Legislating for Health and Well-Being: The Case of Australia's Safe Access Zones

Tania Sandra Penovic, *Castan Centre for Human Rights Law, Victoria, Australia*
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The harassment and intimidation of patients by anti-abortion protesters outside clinics in which abortions are provided has become commonplace in Australia. This protest activity has undermined the well-being and safety of persons requiring access to clinics, causing significant distress to patients and impeding access to lawful health services, particularly for vulnerable women and those who live outside urban centres. Protesters have been involved in physical altercations with patients or their companions and in 2001, a security guard at a Victorian clinic was murdered by an anti-choice protester who planned a massacre of everyone inside the clinic. In order to address the impact of protest on the health, well-being, and privacy of women seeking abortions and others requiring access to premises in which abortions are provided, four Australian jurisdictions (Tasmania, the Australian Capital Territory, Victoria, and the Northern Territory) have introduced legislation providing for safe access zones around clinics which provide abortions. Drawing on empirical research conducted in two Australian jurisdictions, this presentation will

examine the nature and effect of anti-abortion protest outside clinics and the scope, operation, and impact of safe access zone legislation.

Law, Politics, and the Criminalization of Abortion

Bronwyn Naylor, *RMIT University* (Bronwyn.naylor@rmit.edu.au)

Women's access to abortion has been managed since at least the 1860s through the criminalization of a range of practices, addressed both to women and to the providers of abortion services. The politics of criminalization in Australia have seen developments through legislative change and through judicial interpretation of legislation, as legislatures and courts respond to (or reject) social and political change. The late 1960s was a time of challenges to class, gender, and political inequalities, locally and internationally. In Victoria at the time, with politicians unwilling to introduce abortion law reforms despite substantial community support, a judicial ruling in 1969 changed the law in Victoria at one stroke. The decision of Mr. Justice Menhennit in *R v Davidson* provided a model of legal access to abortion for other jurisdictions, and was followed by significant decisions in New South Wales. In recent years abortion has been decriminalized in two jurisdictions but continues to attract criminal sanctions otherwise. This presentation examines the political and legal context for reforms to the criminal laws of abortion in Australia.

To What Extent Does Australian Law and Practice Facilitate a Woman's Right to Terminate a Pregnancy?

Ronli Sifris, *Monash University* (ronli.sifris@monash.edu)

This presentation explores the law relating to abortion in Australia through a "pro-choice" lens. It begins by considering the need for decriminalization as a precondition to the adequate facilitation of access to abortion services. As part of this discussion, the presentation argues that the criminalization of abortion is problematic for a number of reasons. For example, it contravenes the notion that the right to terminate a pregnancy falls within existing human rights norms, it increases the stigma attached to abortion, and it undermines the need for certainty and clarity in the law. It then proceeds to consider other factors, besides criminalization, which affect women's access to services. As part of this discussion the presentation engages in an analysis of the law in the various Australian jurisdictions and considers the extent to which access to services is facilitated adequately. For example, it considers the "health exception" to prohibitions on abortion together with the imposition of gestational limits before discussing other relevant issues such as abortion on grounds of fetal abnormality, access to medical abortion, conscientious objection, non-legal barriers to access, and the introduction of safe access zones.

160. Reproductive Health II: Public Policies of Reproductive Health

A Principle of Interdependency: Care Ethics and Public Health Recommendations in Reproductive Health

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

Public health recommendations regarding reproductive health, such as those concerning risks of Fetal Alcohol Spectrum Disorder (FASD) and risks related to the Zika virus, standardly target women, but this is not inherently justified. Criticisms of these recommendations have focused on the unnecessary burden placed on women. First, the recommendations skew or misrepresent information. Second, they target women, neglecting the roles of partners and social norms. These recommendations represent responsibility as belonging primarily or solely to women, while at the same time partners and norms hold equal (though not the same) responsibility. Diversifying and expanding responsibility in the form of public health recommendations would alleviate this burden. A feminist ethics, like that promoted by Susan Sherwin and other feminist scholars, offers a model particularly well suited to this endeavor. Indeed, such an ethics, which is both ‘feminine’ and ‘feminist’, brings relationality to the foreground of justice in healthcare. In these cases, recognizing interdependency and facilitating caring interdependent relations would require adjusting our tactics so that all pertinent relations of responsibility are targeted (not just women) and decisional burden is shared.

Reproductive Injustice: Examining Disparities in African American Infant and Maternal Mortality

Cheryl E. Amana Burris, *North Carolina Central University School of Law* (camana@nccu.edu)

Black women experience the highest rate of infant mortality rates among any racial or ethnic group in the United States. Moreover, Black women are three to four times more likely to die from pregnancy-related causes than their white counterparts. Developing data suggest that a significant cause of this disparity is the structural racism and discrimination that is experienced by these women and indeed black people in the United States. These experiences contribute to a lower life expectancy, higher incidents of diseases such as diabetes and high blood pressure, and poorer outcomes for those experiencing such diseases. While providing some introductory discussion on the health disparities among Black people as whole, this presentation will focus on the reasons for the disparity in mortality for Black women and their infants. Initial studies show that the disparity is not improved by education or income status. The goal of the presentation will be to examine which policy and programs, if any, can be implemented prioritizing and improving the outcomes for black women who exercise their reproductive choice to have healthy pregnancies and healthy babies.

Disability, Reproduction, and Precision Medicine Research

Maya Sabatello, *Columbia University* (ms4075@columbia.edu)

Precision medicine research holds promise for tailoring disease diagnosis, treatment, and

prevention to individual variability in genes, environment, and lifestyle. Although persons with disabilities may be key beneficiaries of such research their views about precision medicine research are not well-studied. The history of the eugenic movements and the Nazi experimentation still looms, especially among people with psychosocial conditions who were primary targets of these policies. Subsequently, genetic research and reproduction-related practices such as prenatal genetic testing have raised concerns that they may lead to the repetition of these historical wrongs. But, might precision medicine research be different and how might it correspond with debates about reproduction and prenatal genetic testing? How similar—or different—are the views of people with psychosocial conditions about prenatal testing and precision medicine research compared to other subgroups of people with disabilities? And why? This presentation will share findings from a large-sample national study with persons with disabilities in the US that explored the views of people with disabilities including those with psychosocial conditions about these questions; compare the views of people with psychosocial conditions and other subgroups of people with disabilities on these issues; and discuss the ethical, legal, and social dilemmas that arise.

161. Responses to Violence and Trauma

On the Intersection of Trauma and Human Rights: The Politics of Trauma

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In recent decades, advances in our knowledge of trauma have lead a growing number of mental health professionals to advocate for treatment systems based on principles of trauma-informed care that recognizes the pervasiveness of trauma in the lives of helping services consumers. At the same time, expansion of international human rights law articulates and codifies a broad range of civil and political, economic, social and cultural, and collective rights. Human rights violations and the resulting trauma are acknowledged as threats to the psychological and social well-being of individuals and communities. Yet, a clear understanding of how these two significant frameworks intersect is lacking. This presentation addresses this conceptual gap and examines how trauma and human rights converge and intersect in multiple and complex ways. The commonalities and unique features of traumatic experiences and human rights violations are discussed, as well as how an integrated framework can be applied to specific vulnerable groups. This integrated approach reframes trauma work beyond the scope of individual suffering and considers trauma within broader social contexts shaped by economic, social, and political imbalances of power.

Victim's vs. Overcomer's Self-Identity

Sarah Ben-David, *Ariel University* (bendas@gmail.com)

The purpose of this presentation is to elaborate the differences between self-identity of a victim and that of an overcomer, describe and explain the mechanism that fixates a victim's self-identity,

and hindrance the development of an overcomer self-identity, and discuss the development and benefits of survivor self-identity. The literature is rich with definitions of victims from different standpoints and theoretical perspectives, in addition both theoretical and empirical studies discussing the severe results for individuals who have been subjected to criminal acts, accidents, terror acts, and wars. Acknowledgment of the severe results for such events have resulted in a variety of programs that offer certain rights, support, and other initial benefits such as medical care and security. These benefits greatly exceed the income available from full time employment in a minimum wage job — usually the only kind of job open to many victims of crime. To gain these benefits a person must be accredited and labelled as a victim. However, this status of a victim is a blessing and a curse, as in reality it works as instrumental reinforcement for those who "won" the title of a victim to stay in this role, and to adopt the identity of a victim.

162. Restrictions of Personal Freedom in Psychiatry: A Continuing Controversial Practice?

Restrictions of Personal Freedom in Psychiatry from the European Perspective

Tomáš Holčapek, *Charles University* (holcapek@prf.cuni.cz)

Psychiatry is a medical field in which the necessity of significant limitations to the exercise of certain personal rights, especially the right to the inviolability of the person, occurs more frequently than elsewhere. Restriction of personal freedom in psychiatric context has many forms. The most controversial examples include the use of the means of restraint and surgical castration of sex offenders. While there is a general trend across Europe to abolish or at least limit these practices, it is questionable whether we can talk about a certain form of consensus on the matter. The presentation will be divided into three sections. In the first section, some of the most controversial practices will be introduced and basic definitions will be provided. The second section will offer an overview of the current state of legislation on use of means of restraint (with an emphasis on their prohibition in the United Kingdom) and surgical castration (which is legal, e.g., in Germany). The third and most extensive part will be dedicated to the relevant case law of the European Court of Human Rights.

The Use of the Means of Restrain and the Surgical Castration in Czech Law

David Elischer, *Charles University* (elischer@prf.cuni.cz)

The Czech Republic belongs to European countries with significantly permissive legislation in relation to several of the most controversial contemporary psychiatric practices, i.e., the use of means of restraint and surgical castration. The presentation will introduce the core of legal

regulation of both practices in Czech law. First, the relevant provisions of the Charter of Fundamental Rights and Freedoms, as well as several sections of the Civil Code guaranteeing the inviolability of person and other personal rights, will be introduced. Legal requirement of informed consent for the provision of health services will then be analyzed along with the exceptions from this very basic rule of modern health law. After that, regulation of the use of means of restraint will be described, including the list of the permissible means of restraint, conditions for their use, and procedural aspects of their use. Subsequently, regulation of surgical castration of sex offenders will be analyzed. Validity of informed consent in this type of cases will also be discussed, raising the question of whether surgical castration restricts the patients' freedom.

Restrictive Practices in Czech Psychiatry: International Criticism and Illustrative Cases

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The use of means of restraint has been the most controversial practice in Czech psychiatry for many years, being repeatedly subjected to a harsh criticism from abroad including the United Nations Committee against Torture (CAT) and the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT). While critics consider the use of cage beds and net beds contradictory to human dignity and unnecessary, its proponents find it inevitable in order to avoid the use of harsher means of restraint in the context of the underfinanced Czech psychiatry. Another highly controversial practice criticized by the international human rights bodies is surgical castration of sex offenders. The presentation will examine the relevant parts of the two committees' reports and the debate-provoking question resulting from the Czech Government's official response to the CPT Reports. Several cases illustrating the problem in the practical context will be presented.

Surgical Castration of Sex Offenders: A Case Study of the Dilemma Between Dignity and Autonomy

Martin Šolc, *Charles University* (solcma@prf.cuni.cz)

Restrictions of personal rights of psychiatric patients who are very vulnerable (but, at the same time, sometimes also dangerous to themselves or others) give rise to many complex ethical questions. One of the most controversial practices in this context is the surgical castration of sex offenders, which remains legal in a minority of European states. There may be identified many questionable issues related to the castration, such as the thin borderline between punishment and treatment in case of sex offenders, the free character of consent in the context of (involuntary) protective treatment or imprisonment, or the degree of moral difference between surgical and chemical castration. However, the ethical core of the problem arguably lies in the sometimes antagonistic relation between the concepts of human dignity and personal autonomy. The advocates of surgical castration state that for many persons with paraphilia, castration represents the only hope for suppressing unwanted sexual attractions. Assuming that consent is, at least in

some cases, given freely, we are facing the dilemma between the autonomy of will and the notion of human dignity. The fundamental question is: Should the law protect the society, as well as individuals themselves, from the cases of voluntary mutilation?

Controversies in Psychiatric Practice from the South American Perspective

Carla Ventura, *University of São Paulo at Ribeirão Preto* (caaventu@eerp.usp.br)

The controversial practices that are widely discussed in the Czech Republic are, of course, not limited to the European context. The South American region has its own problematic areas of psychiatric care, as well as its specific legal and cultural aspects of psychiatric practice, its regulation, perception, and ethical evaluation. The presentation will be divided into four main sections. In the first section, the overall framework of psychiatric care in Brazil will be presented, including the relevant human rights international and national documents and the very basic legal regulation of the provision of psychiatric care. In the second section, the most controversial aspects of psychiatric care in Brazil will be presented. The third section will be devoted to the problem of the use of means of restraint and castration in the Brazilian context. Brazilian regulation and practice in these areas will be compared with the situation in the Czech Republic. In the fourth section, the presentation will focus on a general evaluation of the state of Brazilian psychiatry from the perspective of human rights. It will also compare the Brazilian situation with that in Europe, outlining possible inspirations that the regions may provide to each other.

163. Retrying Leopold and Loeb: A Neuropsychological Perspective

Retrying Leopold and Loeb: A Neuropsychological Perspective

David Lewis Shapiro, *Nova Southeastern University* (shapiro@nova.edu)

They called it the crime of the century; in 1924 in Chicago two brilliant, well-educated, and wealthy young men kidnapped and murdered a 14-year-old boy and killed him "for the thrill of it". Expert testimony was presented by several well-known psychiatrists and psychologists, but even with all their clinical insights, none could reach a conclusion about the causal relation between their disturbed childhoods and a violent senseless crime. In fact, the well-known criminal defense attorney Clarence Darrow made little mention of the extensive psychiatric and psychological workups, and the judge did not deal with it in his sentencing. A review of the findings does suggest a delusional disorder for one of the defendants and psychopathy for the other; the interaction of these two disordered personalities led to a "perfect storm" a confluence of factors that only in combination could result in the brutal crime. Recent developments in neuropsychology allow us to see how these two disordered personalities interacted; the neuropsychological basis of delusional disorder and of psychopathy will be explored in this presentation along with a re-imagined closing argument by their attorney.

Through the Lens of Neuropsychology: An Exploration of Neuropsychological Bases to Enhance Understanding of Criminal Behaviour

Sara Ferguson, *Nova Southeastern University* (sferguson@mynsu.nova.edu)

Forensic neuropsychology is a relatively new, ever evolving practice in the legal context; one that can add great value to the understanding of human behavior. The lens of neuropsychology offers the perspective of the brain and behaviour connection, providing greater insight related to mental illness and its interaction with the law. Examinations of cases in the past, particularly those of an inexplicable nature, can be better understood through the exploration of the neuropsychological profiles of the perpetrators. This presentation will consider the infamous 1920's homicide case of Richard Loeb and Nathan Leopold, better known as "The Crime of the Century." A detailed case review suggests the presence of serious mental illness, specifically, what we now refer to as psychopathy and delusional disorder. This presentation will examine the neuropsychological bases of these disorders as means to gain a more holistic understanding of the neurological vulnerabilities that potentially impact aberrant human behaviour. Consideration of these bases within the legal system can aid in generating a novel perspective of seemingly unfathomable cases.

Cautions in the Use of Neuropsychological Findings in Court

Charles Golden, *Nova Southeastern University* (goldench@nova.edu)

Findings from neurology and neuropsychology have demonstrated great promise in the understanding of violent criminal behaviour. The two previous presentations have dealt with a horrifying crime committed many years ago, when even very skilled clinicians were unable to relate their clinical findings to the senseless brutality of the crime. While neuropsychological assessment is very intriguing, we need to keep in mind certain cautions. We must recall that the etiology of violent behavior is complex, with a disordered brain playing only one part; we must also consider other psychological variables, demographic ones, sociological ones, and contextual ones. A further complicating factor is that we do not have any good base rate data; in other words, even if we find some neuropsychological impairment in a certain individual who has committed a violent crime, how often is the same or similar impairment found in those who are not violent? Finally, the law demand that we find a causal nexus between the impairment and the behaviour, and furthermore, that certain legal standards are met, such as whether or not the impairment affects the person's capacity to appreciate wrongfulness; this makes the whole undertaking very complex.

164. Risk Assessment

Can Past Human Behaviour Predict Future Criminality: Developing Prediction Models for Federal Agency Hiring Practices

Donald James Rebovich, *Utica College* (drebovich@utica.edu)

The US Equal Employment Opportunity Commission (EEOC) has compelled federal agencies to adopt the “Green Test” in hiring practices regarding applicants with criminal offence backgrounds. Federal agencies are not to summarily reject such applicants but are to construct a decision-making model that accounts for certain key factors (e.g., type of offence, duration elapsed since offence commission, type of job applied for) in making such decisions. Researchers at Utica College New York were contracted to develop a prediction model matrix that can account for relevant factors and reasonably “predict” the chances of a repeat of criminality of each applicant having a criminal background. Such a “risk scoring” prediction model would serve to adhere to EEO standards while providing a reliable foundation for rejecting or accepting an applicant with a criminal record. While mental health records cannot be included records released on an abuse registry search may be in certain cases. Abuse registries can be child or elder, but only certain ones are open to Consumer Reporting Agencies (CRAs) in certain states. The checks are usually ordered by a client who works in the health care industry and needs to know that as part of their screening process.

Violence Risk Assessment with Insanity Acquittees: Implications for Community Placement

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Recent research on insanity acquittees released from hospitals and returned to community indicates moderate hospital return rates, but low recidivism rates, especially for violent recidivism. This presentation evaluates the outcome data from over 700 individuals discharged from secure mental health hospitals and returned to the community. As part of their discharge, each individual underwent a formal risk assessment evaluation which included at least one of the following: Violence Risk Appraisal Guide, the Psychopathy Checklist-Revised, and the Historical, Clinical, Risk-20. Once these individuals were discharged from the hospital they were followed meticulously in the community to assure they were following rules of conditional release (e.g., medication compliance). This presentation will focus on how evaluating both static and dynamic risk factors can improve the care for individuals on conditional release by informing providers on what services are needed to prevent reoccurrence of problematic behaviour through the development of appropriate risk management plans. The integration of risk assessment data in both hospital and community plans offers the best opportunity to safely discharge patients and successfully transition them back to the community.

165. Royal Commissions in Australia: Their Responses to Child and Family Vulnerability

Cultural Healing for Aboriginal Survivors of Institutional Child Sexual Abuse

Margarita Frederico, *La Trobe University* (M.Frederico@latrobe.edu.au)

Maureen Long, *La Trobe University* (M.Long@latrobe.edu.au)

Carlina Black, *La Trobe University* (1966016@students.latrobe.edu.au)

Establishment of the Royal Commission into Institutional Responses to Child Sexual Abuse in 2013 provided an avenue for Aboriginal people who had experienced child sexual abuse in institutions to be heard and believed often both for the first time. However, sharing their stories before the Commission also meant that individuals placed themselves at risk of further traumatization. The Government responded to advocacy from the Victorian Aboriginal Child Care Agency (VACCA) and funded a Cultural Healing Program for its clients. The authors discuss the role of the Royal Commission, and the impacts of invasion, colonization, racism, discrimination, poverty, and intergenerational harm which are the context for the Cultural Healing program. The authors present evidence from the evaluation of the Cultural Healing Program highlighting the role and importance of cultural healing programs to facilitate addressing the impact of betrayal, trauma, and losses of both cultural abuse and sexual abuse experienced by Aboriginal individuals their families and communities.

The Impact of the Royal Commission on the Safety of Children in Residential Care

Stephen Roche, *Monash University* (steven.roche@monash.edu)

This presentation reviews the impact of the Royal Commission into Institutional Responses to Child Sexual Abuse (2017) on the safety of children in residential care in Australia. It presents research that explores how young people perceive and experience safety in residential care, and the things that they most need to be and feel safe, via a qualitative study with 27 Australian children and young people conducted for the Royal Commission. Detailing young people's perspectives on what makes residential care safe, it highlights the importance of supportive relationships, stability, and having some control over their environment. The presentation then explores the policy and practice impact of the Royal Commission, highlighting the changes that have occurred in response to this research, as well as the recommendations of the Royal Commission. It concludes by reviewing how the process of a Royal Commission, and the research it commissions, can impact on social policy more broadly.

Childhood, Youth Offending, and Family Violence: Victimization and Vulnerability

Susan Badaiwi, *Monash University* (susan.baidawi@monash.edu)

The over-representation of young people from child protection backgrounds in youth justice systems is a significant and long-standing concern. Available evidence suggests that these ‘crossover kids’ experience earlier involvement with youth justice systems, and disproportionately come under both youth and adult criminal justice system custodial and community-based supervision over their lifetimes. A 2016-18 study was conducted involving individual case file audits of 300 ‘crossover kids’ who presented to the Criminal Division of the Children’s Court in Victoria, Australia, and who also experienced current or historical statutory Child Protection involvement. Family violence featured prominently in the children’s histories, from early childhood to adolescence, encompassing both victimization and perpetration. The presentation explores the place of family violence in relation to Child Protection, out-of-home care, and Youth Justice involvement among crossover children. Findings are discussed in the light of current system’s responses to adult and adolescent-perpetrated family violence, and the recommendations arising from the Victorian Royal Commission into Family Violence (2016).

The Stories of Aboriginal Survivors: The Royal Commission’s Examination of Child Sexual Abuse

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Margarita Frederico, *La Trobe University* (M.Frederico@latrobe.edu.au)

The Royal Commission into Institutional Responses to Child Sexual Abuse included private sessions, a truth-telling process used for the first time in an Australian Royal Commission. This presentation presents the themes that emerged from a thematic analysis of the 54 narratives for Aboriginal survivors who were sexually abused in out-of-home care in Victoria, Australia. The knowledge gained from these stories provide clear lessons for action to keep Aboriginal children and families safe and to prevent abuse. A reoccurring theme from survivors is wanting to know what happened to them will not happen again. The presentation highlights actions which need to be taken to change the context which facilitated the abuse. This is particularly relevant in Victoria where the rate of Aboriginal children in out of home care (96 per 1000 children) has doubled over the past five years and is higher than in any other state or territory in Australia.

Implementing Effective Therapeutic Practice: Translating Organizational Culture Into Child Safe Practice

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Prue Atkins, *La Trobe University* (p.atkins@latrobe.edu.au)

Maureen Long, *La Trobe University* (M.Long@latrobe.edu.au)

The final report from the Royal Commission into Institutional Responses to Child Sexual Abuse handed down in December 2017 identified organizational culture as playing a central role in supporting the perpetration of child sexual abuse, slowing the detection of abuse, and/or impeding effective responses to abuse. The Commission's report outlines recommendations for a way forward that concentrates on the promotion of 'child safe' organizational environments but there is an absence of specific comment on developing culture to support more effective responses. This gap is disappointing given emerging evidence from translational science about the role organizational culture plays in encouraging innovative practice aimed at improving therapeutic outcomes. The presenter draws on findings from her own study of the role culture plays in supporting the implementation of innovative therapeutic practice for children involved in the child protection as an illustration of specific methods for promoting more effective responses.

166. Seclusion and Restraint

The SABRE Project Seclusion and Barriers to Restraint Elimination

Eimear Caitlin Muir-Cochrane, *Flinders University* (eimear.muircochrane@flinders.edu.au)
Deb O'Kane, *Flinders University*

This presentation will report on a study that investigated nurses' perceptions and attitudes regarding barriers and enablers to eliminating the practices of seclusion and restraint in inpatient psychiatric settings and emergency departments (EDs) in Australia. 512 nurses across Australia completed an online survey examining nurse views on the possibility of elimination of seclusion and restraint, as well as their perceptions of these containment practices and factors (e.g., patient acuity, unit and policy, time available to spend with patients) influencing use and the possibility of reduction and elimination with psychiatric consumers. Barriers to seclusion and restraint elimination involved staff (e.g., levels, experience, training), consumer (e.g., acuity, drug-affected, violence), and environmental factors (e.g., lack of space). Enablers to elimination focused on strong clinical leadership, training and adequate staff numbers, and ability to form good therapeutic relationships with the same nurses caring for consumers across shifts. Nurses reported being faced with threatening situations and the potential for violence and being worried about going to work fearful if they did not use seclusion or restraint to maintain ward safety and adverse events occurred. The results suggest that initiatives at multiple levels are needed to help nurses to reduce and where possible eliminate use of seclusion and restraint.

Physical Restraint: Narrative Experiences of Mental Health Patients

Pauline Cusack, *University of Central Lancashire* (pcusack@uclan.ac.uk)
Michael McKeown, *University of Central Lancashire*

In the western world, policy and legislation seeks to minimize restrictive interventions, including physical restraint; yet research studies have suggested that physical restraint use continues to raise concerns. There have been uncertainties surrounding the potential for restraint to be used inappropriately by staff on occasions. Irrespective of this, there remains unease about the potential for psychological and physical harm caused to patients, stemming from its use. This presentation will discuss the findings from a study exploring the narrative experiences of mental health patients, in England, surrounding the impact of physical restraint. In addition, findings from an Integrative review exploring the impact the physical and psychological impact of physical restraint for mental health in-patients, will be shared.

Using Lived Experience to Address “Pasung” in Indonesia: Learning Together

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Indonesia has among the highest rates of Pasung in the world; the phenomenon of restraint of people with mental illness in the home, usually by their family, in the absence of any formal system of evidence-based mental health care beyond the short-term support provided by large psychiatric institutions. This significant human rights issue is widespread, despite being declared illegal in Indonesia since 2014. In countries, such as Indonesia, where significant structural differences influence mental health care compared with Western mental health systems, including virtually no community mental health services, the legal and ethical markers in place to address seclusion and restraint of people with mental illness are problematic. This presentation reports on a collaboration between Australian and West Java consumer advocates and experts in seclusion and restraint, as part of an Australia Award Fellowship. The purpose of the Fellowship program was to develop skills, knowledge, and capabilities through people-to-people and institutional links across academic, government, civil society, and private sectors. Through exchange visits between countries, workshops, and organizational visits centred on mobilizing consumer advocacy, the Fellowship is exploring policy, practice, and translation steps required to establish more effective psychosocial supports to reduce Pasung in the West Java community.

167. Service User-Provider Relationships

Post Violence Care Planning and Review with Service Users and Staff in Mental Health Provision in England: Models for Coproduction

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Violence and aggression were found by the National Institute for Health and Care Excellence (NIHCE) to be relatively common and to have serious occurrences in health and social care settings. The 2015 NIHCE guideline concluded that the impact of violence and aggression is significant and multi-faceted, “adversely affect[ing] the health and safety of the service user, other service users in the vicinity, carers and staff”. Renwick et al. state that violence within UK mental health NHS trusts has both an impact psychologically and physically for all involved, with 40% of inpatients show aggression during admission, the highest reported in Europe. The NIHCE Guidance expects there to be dialogue, joint planning, and review with service users and carers to help them to reach fully informed decisions about their plans, including post-incident debrief, recommending that service users and carers are involved in decision-making whenever possible. The learning from such processes should not only be for individual service users/staff/teams, but also for the organization as a whole. This presentation will examine the potential for models of co-produced post incident support and review for service users and carers.

Working with Sexualizing At-Risk Youth

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Client feelings of romantic and/or sexual attraction towards the counsellor are quite common, with feelings of intimacy being inherent facets of many therapeutic encounters. Despite standards set by the Canadian code of ethics for psychologists that strictly prohibit counsellors/therapists from engaging in sexual relations with clients, therapist sexual misconduct remains one of the most common allegations in malpractice suits. As such, it is critical to understand factors that discourage practitioners from engaging in sexual transgressions with clients and to develop clear conceptualizations of romantic and sexual feelings that often enter the therapy room. iHuman is a non-profit organization that works with traumatized youth aged 12 to 24 who exhibit at-risk lifestyles, and this setting is unique in that it allows the youth and counsellor a free-flowing, non-structured, and sometimes chaotic space to establish trust and build relationships. This presentation will explore the challenges and learnings experienced from working with particularly sexualizing high-risk youth, who had a tendency to sexualize the therapeutic relationship and exhibited inappropriate sexual behaviour, primarily in a counselling capacity in this unique and challenging setting, including factors that kept me from getting involved and conceptualizations of and strategies to effectively address youth’s sexualizing behaviours.

Autonomy in Medical Torts: Physical or Mental Harm?

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In recent years, patient autonomy has become a central feature of medical negligence despite the absence of a clear conception of autonomy. In questioning the extent to which patient autonomy should be central to the tort of negligence, this presentation explores the doctor-patient relationship in the context of evolving social, technological, and ethical shifts. It examines recent decisions from the United Kingdom, Singapore, and Malaysia dealing with reproductive negligence, which raise fascinating questions about autonomy in different contexts. What is the responsibility of a

doctor in dealing with a patient where the life of the unborn child is at risk? What is the loss that is caused to parents who conceive a child through in-vitro fertilization where the wrong gametes are used? Do spouses or family members have autonomy interests either independently of or derivative of the patient? In all the cases, is the real loss flowing from interference with the patient's autonomy physical or mental harm?

168. Sexual Behaviour Problems in Adolescents

The Lethality of Paraphilic Behaviour in Adolescents: A Necessary Prevention

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Hangings are responsible for a number of deaths each year in adolescents. Mostly of suicidal origin, they can also be accidental. 30% of these accidental hangings result from auto-erotic maneuvers, a phenomenon that remains unrecognized by the general public and health. We present an atypical case of "auto-erotic" hanging in a 12-year-old teenager, who also exhibited other paraphilic behaviours such as self-bondage and fetishistic transvestism, in addition to asphyxiophilia. His parents, worried about the stigmata they found, iteratively, on his neck, repeatedly alerted mental health professionals, all of whom were reassuring. A certain number of elements from this case are not typically found in medical literature. The forensic autopsy has, moreover, objectified the existence of a tight phimosis, making any capping impossible. This presentation will try to determine, based on the psychological autopsy of this young teenager, whether this death was potentially a result of suicidal behaviour or whether it was purely accidental. Children and adolescents may easily access paraphilic material through the internet; however, they do not seem sufficiently informed about the major lethal risks related to these behaviours, especially when practiced alone. It is essential that the general public and health professionals have adequate information to deal with this phenomenon.

169. Sexual Offences and Sexual Victimization Among Healthy and Disordered People: A Snapshot of Some Groups in Brazil

Blaming the Evil for the Sexual Misconduct: Beliefs of Rapists and Children Molesters

Danilo Baltieri, *ABC Medical School* (dbaltieri@uol.com.br)

Sometimes, after a rigorous competence evaluation, a person who has committed a “monstrous” crime and is even considered “normal” causes academic discussions and public awkwardness. In addition, politicians occasionally attribute a sexual offence against children mainly to an act guided by evil forces and not to human tendencies or psychiatric disorders, disregarding medical and/or psychological positions and evaluations. In order to investigate how sexual offenders against children and adults understand their behaviour and attribute their “bad” actions to a superior “force,” a sample of 73 sexual offenders under outpatient treatment were asked about their beliefs on evil, if this “evil” could be personified or reified, and if this “entity” could have influenced their previous criminal conducts. All participants were Catholic or Protestant. More children molesters blamed the “evil” for their misconducts ($\chi^2 = 4.96$, 1df, $p = 0.03$) than their counterparts and the majority of sexual offenders against adults denied this kind of influence and linked their sexual offences to drug use at the moment of the crime. Given the fact that children sexual molestation is highly condemned and provokes intensive public outcry, it is possible that child molesters attempt to justify their behaviours blaming others for their crimes.

Dimensional Aspects of Sexual Abuse Among Women Convicted of Violent Crimes Evaluated by the Latent Class Analysis: A Sectional Study

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There are diverse pathways that lead girls/women to delinquent behaviours, such as sexual victimization, early traumatization, drug misuse, among others. This study aims to evaluate women convicted of violent crimes, that is, robbery or homicide, who reported being sexually abused previously to incarceration. Our sample involved 315 women. One hundred fifty-nine prisoners (50.47%) reported some type of sexual offence (undesirable sexual contact, attempted coercion, sexual coercion, attempted rape, rape), measured by Koss et al. (2007). Independently of the committed crime, those who reported one or more undesirable experience have shown higher scores on impulsiveness, depressive symptoms, alcohol and/or drug use problems than their counterparts. To analyze only those women who reported one or more types of undesirable sexual experiences ($n = 159$), we carried out a Latent Class Analysis (LCA). The indicators entered into LCA were the five types of undesirable sexual experiences. Five groups were investigated to evaluate the model fit. Two groups were better derived from this analysis, one with more frequent undesirable sexual experiences showed higher scores on impulsiveness and depression levels. It is important to identify paths to delinquency and, subsequently, to manage the main risk factors for it should be of the paramount importance within all criminology-related sciences.

A Path Analysis Model for Explaining Sexting Behavior Among University Students: The Effect of Personality Traits Derived from the Interpersonal Reactivity Index (IRI)

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The term sexting means to send and/or receive sexually explicit images, texts, or videos through cell phones. This behaviour can be associated with specific attachment styles, some personality traits, high impulsiveness levels, and alcohol/drug use. This research investigated 164 University students (61% female; mean age = 22.51) in the State of São Paulo, Brazil. Using self-administered questionnaires, seven variables supposed to influence sexting behavior were investigated, such as sexual impulsiveness, depression symptoms, four personality dimensions, and alcohol/drug use problems. A path analysis model was constructed based on the hypothesis that some personality traits are correlated with this type of sexual conduct. In summary, the results have shown that sexting is significantly, directly, and independently correlated with low personal distress and higher scores on depression. Self-esteem and a certain level of detachment from moral concepts may be risk factors or even simply correlated with this phenomenon. Those participants who have sexted can be at a psychologically vulnerable condition and their behaviours may put them in a socially embarrassing situation.

Are Sexually Sadomasochistic Fantasies Different Between Male and Female University Students? Scientific Evidence and Anecdotal Reports

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A few researchers that previously investigated sexually sadomasochistic fantasies and activities in samples of subcultures of individuals who have enjoyed these sexual behaviours, by posting advertisements or invitations in specialized sites or magazines, have suggested that high extroversion and low neuroticism are associated with these fantasies and/or activities. Our study aimed to verify if participants' gender, alcohol and drug use problems, depressive symptoms, and other types of sexual fantasies are associated with a higher sexual interest in sadomasochistic fantasies in a sample of university students. The Sexual Fantasies Questionnaire (1978) was administered to 302 University medical students (56% female; mean age = 21.46). Female gender, later onset age of alcohol experimentation, illicit drug use in lifetime, and higher scores on depressive symptoms were related to a higher score on sexually sadomasochistic fantasies ($R^2 = 0.44$). Our results are in line with some other studies that have shown that the neuroticism factor (which is highly correlated with depressive symptoms) was linked to sexually sadomasochistic activities/fantasies. Pain exchange sex can be constructed around scenarios and narratives of shame and humiliation, and based on certain types of vulnerability. The presentation reviews the findings and concludes that the study has demonstrated strong association of this kind of sexual fantasies with depressive symptoms and illicit drug use.

170. Sexual Offenders

Sexual Identity Disorder and Perception Distortion at Rorschach

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Christian Mormont, *Université de Liège* (c.mormont@uliege.be)

This presentation will discuss the relationship between sexual identity disorder and a specific type of “sex oriented” perception distortion at Rorschach through the case study of a sex offender male (Mister M., 28 years old) who, at the age of 15, had raped his 11-years-old sister. Mister M. was himself subjected to repetitive and brutal rape by a male adult neighbour from the age of ten to 12 years old. According to his Rorschach protocol, analyzed by Exner’s Comprehensive System (1995), Mister M. showed “no obvious indications of deliberate efforts to malingering psychotic or mood disorder in the structural data”. Although he was demonstrably able to perceive realistically people and events, Mister M. showed signs of “impaired capacities to think logically and coherently”. Indeed, he perceived systematically sexual differences in symmetrically structured images. The presentation will show how, under the effect of a sexual trauma, Mister M.’s sexual identity disorder impaired his cognitive capacity to recognize reality: Perceiving a difference that does not exist while denying factual differences (anatomical sexual difference).

Libidometry in the Evaluation of a Serial Rapist

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When evaluating the dangerousness of sexual delinquents, minimization, denial, or cognitive distortions occur while unconscious motives are neglected in the criminogenesis. Since Freud’s discovery of sexuality as a main force in unconscious functioning, there were attempts to quantify the drive force of sexuality. It was Bernfeld who introduced the concept of Libidometry – psychic conflicts are energetic conflicts and drives have an energetic potential. In 1947 Szondi developed a test instrument, based on the forced choice of six series of eight pictures of persons with psychic problems, in order to measure the strength of drive in four domains: Sexuality, contact, ego functioning, and emotions. Further research by Borg demonstrated the danger of imbalance caused by accumulated drive forces, manifesting in the high load of choices in the sexual vector of the Szondi test, and the risk of disruptive events, discharging excessive drive energy. This presentation will discuss the theory of Bessoles that sexual criminality can act as a self-calming process, the ego functioning lacking a grip on an unmanageable sexual drive force. The limitation of descriptive testing instruments such as MMPI will be discussed.

Applying Risk Factors to Assist the Investigation, Prosecution, and Supervision of Child Sex Offenders

Jessica N. Owens, *Federal Bureau of Investigation, Quantico, USA* (jnowens@fbi.gov)

Sexual deviance has been identified as one of three factors for reoffending among contact child sex offenders (CSOs). Researchers have opined that despite the limited research on risk factors for online CSOs, these offenders are likely to exhibit similar characteristics as contact CSOs related to their future risk to children. Research conducted by the Federal Bureau of Investigation (FBI) supports the assertion that the lack of criminal history may not accurately represent the

totality of a CSO's sexual deviance or the potential future risk to children. The aim of this research is to provide analyses from a law enforcement sample that will contribute an additional perspective to the field of study. Understanding and evaluating the breadth of CSO behaviour obtained by law enforcement during investigations can provide legal professionals with additional information with which to argue increased risk to reoffend, greater sentences, and more stringent monitoring following a CSO's release from prison. Furthermore, probation and mental health professionals can also benefit from understanding the identified risk factors and incorporating them into more accurate evaluations and/or treatment of CSOs. This information is intended to spark further analyses and additional dialogue among professionals from a cross-section of disciplines.

171. Shifting Power: Human Rights Law Confronts State and Psychiatry

International Law and the Role of Mental Health Professionals

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The Convention on the Rights of Persons with Disabilities reverses earlier doctrines in mental health law and prohibits forced treatment and involuntary hospitalization. Taking a critical disability standpoint perspective, forced treatment is viewed as disability-based violence amounting to torture/ill-treatment, and forced hospitalization is arbitrary detention because it is based on discrimination. In light of their international obligations, states have the duty to reverse laws that delegate the power of detention to mental health professionals and that authorize them to commit violent acts of medicalized torture. Mental health professionals shift from being agents of a paternalistic regime of repression parallel to the penal system, to duty-bearers who must first and foremost respect the autonomy and integrity of those to whom they provide services. The shifts required by both states and mental health professions have been met with considerable resistance, as they represent changes in the balance of power. How can we implement the required changes and avoid any compromise of human rights with illegitimate power? Understanding and finding solutions to implementation of CRPD Articles 12, 14, and 15 is essential not only to victims of forced psychiatric interventions but to the human rights regime as a whole.

Psychiatry as a Reply to the Breach of State Obligations Regarding Gender Violence

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Chile signed the “Convención Interamericana” (Convención de Belém do Para) to prevent, sanction, and eradicate violence against women on December 15th, 1996. Previously, in 1989, the Convention on the Elimination of Discrimination against Women (CEDAW) was ratified. Since these commitments, the State has the obligation to adopt, through any appropriate way and

without excuse, policies oriented to prevent, sanction, and eradicate violence against women. It was found that some gender violence victims see their rights violated and appeal to psychiatry as a way of response; this response effectively closes their chances to act on political and legal planes and to make sense of and understand their experiences. The state, instead of honoring its commitments to victimized women, pathologizes them and adds even more diagnostic labels. This presentation aims to analyze the situation of women victims of gender violence in relation to the mechanisms and administration of psychiatry and state power in Chile. Failure to detect that gender violence is being experienced and in the diagnose of other diseases, a consequence of gender violence, can lead to institutional violence and noncompliance with the commitments acquired by Chile when signing the International Agreements.

Loss of Integrity Among Experts and Regulators is the Reason for Lingering Human Rights Violation Within Mental Health Settings

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In 2016, the South Korean government amended the Mental Health Act to make involuntary hospitalization more difficult to implement, in order to suppress hospital-based care and encourage community-based care. With this amendment, government officials boasted their commitment to protect the human rights of people with severe mental illness (SMI). Interestingly, explicit objection was expressed by advocacy groups because the community was not ready to provide adequate services supporting reintegration of people with SMI. Over the past 20 years, there has been a general trend of fewer psychiatric care beds in most developed countries, as mental health care shifted to community care. Yet, the number of psychiatric hospital beds in Korea has risen from 30,000 to 90,000. There are a few underlying drivers for this lingering pattern. First, the Mental Health Act (1997) seemed to provide effective medical services and rehabilitation care for this group. However, it implicitly aimed to increase hospitalization of people with SMI to protect those without SMI. The current situation can be explained by detecting the misinformation of the government and experts in the policy making and budget spending, misinformation which helped silence public opinions about the human rights violation against people with psychosocial disabilities in Korea.

Psychiatry and the Derogation of Women's Right to Health

Lucila López, *Absolute Prohibition Campaign, Buenos Aires, Argentina* (lucilaele@gmail.com)

The presentation will aim to expose the violence and medical complicity to which psychiatrized women are routinely victim: their right to health – guaranteed, i.e., per Article 25 of the CRPD – is not in fact guaranteed. The presentation will be based on the presenter's personal experience: The presenter discovered a medical report referring to a mammogram performed in which a tumor had been detected; the report recommended further studies to determine its malignancy and characteristics. The presenter never received information about the underlying condition, nor were any further studies ever conducted. The information was accidentally accessed approximately 18 months later. These forms of abandonment by health

professionals routinely and systematically violate the rights to health and to non-discrimination of psychiatrized women; further examples can be found among the high number of deaths from uterine cancers.

Memos Against Forced Psychiatry

Jules Malleus, *Absolute Prohibition Campaign, Pontpoint, France* (jj.malleus@gmail.com)

In my vision, law is about compassion. Ancient Egyptians depicted law as the Scales used to weigh the heart of the deceased. On the left scale lies an urn containing the heavy heart of the person. On the right scale a feather represents the light heart acquired through good deeds. Compassion, the heart, tells you the right from the wrong. The Divine embrace is the measurement of the compassion the person demonstrated during a lifetime. "Thou shalt do no harm." Through the drawings I present here, I tried to illustrate the principles adopted by the Tenth Annual International Conference on Human Rights and Psychiatric Oppression, held in Toronto, Canada on 14 to 18 May 1982. A few quotes from the Principles: "1. We oppose involuntary psychiatric intervention including civil commitment and the administration of psychiatric procedures ("treatments") by force or coercion or without informed consent; 3. We oppose involuntary psychiatric intervention because it is a violation of the individual's right to control his or her own soul, mind and body; 5. We oppose forced psychiatric procedures because they humiliate, debilitate, injure, incapacitate and kill people." Toronto 1982 art. 18 exposes the propaganda, the syntax without semantics. This visual art remains true when the words are flawed. Laugh at the pontiffs and become empowered.

172. Special Issues in Child Custody and Child Abuse

Factitious Disorder Imposed on Another

Eileen A. Kohutis, *Consulting Psychologist, Livingston, USA* (eakohutis@gmail.com)

Factitious Disorder Imposed on Another (FDIA) in the DSM 5, previously called Munchausen Syndrome by Proxy, is an extreme form of child abuse in which the parent/care giver (usually the mother) intentionally creates or falsifies her child's medical and/or psychological symptoms to health care providers. As a result, the child is subjected to various medical and/or psychological procedures for the diagnosis and treatment of a disorder that may not exist. The abuse is most prevalent in children under the age of five. Boys and girls are equally likely to be abused. The abusers represent all income groups and, often, the fathers are not involved in their child's care. FDIA is difficult to detect. These mothers deny making their child ill and deceive health care providers. Reviewing the child's medical file demonstrates various inconsistencies between symptoms and objective findings. FDIA has been thought to be relatively rare but increased reporting indicates this may not be so. This presentation will discuss some of the challenges that the legal and mental health systems encounter in these difficult cases.

Use of Psycho-Sexual Evaluations in the Investigation of Child Sexual Abuse

Allison Williams, *Attorney-at-Law, Short Hills, NJ, USA* (awilliams@williamslawgroup.com)

This presentation will explore the use of psychosexual evaluations in the presentment of evidence to either support or defend child sexual abuse allegations. Child protective services agencies and courts rely heavily upon the evaluations of children to substantiate child sexual abuse. When these issues arise in a child custody dispute, psychosexual evaluations are but one piece of evidence to help the Court to determine if child sexual abuse has occurred, and if so, whether or how the abusing parent may be permitted access to the child in a manner that keeps the child physically and mentally safe. The court's reliance upon psychosexual evaluations necessitates a testing of the scientific validity of the methodology employed for the assessment at issue. When psychosexual evaluations are offered into evidence to admit children's hearsay statements, presentation of social science research on children's suggestibility should be employed to ensure that the offered hearsay is trustworthy and reliable. This approach will ensure that undue weight is not given to hearsay derived from questioning techniques and/or the ongoing activity of child custody litigation.

Special Needs Children and Divorce

Joseph DiPiazza, *Attorney-at-Law, Hackensack, NJ, USA* (jd@lmlawyers.com)

The presence of a child with special needs in a divorce can significantly impact how both custody and financial issues are ultimately determined. With respect to custody, developing a Parenting Plan for a child with special needs is often more complex, as the child's care may require a multitude of additional considerations. This presentation will identify approaches to address custodial issues, including the creation of a schedule which governs the days and times during which each parent spends time with the child, as well as a plan that governs educational and medical decision-making. This presentation will also address the complex financial needs of special needs children in a divorce situation, including the costs of raising a child with special needs, federal and state benefits available to special needs children in the United States, special needs trusts, child support, and spousal support for the parent who primarily cares for the child.

173. Substance Use Disorders I: Treatment and Intervention

Pharmacological Interventions for Alcohol Use Disorder

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Estimated 12-month prevalence of Alcohol Use Disorder (AUD) is 8.5% with lifetime prevalence

estimated to be 20%. Despite its high prevalence, impact on health and associated mortality, AUD remains undertreated. In terms of evidence-based strategies, both naltrexone and acamprosate are considered as first line medication strategies for patients with moderate or severe alcohol use disorder with disulfiram as an option in selected individuals aiming for abstinence. Topiramate and Gabapentin also have evidence for use in AUD especially in situations of lack of response or intolerance to first line pharmacological strategies. In individuals with AUD, caution is advised with the use of benzodiazepines. Antidepressant medication to be only used if indicated for treatment of a co-occurring disorder. Naltrexone could be a treatment for certain individuals with Alcohol Use Disorder and Co-occurring Opioid Use Disorder. Individual patient's circumstances and preferences need to be taken into consideration regarding choice of evidence based pharmacological treatment options.

Pre-Treatment Social Networks and Source of Referral as Predictors of Retention in Residential SUD Treatment

Erin M. Kerrison, *University of California, Berkeley* (kerrison@berkeley.edu)

Self-report data capturing pertinent social support network (SSN) details were collected from a sample of ethnoracially diverse women upon entering a residential drug treatment program (N=200). Multinomial logistic regression models were used to assess whether the interaction between treatment referral status and SSN features, impacts treatment retention. Upon treatment entry, higher proportions of important SSN members who are substance users predicted a higher likelihood of early treatment exits and unsatisfactory progress (odds ratio: 2.64, $p=0.02$), as compared with those whose pre-treatment SSNs included fewer substance-involved persons. This effect is also influenced by treatment mandating agency. Compared to women who were mandated to treatment by a criminal justice institution, women who were mandated to treatment by Child Protective Services (odds ratio: 0.35, $p=0.04$) or not at all mandated (odds ratio: 0.27, $p=0.03$), exhibit reductions in the likelihood of dropout, despite the substance involvement of their SSNs. Findings suggest that women who are mandated to treatment by a criminal justice institution and whose pre-treatment SSN members are substance-involved, are particularly vulnerable to leaving treatment earlier. As such, the presence of criminal justice supervision may not be as strong a motivator for treatment retention as otherwise assumed.

Implementing Bundled Screening and Brief Substance Use Intervention in Juvenile Justice Settings

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Leslie Hulvershorn, *Indiana University School of Medicine*

Zachary Adams, *Indiana University School of Medicine*

Tamika Zapolski, *Indiana University – Purdue University Indianapolis*

Justice involved youth access substance use services at lower rates than non-delinquent samples with similar treatment needs. Moreover, few teens receive the benefit of substance use treatment that is evidence-based. We seek to understand how best to implement screening, brief intervention,

and substance use treatment services to youth in juvenile justice settings. In the current project, we will implement universal screening for all JIY. Currently, substance use screening only occurs at the point of detention. In addition, we will test the utility of two brief intervention models [Teen Intervene (TI) and the Family Checkup (FCU)] on substance use measures. We will use a hybrid Type 2 clinical effectiveness-implementation trial for the current project. The implementation portion will be guided by the Exploration, Preparation, Implementation, and Sustainment implementation science framework to study how best to implement the bundled treatment approach in juvenile justice settings. In order to assess the effectiveness of the navigator-led brief-interventions, we will use an adaptive design. The presentation will provide interim findings on the bundled screening, brief intervention, and community intervention model in two US counties in Indiana. Results will include both implementation and youth specific outcomes based on the bundled screening, brief intervention programs.

174. Substance Use Disorders II

Examining the Links Between Posttraumatic Stress Disorder (PTSD) and Substance Use Disorders (SUD) in a Certified Community Behavioural Health Clinic (CCBHC)

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Caitlin Lachaal, *BestSelf Behavioural Health, Buffalo, USA*

The co-occurrence of posttraumatic stress disorder (PTSD) is a growing area of concern for social workers in the integrated treatment field. Those with concurrent PTSD and substance use disorders (SUD) typically present with more complex clinical pictures, more severe symptoms, higher rates of additional mental health disorders, and poorer physical health. Additionally, these individuals with co-occurring PTSD and SUD are often at higher risk for relapse and have a poorer long-term prognosis. Those with these concurrent disorders typically do not appear to benefit from standard SUD intervention programs. This presentation will examine the nature of both PTSD and SUD, what recovery looks like, and the research supporting the most effective ways of treating these co-occurring disorders. Highlighted will be the work of one agency's efforts to effectively treat these individuals within the Certified Community Behavioural Health Clinic (CCBHC) model. This presentation will explore the challenges and successes utilizing an integrated treatment archetype.

An Evaluation of Legal Issues in Patients with Alcohol Use Disorder

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Very few studies have examined the extent and nature of legal problems among substances abusers. Such an investigation is important to address and look at interventions to prevent their recurrence. This study was aimed at studying prevalence and patterns of legal problems among patients of Alcohol Use Disorders (AUDs). A cross sectional study was conducted on inpatients with diagnosis of AUD. The mean age (SD) of the 91 subjects (95.6% males) with AUDs enrolled for the study was 40.3 years (8.5). Common problems reported were work absenteeism (83.5%), major altercation with spouse (69.3%), assaulting someone while intoxicated (53.8%), and driving under the influence of alcohol (59.3%). Quantity of alcohol consumed per day was significantly more among those who had history of work absenteeism ($Z = 2.27$, $p = 0.01$), major altercation with spouse ($Z = 2.25$, $p = 0.02$), assaulted someone under intoxication ($Z = 2.34$, $p = 0.02$), and had financial debts ($Z = 2.87$, $p = 0.00$). In the study, quantity of alcohol consumed is significantly more among those who had legal issues. Treatment of AUDs may itself play an important role in reducing civil and criminal offences thereby improving treatment outcome and rehabilitation of patients.

175. Suicide

Social Factors Relating to Suicides Referring to a New Group in Danger of Suicide

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The number of suicides in Japan exceeded 30,000 in 1998 (26.0 per 10,000). The large number of suicides continued for 14 years in a row until 2011, when the Great East Japan Earthquake occurred. Because of the situation, the Japanese government legislated two new acts for suicide prevention (Basic Act on Suicide Countermeasures, 2006; and Act for Prevention of Death by Heavy Labor, 2014). The number of suicides decreased to fewer than 30,000 in 2012, and has been decreasing slightly every year since then. However, the problem concerning suicide is still very significant in Japan. The study reported in this presentation investigated all cases of outpatients and inpatients of a mental hospital who committed suicide in the past 47 years (since the hospital was established in 1971) to thoroughly examine the social factors contributing to their suicide. The total number of suicides was 45 (Male 25; Female 20). The number of suicides after 1996 was 34 (=75%). Among these 34 patients, 13 of them shared similar social difficulties before committing suicide. These patients may be called “New Group in Danger of Suicide”. They were suffering from serious social factors such as isolation, heavy labor, etc.

Clinical Aspects of Impulsive Suicide Threat

Rob Brouwers, *GGZ Drenthe, Assen, Netherlands* (brouwers.rob@ggzdrenthe.nl)

In the Netherlands suicide prevention is nowadays an integral part of the clinical approach following the guidelines. It is at least a search for critical factors associated with suicide threat and a narrative for context. From the presenter's own research, four factors are associated with impulsive violence, namely a weapon, drugs and/or alcohol, verbal capacity, and factors associated with impulsivity. In clinical practice, three types of suicidal behaviour are seen. Firstly there is instrumental suicide threat, which is well-planned and causes regret if it fails. Furthermore there is impulsive suicide threat, which can be divided into opportunistic impulsive and could not resist impulsive, both with relief if it fails. This presentation will focus on verbal capacity as a means for intervention. To what capacity is the patient able to describe his or her suicidal thoughts and which factors influence these thoughts? Pathological conditions, like depression or psychosis, make it sometimes almost impossible for the patient to communicate about his or her suicidal thoughts.

176. Systematically Using Collaborative Problem Solving in a State Forensic Hospital

Collaborative Problem Solving: Skill, Not Will

Kimberly Bosley, *Oregon State Hospital, Salem, USA* (Kimberly.Bosley@dhsosha.state.or.us)

The Collaborative Problem Solving (CPS) model has shown more than a decade of demonstrated efficacy with children and adolescents who present with a wide range of social, emotional, and behavioural challenges. CPS has more recently been introduced in an adult forensic state hospital setting with the goal of providing a structured, relational process for understanding and working with patients, as well as a common philosophy and language amongst staff members. This presentation will discuss how the core philosophy of CPS of "skill, not will" is frequently a novel approach when working with a forensic population. It will discuss the five key domains in which people with challenging behaviour lack skills, as well as the three primary plans for responding to unmet expectations and challenging behaviour. The presentation will then describe how the primary skill building intervention, known as Plan B, is rooted in the neuroscience of information processing with a specific sequence of engagement that allows for regulation and relationship to occur prior to solution generation.

Creating Lasting Culture Change

David Blakey, *Oregon State Hospital, Salem, USA* (DAVID.BLAKEY@dhsosha.state.or.us)

Efforts to effect organizational culture changes have low success rates and many change management studies indicate that up to 70% of all cultural transformation efforts fail. This failure

rate is especially problematic for healthcare institutions motivated to address systemic patient care issues. When looking at the implementation of Collaborative Problem Solving (CPS), a treatment approach operationalizing Trauma Informed Care, into a forensic behavioural healthcare setting, it is easy to identify reasons why this culture change initiative might have failed. Obstacles to successful implementation and culture change included resistance, staff anxiety, low staff empathy for forensic patients, and staff burnout. Despite these obstacles, the implementation of CPS at Oregon State Hospital has continued successfully over the last four years as evidenced by key metrics and staff attitudes toward CPS. This presentation will go into both the general and specific strategies that have contributed to the successful implementation of a Trauma Informed Approach in an inpatient, adult, forensic, behavioural healthcare setting as well as lessons learned. Implications for future culture change initiatives in forensic behavioural healthcare settings will be discussed.

Culture Eats Strategy for Lunch: Launching Collaborative Problem Solving

William A. Newbill, *Oregon State Hospital, Salem, USA*
(WILLIAM.A.NEWBILL@dhsoha.state.or.us)

Once Oregon State Hospital had committed to reforming its culture of care, the organization faced a critical decision: Start with an analysis of patient treatment-need and then implement a series of trainings on the corresponding evidence-based practices, or launch a hospital-wide initiative to fundamentally transform how staff think and talk about forensic psychiatric patients. This presentation will describe the analysis that led us to choose the latter, transformative option. Topics will include 1) the impact of critical goals such as reduction of patient and staff injuries resulting from assault, 2) the comparative difficulties of successfully implementing multiple EBPs versus promoting culture change, and 3) the unique challenges of cultivating patient-centered approaches in a forensic psychiatric setting. Our hospital, like many serving this population, had evolved a culture within which direct-service, aide-level staff relied on practices of command and control, including confrontation and restrictive measures, to feel safe. Fostering change among this group of 1000+ employees without resorting to unnecessary confrontation and restriction thus emerged as another central challenge.

CPS and Psychiatry: Transforming the Medical Model

Sara C. Walker, *Oregon State Hospital, Salem, USA* (Sara.WALKER@dhsoha.state.or.us)

The landscape of psychiatric care is changing rapidly. In an increasingly consumer-driven medical culture, the traditional roles of doctor and patient are shifting to a model in which patients have a much more active role in making decisions about treatment. In addition, integrated care settings are increasingly common, with non-medical clinicians sharing responsibility for care of psychiatric patients. What remains unchanged is that the success of psychiatric treatment is highly dependent on the strength of the therapeutic relationship. This presentation will discuss how Collaborative Problem Solving provides a framework for development of a more effective treatment plan for both patient and psychiatric care team members. The presentation will identify the ways in which

it fosters interdisciplinary approaches, builds therapeutic relationships, and empowers patients without sacrificing the value of clinician expertise. It will also discuss an approach that incorporates CPS into routine treatment care planning.

Putting Your Money Where Your Mouth Is: CPS as a Tool in Leadership

Tyler G. Jones, *Oregon Health and Science University* (jonety@ohsu.edu)

The challenges of leading a large organization are compounded at the state government level. Multiple stakeholders increase the need for collaboration and creative problem solving. Using CPS as a model for the administration and leadership of a state hospital along with robust expectations for feedback has significant advantages. This presentation will discuss the integration of a feedback model, in which managers are encouraged to first receive and then give clear feedback with the collaborative problem-solving model. These methods are used to drive administrative and clinical expectations through the change process. Oregon State Hospital has used this model in addressing several systems and personnel issues during a time of transformation. This change in administration has led to improved performance and care delivery while enhancing the interdisciplinary team approach in the structure and delivery of forensic services. The presentation will discuss how this patient centred approach has been applied at the executive level to support leadership and workforce development within a state hospital.

177. The Effects of Institutional Environments on Rehabilitation: Part of the Problem or Part of the Solution?

Adaptive Systems and the Social Ecology of Rehabilitation

Adrian Needs, *University of Portsmouth* (adrian.needs@port.ac.uk)

The effectiveness of psychological interventions in secure environments can be enhanced by better understanding of contextual features and related processes associated with personal change; this also casts light on why in such settings constructive change can fail to be instigated or sustained. Insights and evidence can be derived from a range of sources, from research focused on the nature and consequences of environmental influences to areas such as trauma and attachment, where it is apparent that adaptation within a current environment can be affected by the legacy of previous environments and vice versa. Considered alongside advances in research and theory in psychotherapy, social interaction, and social development there may be much to recommend a shift from a conventional emphasis on factors ‘within’ more or less isolated individuals to a position centred more upon context and process in relation to complex and dynamic systems. Conceptually, this would help close the gap between rehabilitation and contemporary developments in other sciences, encouraging fresh insights and implications for practice.

Principles of Therapeutic Environments and Facilitating Change in a Prison-Based Therapeutic Community

Geraldine Akerman, *HM Prison Grendon, Grendon Underwood, UK*
(Geraldine.Akerman01@hmps.gsi.gov.uk)

The importance of the environment in which treatment is offered has received increased interest in forensic therapeutic communities, the Rehabilitative Culture and Enabling Environments. There are several measures by which to assess the quality of the environment, including community members perceptions, and environment scales and these will be considered. The need to foster a therapeutic alliance is paramount, but this is not always easy to achieve; particularly if working with those with complex needs, who are situated in a forensic setting. Many of those who are in custody have experienced multiple traumas and so it is important that this is kept in mind when facilitating change. The need to provide a safe environment, which promotes healthy attachment, a sense of belonging, is characterized by open communication, and encourages self-responsibility is discussed. Community-mindedness and openness are found to be important but are not easy to achieve. This presentation will draw on experience of opening a new therapeutic community and will consider what is important to develop a therapeutic environment, how it can be achieved, and what the hurdles may be.

What are the Important Contextual Features of Effective Prison-Based Interventions in Reducing Re-Incarceration?

Dominic Pearson, *University of Portsmouth* (dominic.pearson@port.ac.uk)

In a context of unacceptable prisoner re-offending and re-incarceration rates, this presentation will aim to identify features of effective prison-based interventions and make recommendations for enhancing the supporting environment. A body of evidence suggests that, relative to community sentences, prison by itself is ineffective in reducing reoffending. There is therefore a need for prison to be supplemented with evidence-based interventions. However some reviews have suggested that interventions in prisons are associated with inconsistent non-significant effects in reducing recidivism. This may be due to the nature or quality of the treatments, the characteristics of the clients, or the influence of different contexts. A review of recent meta-analytic findings is used to consider what features of prison-based interventions are associated with differential effects in reducing recidivism. Although program type and design are considered, particular attention is paid to contextual features of successful programs. Discussion centres on how to enhance the rehabilitation potential of prison-based interventions. Likely pivotal contextual factors for prison establishments include the need for ongoing focus on continuity of services, community links, and management factors in ensuring the quality and fidelity of program implementation.

Hope, Harmony, and Humanity: Creating a Positive Social Climate in Democratic Therapeutic Communities (DTCs) and the Implications for Wider Clinical and Organizational Practice

Richard Shuker, *HM Prison, Grendon, UK* (richard.shuker@hmps.gsi.gov.uk)

The presentation will provide a review of clinical practice within prison-based therapeutic communities, highlighting how a treatment supportive and positive social climate is established. The notion of the social climate is central to the democratic therapeutic community (DTC) approach, which deploys psychotherapeutic interventions within a social milieu. The DTC method has been successfully developed in prison settings as an intervention for those who have committed serious offences, and emphasizes the importance of social arrangements and relationships as the basis for change. There is a growing academic and organizational interest in the social climate of prisons. Recent attempts have been made to describe, measure, and alter social climate in order to humanize the penal environments, reduce harm, and promote individual personal development. The presentation will explore how a culture which promotes healthy social relationships can exist within a prison setting. It will describe how social structures, a set of values, and routine practices can provide the conditions for positive and respectful relationships to emerge. It will outline how the conditions for change can be established and how specific practices can be adopted which promote personal change and risk reduction. Elements of therapeutic community practice which have the potential to be applicable and ‘translatable’ to other settings and how these can support a rehabilitative culture will be discussed.

Developing a Rehabilitative Culture in High Security Prisons and Beyond: Lessons and Prospects

Jenny Tew, *HM Prison & Probation Service, London, UK* (Jenny.Tew@noms.gsi.gov.uk)

A considerable amount of work is happening across Her Majesty’s Prison Service to develop a more rehabilitative culture. This is with aim of impacting positively on both re-offending and the safety of our establishments. This work started in the challenging environment of High Security prisons, places where the idea of a rehabilitative culture might seem at odds with the necessary security focus but where hope and rehabilitation are actually critical for individuals. The work and learning from this are now helping to inform wider efforts across the whole organization. This presentation will outline the background to this work, explain how a rehabilitative culture is being conceptualized and operationalized, and share some of our learning to date. The operationalization of this work includes activities such as the use of culture web exercises to gain people’s perspectives on the current culture; an exercise that is being reviewed centrally to identify themes for the organization. There has also been a focus on other aspects including the approach of senior leaders, how we can improve procedural justice, and how we can engage staff and increase their levels of hope that change is possible. These and other areas will be further explored within the presentation.

178. The Heterogeneous Nature and Application of Mental State Defenses

Variations in Criminal Responsibility Statutes in the United States and Internationally

Lindsay Ingram, *Oregon State Hospital, Salem, Oregon* (lindsay.ingram@state.or.us)

This presentation will describe and review various United States criminal responsibility statutes (i.e., M’Naghten, American Law Institute [ALI], Irresistible Impulse, etc.) as defined in case law and jurisdictional practice. There will be discussion about how these statutes then are applied and interpreted across the United States. For example, Oregon uses a Guilty Except for Insanity statute based on ALI, Virginia uses a Not Guilty by Reason of Insanity statute based on caselaw, and Montana does not offer any such defense. Select international countries (not limited to England, the Netherlands, and France) and their legal statutes related to criminal responsibility will also be reviewed. The presentation will identify if, and how, these varying statutes affect public perceptions as well as the rates in which defendants are found not criminally responsible. Time will be spent reviewing scholarly literature and available statistics. The presentation will also discuss directions for future legal considerations, or changes to local jurisdiction practices.

How Being Under the Influence of Substances May or May Not be Used During Mental State Defenses

S. Cercy Tinsley, *Federal Bureau of Prisons, Washington, DC, USA*
(scharlestinsley@gmail.com)

A man is accused of murdering his mother-in-law due to persecutory delusional beliefs and auditory hallucinations. What looks outwardly as a simple criminal responsibility evaluation is suddenly complicated when the evaluator learns that the defendant was actively using methamphetamine around the time of the offense. In the United States, most jurisdictions specifically exclude a defendant from being able to use mental state defenses if their symptoms are due to a psychoactive substance that was knowingly ingested. This presentation will review relevant case law and state statutes, which addresses this complex forensic question. Methamphetamine, due to its insurgence in use and similarity to psychosis, will be investigated in detail. The presentation will discuss the relevant scholarly literature on if, how, and when use of methamphetamine is related to the question of criminal responsibility.

You’ve Been Found Insane. Now What?: Differences in the Treatment of the Criminally Insane

Carla Galusha, *Central State Hospital, Petersburg, USA* (carla.galusha@dbhds.virginia.gov)

In the United States, when a defendant is acquitted as insane most jurisdictions outline processes by which the acquittee is treated and supervised within the public psychiatric system. While the process is loosely defined by applicable case law, the treatment of NGRI acquittees greatly vary from state to state. This presentation will review national requirements and provisions for those acquitted. It will further discuss and identify the relevant differences in application. For example, in Virginia all NGRI defendants are committed to the state psychiatric hospital system for a period of 45 days, during which a comprehensive risk review is completed before the board determines where the individual can spend their time. Virginia does not place limits on how long a person may be supervised, but other states, like Oregon, place limits regardless of the individual's psychiatric condition or level of dangerousness. Implications about these differences will be discussed. Case examples will be used.

Admissibility of Expert Witness Testimony in the United States and NGRI Jury Instructions: A Brief Review

Elizabeth Wheeler, *Central State Hospital, Petersburg, USA*
(ewheeler@bayforensicpsychology.com)

This presentation will explore the use of expert witness testimony, i.e., the testimony of psychologists and psychiatrists, in sanity cases in Virginia and other states within the United States of America. Specific areas of interest for this presentation include that Virginia often excludes expert witness testimony with regard to statements made by the defendant in cases in which the defendant plans to use the insanity defense (i.e., the evaluator cannot testify to the statements that the defendant made which caused the evaluator to determine that the defendant was, in their opinion, insane at the time of the offense). The presentation will explore the limitation that this places on expert witnesses in testimony in cases where the insanity defense is used. Further, the presentation will discuss the implications that jury instructions may have on expert witness testimony in insanity cases. For example, in Virginia, jury members are not allowed to know the potential outcomes of an insanity verdict (i.e., the temporary custody process). This rule further places limitations on what an expert can and cannot say on the stand. Implications and differences by state will be explored. Case examples will be used.

Navigating Limitations in Expert Witness Testimony, One Attorney's Perspective

Shaun Huband, *Petersburg Indigent Defense Fund, Petersburg, USA*

This presentation will explore how the limitations in the use of expert witness testimony in criminal responsibility cases may impact defense attorney's use of experts in sanity cases. Possible legal strategies and options will be explored along with ethical implications of the limitations placed on expert witnesses in these cases. The presentation will discuss how

admissibility variations may impact insanity cases throughout the state of Virginia and the US more generally.

179. The Intersection of the US Death Penalty and Mental Health

Mental Illness and Violence

Bhushan S. Agharkar, *Emory University School of Medicine* (agharkarmd@gmail.com)

Persons with severe mental illness have a high prevalence of incarceration. They are also far more likely to be charged capitally. This presentation will discuss the most common types of mental illness seen in capital defendants and review the violence risk associated with mental illness and substance abuse. Emphasis will be placed on ways to mitigate risk overall and how treatment (or lack thereof) of mental illness contributes to prosecution, incarceration, and punishment of the mentally ill.

The US Judicial System and Intellectual Disability

Jordan M. Steiker, *University of Texas School of Law* (jsteiker@law.utexas.edu)

Over a decade ago, the United States Supreme Court exempted persons with intellectual disability from the death penalty. Litigation, however, still surrounds this exemption, as states and courts struggle to define the substantive and procedural contours of the exemption. Notwithstanding decisions by the US Supreme Court, states continue to allow some persons with intellectual disability to face execution. This presentation will address current developments in legislative and judicial approaches to protecting persons with intellectual disability from the death penalty. In particular, the presentation will discuss the extent to which clinical and professional practices should control the determination whether a particular defendant/inmate is a person with intellectual disability. It will also address the significance of the intellectual disability exemption to the broader practice of capital punishment in the United States. Along these lines, the presentation will consider whether the experience with the intellectual disability exemption has strengthened or weakened the case for exempting persons with serious mental illness from execution.

Capital Punishment and Competency

Meredith Martin Roundtree, *Northwestern Pritzker School of Law*
(Meredith.roundtree@law.northwestern.edu)

This presentation will focus on death penalty cases to discuss the tension in American criminal law as it seeks both to protect criminal defendants with mental illness and to promote all defendants' autonomy. For example, criminal defendants may not be tried if they are not mentally competent, and they are not guilty of a crime if they were insane at the time they committed the

act. American law also emphasizes the defendant's autonomy interests, so, under certain circumstances, people with mental illness may represent themselves at trial. This presentation will also explore law unique to the death penalty. Condemned prisoners, for example, must be mentally competent for execution. In addition, condemned prisoners with mental illness may successfully demand that the State execute them. This presentation will discuss specific cases that illustrate the difficult task facing courts, lawyers, and mental health professionals as they navigate the law in this area.

Childhood Trauma and the Death Penalty

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

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

The Story Rather than Diagnosis of Mental Illness

John Holdridge, *Attorney-at-law, Athens, USA* (holdridgejohn@gmail.com)

As much psychological literature has taught us, we make sense of the world through stories, not labels or diagnoses. This presentation will explore the growing empirical and anecdotal evidence suggesting that capital jurors respond most empathetically not merely to a diagnosis of mental illness but to a narrative constructed of the symptoms of mental illness, as well as the defendant's attempts to negotiate those symptoms as best as he can. The defendant must be seen as an active agent, not merely a passive victim. The narrative must present an integrated theory for life. This theory should inform the entire trial presentation, from the voir dire to the guilt-innocence phase to the penalty phase. And it must be unified: There can be no inconsistencies between the theory at the guilt-innocence phase and the theory at the penalty phase.

180. The #MeToo Movement: Its Meaning, Potential, and Perils

Why Did It Take So Long?: The Background to #MeToo

Cynthia Grant Bowman, *Cornell Law School* (cgb28@cornell.edu)

The #MeToo movement has a history. Neither the problem of sexual harassment nor public attention to it is new. Legal remedies have existed since the 1980s; and the televised Congressional hearings on the nomination of Clarence Thomas to the Supreme Court, at which Anita Hill accused him of sexual harassment, focused intense public attention both on the issue and the law prohibiting such harassment. Yet the revelations coming out in 2017, starting with celebrities accusing Harvey Weinstein and followed in rapid succession by accusations directed at various media personalities, who were promptly fired or resigned, show that sexual harassment of the worst sorts has been going on for decades despite the legal prohibition and the previous attention to it. The #MeToo movement appears to have broken through a collective denial of this widespread problem. Why did it take so long? And why did this breakthrough happen now?

The Harms of Unwanted Sex

Robin L. West, *Georgetown University Law Center* (west@georgetown.edu)

Sexual harassment is unwanted or unwelcome sex that interferes with work or schooling, creating unequal work or educational environments, and causing various sorts of harm. “Unwanted sex,” however, is the gravamen of the complaint. And, it is a largely undertheorized phrase. “Unwanted (or unwelcome) sex” clearly includes nonconsensual sexual assaults and batteries, from unwanted touchings through to rape. These criminal and tortious actions are also civil rights violations, when they occur at work or school. But unwanted sex is not simply “nonconsensual sex.” Some unwanted sex is consensual, and some is neither clearly consensual nor nonconsensual. We should not conflate unwanted sex that is the target of sexual harassment law with nonconsensual sex that is the target of the criminal law. Unwanted sex carries harms distinct from those of nonconsensual sex, and we should understand what those harms are. When unwanted sexual encounters occur at work or school, they may constitute a civil rights violation. When they occur outside the workplace or school, however, they may be just as harmful. This presentation will attempt to specify what some of those harms might be and how they relate to the more familiar harms attendant to nonconsensual sex.

#MeToo and the Failure of Legal Accountability

Deborah Tuerkheimer, *Northwestern University Pritzker School of Law*
(deborah.tuerkheimer@law.northwestern.edu)

In the time of #MeToo, victims of sexual misconduct are coming forward en masse to allege abuse, finding strength in numbers and a growing cultural responsiveness to their claims. Facilitated by innovative technologies, #MeToo is also sparking the creation of new channels of communication—channels intended to protect women from sexual abuse without invoking the law of sexual misconduct. A functional analysis shows that, to varying

degrees and subject to certain inevitable trade-offs, unofficial reporting can advance important ends. But the rise of informal accusation should also be of special concern to legal scholars and lawyers, who generally proceed from certain assumptions regarding the primacy of formal systems of accountability. These basic assumptions need revision if, by aiming to satisfy goals that our laws and legal institutions fail to achieve, informal reporting channels are serving as substitutes for the officially sanctioned mechanisms of accountability that monopolize scholarly attention. An understanding of unofficial reporting pathways as imperfect legal workarounds reveals that the law of sexual misconduct has been consigned to a relative state of quiescence. A needed redesign of official complaint channels should be informed by the benefits of informal reporting, along with a commitment to awakening law.

#MeToo as Sex Education?

Susan Frelich Appleton, *Washington University School of Law* (appleton@wulaw.wustl.edu)

Traditional sex education in the United States, emphasizing “abstinence only,” has proved to be a dismal failure. Yet the Trump administration has prioritized this approach. Accordingly, will the “#MeToo Movement” become one more sex-negative lesson in how to “just say no”? Or might it offer new possibilities for teaching young persons about sexual agency, feelings, and pleasure? This presentation theorizes what the #MeToo Movement can mean for American sex education. The conventional approach, which continues to enjoy official support, should find in the publicity generated by #MeToo—with its cautionary tales of unwelcome conduct by sexual aggressors—a useful basis for teaching resistance, abstinence, and the importance of communicating the absence of consent. Yet, #MeToo could offer transformational opportunities. Against the background of #MeToo, observers are critiquing the focus on consent as inadequate for facilitating pleasurable, mutually satisfying sex. Thus, as #MeToo evolves, it could become a platform for American sex education to follow the World Health Organization and UNESCO (United Nations Educational, Scientific and Cultural Organization) in recognizing sexual rights, including pleasure, as human rights. UNESCO’s 2018 publication, *International Technical Guidance on Sexuality Education: An Evidence-Informed Approach* provides helpful guidance for curriculum development for learners ages five through 18+.

Epistemic Ignorance and the #Metoo Movement

Traci A. Owens, *Attorney-at-Law, San Jose, USA* (traciowens2010@live.com)

Epistemology is the theory of knowledge or the science of “what is known”. “Epistemic Ignorance” describes an absence of knowledge, examination, or interest in certain areas that can be studied. This presentation will explore Epistemic Ignorance as it relates to historically marginalized women who faced sexual assault as part of their daily routine. From slavery to modern times, women in marginalized groups were expected to defend themselves against sexual abuse as a fact of daily life. The historical narratives will be compared to the perception of the #metoo movement as “something new” in the zeitgeist. The discussion will explore the idea that the “movement” became noteworthy and even gained popularity when it attached to a segment of the population what is “known”: popular, documented, celebrated, and

admired. It appears that mainstream history overlooked the fact that marginalized women have been making the same complaints for centuries. This presentation will relate this concept to the criminal justice system. In USA, many criminal defendants come from marginalized, “unknown” populations. Traumas and frailties that often lead to mitigation and better treatment often go unstudied, thus “unknown”. The presentation will suggest ways to investigate and develop clients’ narratives even when mainstream history seems to have overlooked them.

181. The Opioid Epidemic: Causes and Responses

The Medical Good and the Crisis of Chronic Pain

Kyle Edward Karches, *Saint Louis University* (kyle.karches@health.slu.edu)

The opioid epidemic currently ravaging the United States epitomizes the old maxim about medicine, "the cure is worse than the disease." Physicians once thought powerful opioid pain medications would provide a solution to chronic pain, a problem that has vexed countless physicians and patients. Yet the widespread prescription of opioids has contributed to a crisis of addiction and overdose that claims over 50,000 American lives every year. This presentation will show how Thomas Aquinas's account of pain might help physicians and patients reconsider how best to manage chronic pain. It will first explain how the opioid epidemic stemmed from a well-intended, if ultimately misguided, approach to pain. It will then describe Aquinas's conception of pain, showing how he ties it to his understanding of the good life for human beings. The presentation will then present Aquinas's own remedies for pain and use them to propose alternative means by which physicians might address chronic pain today. Yet it also cautions that, although some of these suggestions seem promising and even anticipate recent findings in pain research, physicians must share Aquinas's notion of the human good in order to make use of these remedies as he had intended.

The Overdose Epidemic in Canada: A Root Cause Analysis

Timothy K.S. Christie, *Horizon Health Network, Saint John, Canada*
(Timothy.Christie@HorizonNB.ca)

This presentation will cover three topics: 1) The history of opioid prescription in Canada, 2) the shift from prescription to illicit opioids and the introduction of fentanyl, 3) the evidence base for partial solutions, and 4) arguments for legalization. The first section explains the history of opioid prescription in Canada. For 25 years prescribers were told that the effective treatment of pain required the liberal prescribing of analgesics and that pain should be considered the fifth vital sign. The assumption was that if patients were properly treated for pain then they could not become addicted. Second, after the over prescription of opioids was identified as a problem, the “knee jerk” solution was to engage in strategies designed to restrict access to prescription opioids, e.g., prescription drug monitoring, opioid prescription guidelines, and enhanced law enforcement. The result was a shift from prescription drugs to illicit drugs, which introduced fentanyl. Third there

are some evidence-based approaches that could be considered as partial solutions to this epidemic, specifically heroin prescription and dilaudid prescription. Finally, acknowledging these as partial solutions, the presentation will conclude with a provocative proposal that the ‘root cause’ of this epidemic is a poisoned illicit drug supply and legalization is an ethical solution.

The Effectiveness of Opioid Maintenance and Heroin Assisted Treatment in the Swiss Criminal Justice Setting

Michael Liebreuz, *University of Bern* (Michael.Liebreuz@fpd.unibe.ch)

Andres Schneeberger

Vera Camenisch

Alex Gamma

Anna Buadze

Roman Schleifer

Sandy Krammer, *University of Bern*

Ingeborg Warnke

The 1980s were a period in which the consumption of illegal psychotropic substances, especially heroin, increased massively in Switzerland. The intervention methods, which were considered revolutionary at the time, included a harm reduction approach with the introduction of low threshold opioid maintenance programs (OMT) even in prison settings. In addition to methadone and buprenorphine, heroin assisted treatment (HAT) was introduced for severely addicted patients who continued to use “street heroin”. This study aimed to evaluate the effectiveness of OMT and HAT in a Swiss penitentiary by applying a mixed methods approach, which meant evaluating existing data quantitatively and carrying out qualitative interviews. The data covered the period 2005-2015 and included information on sociodemography, treatment duration, urine samples, and overdoses in two groups (OMT and HAT). Furthermore, 19 employees of the Realta correctional facility were interviewed about their experiences with HAT. Existing variables were evaluated descriptively and aggregated over all stays, qualitative interviews by means of content analysis. During the ten-year observation period, neither group had a lethal overdose or any other deaths associated with substance use. Employment rates were high in both groups. Initial qualitative results showed positive staff attitudes towards HAT, but indicated a stigmatization in the personal environment.

182. The Phenomenon of Overdiagnosis in Psychiatry and Its Impact on Clinical Practice: Issues of Law, Pharmacology, and Ethics

The Evolution of Classificatory Systems and Diagnostic Approaches Contributing to Overdiagnosis

Antony Fernandez, *VCU School of Medicine* (drtonyfernandez@hotmail.com)

Although much scientific advancement has been made in Medicine and evidence-based practice, Psychiatry continues to suffer from a dearth of diagnostic objective tests; routine practice has remained rooted in purely clinical assessment and treatment. Classificatory systems in psychiatry have evolved to help identify specific and recognizable clusters of symptoms and signs that tend to occur together as syndromal entities. The DSM system was developed as a manual of mental disorders, purported to be atheoretical, and endeavored to operationalize the diagnostic process by establishing ‘criteria’ that needed to be fulfilled for the diagnostic label to apply. The WHO hastened to follow suit with a similar iteration of the ICD (10th edition). For the majority of conditions listed in the DSM-5, there are no pathognomonic diagnostic tests available. This presentation will outline the traditional approach to psychiatric diagnosis and treatment-planning, and highlight the current emphasis on evidence-based practice.

Influences Shaping Prescribing Practices and Its Impact on Overdiagnosis

Pratap Narayan, *Consulting Psychiatrist, Sacramento, USA* (pratbs@hotmail.com)

Over the years, there have been many influences that have served to shape psychiatric practice, notably the pharmaceutical industry, legislation, health insurance companies, and the judiciary. Especially in the USA, these have resulted in various practices not necessarily supported by research findings. For instance, strict adherence to diagnostic criteria frequently led to clinical situations where only some, not all, of the required criteria were met; clever and innovative professionals have managed to get around this impasse with the establishment of the so-called ‘spectrum’ disorders (very evident in the DSM-5, as opposed to previous editions). However, the establishment of these categories, as well as the addition of new diagnostic disorder entities, lacks the empirical support of objective science, relying instead on subjective opinion in large-scale surveys of practicing Mental Health professionals. The presentation will highlight some of the current concerns re: practice patterns (with particular emphasis on psychotropics), and current movements in this regard – both nationally and internationally.

Regulatory and Legal Influences on the Practice of Psychiatry

Julian Gojer, *Consulting Psychiatrist, Toronto, Canada* (juliangojer@gmail.com)

The principal extraneous influences on the practice of Psychiatry have been legal and economic. Fear of lawsuits has led to defensive practice. Courts have established the concept of ‘standard of care’, embraced by regulatory bodies and industry; however, this is a nebulous and difficult-to-apply standard, and widens the divide between research and practice. PBMs (Pharmacy Benefit Managers) are being put into place in the US to monitor (and restrict) the use of (typically high-cost) medications for specific diagnoses. This places a greater emphasis on more stringent diagnostic practice, as well as the need to meet benefit criteria for insurance companies and third-party payers to cover treatment-costs. Unfortunately, this also has the potential to significantly increase the problem of over-diagnosing and erroneous (or exaggerated) clinical documentation to justify monetary claims.

Ethical Considerations of Overdiagnosis on Vulnerable Populations

Nandini Narayan, *Pediatrician, Sacramento, USA* (dini2u@hotmail.com)

The diagnostic process in psychiatry remains a primarily subjective clinical process, due to lack of objective diagnostic tests. While the process is often time-consuming and involved, it is easily impacted by various non-clinical factors, such as requirements imposed by insurance companies, shrinking reimbursement rates, widespread online access to information (and misinformation), and the drive towards “patient satisfaction”. Excessive prescribing and poly-pharmacy are direct consequences of the widespread and increasing trend of assigning multiple clinical diagnoses to patients (“poly-diagnosing”). This is particularly relevant in elderly, pediatric, or incarcerated patients or patients with special health care needs (vulnerable populations), who often lack robust support from reliably informed advocates. Researchers have sought to focus on the risks of excessive prescribing in the elderly patients (e.g., Beers Criteria for potentially inappropriate medication use), yet such caveats have not had requisite impact on all prescribers. This presentation will outline the magnitude of the problem of over-diagnosis and over-prescribing in the juvenile and the elderly, utilizing various examples, including concerns published in mainstream media. The long-term relevance and consequences of these practices will be highlighted, and the impact of media, politicians, and legislation will be discussed.

Is the World of Psychiatry Up for the Challenge?

Pratap Narayan, *Consulting Psychiatrist, Sacramento, USA* (pratbs@hotmail.com)

Many professionals are concerned about the direction that Psychiatry has taken. National and international movements have begun to address these issues in various forums, but face widespread resistance from an establishment wanting to maintain the status quo. However, inactivity augurs dire consequences for global mental health, and we must all act now. This presentation will highlight movements such as Choosing Wisely, More Harm Than Good, and Preventing Over-Diagnosis, to name a few. The presentation will discuss how austerity in diagnosis and treatment can improve patient outcomes, decrease clinical worsening and disruption in the lives of patients, and minimize the risk of iatrogenic harm and hopefully impact the future of Psychiatry positively. It is high time that regulatory and accrediting bodies, academic professionals, industry, the legal profession, and governments come together to restore the primacy of clinical diagnosis and treatment.

183. The Presumption: Race and Injustice in the United States

The Presumption

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

In criminal justice context, particularly when the black subject is a black man, the presumption takes the form of a presumption of guilt. When Congress or state legislatures develop policies to address drug interdiction they make an us v. them distinction between suburban v. urban populations: suburban whites using opioids are like us, blacks using crack cocaine become “them.” Thus, blacks are viewed through the window of a presumption of dangerousness here. Similarly, when Tim Tebow kneels to pray during a football game, this is received by the mainstream media as an expression of widely shared values – not merely Christian values, but American values. Tebow is one of us. But when Colin Kaepernick kneels in protest to racial profiling, this is nonetheless seen through the window of a presumption as well: A presumption of defiance of American values. This presentation will discuss this presumption as a problem in which racial ideology functions as a distorting prism in the courts, in the legislature, on the sports field, and on our screens.

Race and “Surplus Criminality”

Nunn B. Kenneth, *University of Florida* (nunn@law.ufl.edu)

This presentation will discuss Professor Jones’s exploration of the presumption of guilt imposed on Black people through the law in his forthcoming book “The Presumption: Race and Injustice in the United States” from the standpoint of his own theory on “surplus criminality.” This presentation will argue that the “presumption” results from the need to maintain a ready supply of potential criminals to serve as the necessary “others” in a racially oppressive cultural setting.

Guilty Until Proven Innocent: Race, Murder, and Criminal Convictions

Michael F. Higginbotham, *University of Baltimore* (higginbotham@ubalt.edu)

This presentation will discuss the role race has played in the presumption of innocence for black defendants in high profile murder trials. In this presentation entitled, “Guilty Until Proven Innocent: Race, Murder, and Criminal Convictions”, the presenter will examine several controversial cases where, due to the race of the defendant, the presumption of innocence is not only absent but completely reversed.

Race and the College Athlete

Kevin D. Brown, *Indiana University* (brownkd@indiana.edu)
Antonio S. Williams, *Indiana University*

Under the amateur/education model, the amount that colleges and universities can provide to their

student/athletes is limited to the athlete's cost of attending their institution. While this model makes sense for most college sports, NCAA Division I Football Bowl Subdivision and Division I Men's Basketball tend to generate almost all the revenue to fund their institution's entire athletic programs. Additionally, a majority of the elite athletes in these two revenue generating sports are black. Thus, a contentious debate has raged for over 30 years about the potential racial exploitation of the application of the amateur/education model. This presentation will attempt to reformulate the debate by focusing on the interest of the entire Black Community, not just the interest of the elite black male athletes. By taking the Black Community's perspective, a different view of the issue of racial exploitation and, more importantly, potential solutions to the dilemma emerge. One of these issues is how media images of college sports helps to contribute to maintaining the most destructive stereotypes that blacks encounter. This perspective also suggests that to counteract the racial exploitation, the NCAA could institute and fund massive programs that would increase the college attendance and graduation rates for the entire Black Community.

Intersectionality and Race

Barbara Arnwine, *Columbia Law School* (barnwine@barbaraarnwine.com)

This presentation will discuss the Presumption as it affects women of color in confrontations with the police, and as black women are portrayed in the media.

184. The Role of Psychological Assessment and Therapy in Singapore's Criminal Justice System

Development of Performance Validity Tests (PVTs) Norms and Clinical Practice Guidelines for Their Use in Singapore's Criminal Justice System

Kenji Gwee, *Institute of Mental Health, Buangkok, Singapore* (Kenji_gwee@imh.com.sg)

The dearth of local studies on the Test of Memory Malingering (TOMM) has been a challenge to practitioners using it routinely for forensic assessments Singapore's criminal justice system. Combined with the State psychologists' practice of using the TOMM as the sole performance validity test (PVT) in pre-trial assessments, the need to validate the TOMM and other PVTs for forensic use in Singapore was critical. A series of local empirical validation studies of PVTs was thus conducted. This presentation will present findings and implications of four studies: a simulated malingering study on psychiatric vs community population; a known-groups design with an intellectual disability population; a known-groups design with community geriatric vs dementia populations; and a differential prevalence design with a forensic population. Optimized cut-off scores of various PVTs, such as the Non-Verbal Medical Symptom

Validity Test (NV-MSVT), Medical Symptom Validity Test (MSVT), Word Memory Test (WMT), Victoria Symptom Validity Test (VSVT), will be recommended for each of these populations. Clinical practice guidelines, informed by these data and implemented locally, will also be discussed.

Please Jail My Daughter: Treatment and Management of Patients with Personality Disorders in Singapore

Mavis Seow, *Institute of Mental Health, Buangkok, Singapore* (Mavis_Seow@imh.com.sg)

The challenges of using various therapy modalities in working with personality-disordered patients on their suicidal and challenging behaviours are well known amongst clinicians. This single case study depicts the multiple social and clinical challenges faced when working with a tertiary-level, institutionalized patient with personality disorders in Singapore. The use of psychodynamic, mentalization based therapy, and dialectical behavior therapy-informed practices will be showcased. Outcomes of treatment, as well as risk issues posed by such patients, are then used to highlight the challenges and limitations of managing patients with personality disorder in Singapore. The need for resources and opportunities to further extend support for these patients will be discussed.

Adaptive Function in Singapore's Criminal Justice System

Yun Fern Kok, *Institute of Mental Health, Singapore, Buangkok* (Kok_yun_fern@imh.com.sg)

The assessment of adaptive function is a core defining feature in the diagnosis of Intellectual Disability (ID). This is typically conducted alongside culturally-appropriate standardized intelligence-testing and clinical interviews in most mental-health systems in Singapore. The adaptive function profiles of 35 pre-trial remanded individuals in the only forensic psychiatric system in Singapore were examined. For this purpose, the Adaptive Behaviour Assessment System (ABAS-3) composite domains were explored through existing data from 2013 until 2018. The administration of ABAS-3 in our forensic system typically involved interviewing well-informed next-of-kin or the remanded individuals to provide subjective ratings of the individual's adaptive skills across the composite Conceptual, Practical, and Social domains. The existing discrepancies amongst these three aspects are illustrated and provide an interesting discussion and consideration of socio-cultural influences in the differing profiles across these domains. One main challenge to a robust assessment of adaptive functioning of these individuals would include cross-cultural features and differences in social functioning as measured by the ABAS-3.

Negotiating Multicultural Challenges in Psychological Assessments Within Singapore's Criminal Justice System: Intellectual Assessment of Sexual Assault Victims

Hoi Ting Leung, *Institute of Mental Health, Buangkok, Singapore*
(Hoi_Ting_LEUNG@imh.com.sg)

Being a victim is bad. Seemingly being doubted by authorities when individuals report cases in which they are victims, makes the experience even more unbearable. It is part of Singapore's law enforcement procedures to refer alleged victims of sexual crimes to the Institute of Mental Health of Singapore (IMH) for intellectual assessments. Nevertheless, this part of the process is seldom communicated sensitively to victims, leading to victims' perception of being distrusted and opening up a possibility for secondary victimization and re-traumatization, and making victims feel more helpless and lonely. In addition to supporting victims at risk of secondary victimization, the forensic intellectual assessment is further complicated by challenges including the limited cultural relevance of cognitive assessment tools and assessment of adaptive functioning, as well as information collection from reliable informants. These experiences will be deliberated with the help of case studies. Preliminary plans to address these issues in the local setting will be discussed.

Negotiating Multicultural Challenges in Psychological Assessments within Singapore's Criminal Justice System: Neuropsychological Evaluations

Lynn Tan, *Institute of Mental Health, Buangkok, Singapore* (Lynn_tan@imh.com.sg)

Despite intensive and stringent development of neuropsychological assessment tools, the application of norms to cultures outside of the West continues to be problematic. Obtaining an accurate representation of an individual's cognitive status is imperative to diagnosis and assessing the efficacy of pertinent interventions. Using local case studies, the impact of socio-cultural factors on neuropsychological tools will be highlighted by comparing test performances when applying Western and local norms. The presentation will also explore specific interpretational challenges for common neuropsychological tools examining verbal memory and executive functioning. Upon appreciating the impact of socio-cultural influences and associated challenges on psychometric testing, a small-scale local norming study for a number of common neuropsychological assessment tools including the Repeatable Battery for the Assessment of Neuropsychological Status, Controlled Oral Word Association Test, Trail Making Test, Colour Trails Test as well as the Five-Digit Test was conducted. The preliminary findings and potential implications of this study will be discussed.

185. The Second-Person Perspective in Medicine and Bioethics

Second-Person Relations and the Scope of the Bioethical Community

Audra Goodnight, *Villanova University* (audragoodnight@gmail.com)

The principles of autonomy, individuality, and justice are privileged in traditional theories of bioethics. These principles are rooted in either the first- or third-person moral perspective, or a combination of both. However, on first- or third-person accounts of morality, it is difficult to see how persons with cognitive disabilities or memory loss, young children or the elderly – persons on the margins of morality and dignity – might be included in the bioethical community in general and the doctor-patient relationship in particular. They do not yet, or never again will, exercise the requisite capacities like responding to reasons or acting autonomously, which are privileged in first- or third-person bioethical perspectives. This presentation will provide a new account of second-person relations. In this account, persons who would otherwise seem to be on the margins of morality and dignity are able to participate in relations of justice, care, and love because of the communicative and bi-directional nature of second-person relations. The communicative act of relating second-personally with another involves acknowledging the other as a ‘you’ with whom mutual engagement is possible. Moral responses of justice and care come from your second-personal connection with them.

The Second-Personal Phenomenology of the Doctor-Patient Relationship

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

The doctor-patient relationship is the heart of medicine. Various models of the ideal physician-patient relationship have been discussed, but the phenomenological dimension of the interaction between health professionals and patients deserves further examination. One of the key features of this relationship is that it is second-personal in nature: it involves an “I-thou” connection between two individuals in which each person can address the other as a “you.” Because second-person relations are essential to the physician-patient encounter, it is crucial to reflect on their characteristics and the conditions that make them flourish or fail. This presentation will draw upon philosophical analysis and the presenter’s personal experience as a physician to explore the phenomenology of second-person relations in the health care setting. The presentation will also explain how a correct understanding of these relations has important implications for some key issues in bioethics and medical practice, including the epistemology of medicine, the character of virtuous health professionals, and the goals and goods of medicine.

Well-Being in Bioethics and Medical Practice

Matthew Shea, *University of California, Los Angeles* (matthew.f.shea@gmail.com)

Considerations involving well-being—what is good and bad for individuals, benefits and harms them, and is in their interest—are ubiquitous in bioethics and medical practice. Many of the most important issues in health care are related to well-being in some way, such as the principles of beneficence and non-maleficence, the best interest standard, the assessment of benefits vs. burdens, autonomy and paternalism, and the goal of medicine. This presentation will explore the connection between well-being and medicine by examining some specific theories and judgments about well-being that are prevalent in contemporary bioethics and medical practice. Then it will be argued that a second-personal approach to well-being—one that prioritizes the social dimension of human nature and holds that relationships are the most important for human flourishing—is more promising than the prevalent views. The presentation will also explain some significant implications of this second-personal approach for disputed bioethical questions and patient care.

The Metaphysics of the I-You Doctor-Patient Relation

James Kintz, *Saint Joseph's College* (jskintz@gmail.com)

A recurring topic in medical ethics has been the doctor-patient relationship. While there are numerous important components of the doctor-patient interaction, one unique feature of this relationship is that it is second-personal in character – that is, both the doctor and the patient can refer to the other as “You” when they stand in this interpersonal relation. Yet while there has been much promising work on these second-person relations, very little has been said concerning what makes these relations ontologically distinct. By focusing on unique aspects of the doctor-patient interaction, however, it is possible to uncover important phenomenological and ontological characteristics of this relation. This presentation will offer an account of the second-personal relationship by employing an Aristotelian powers ontology. It will be argued that an I-You relation forms as a result of the activation of ontologically interdependent social powers that can only be actualized in these interpersonal relations. This method reveals that the I-You relation is bidirectional and dynamic. By focusing on the doctor-patient relationship through the lens of an Aristotelian powers ontology, the presentation will not only discover unique features of the second-person relation, but uncover important ethical implications for doctor-patient interactions.

186. The True Story of Amanda Knox: An Innocent Abroad

The True Story of Amanda Knox: An Innocent Abroad

Anne Bremner, *Attorney-at-Law, Seattle, USA* (abremner@freybuck.com)

One year after the murder of Meredith Kercher, Rudy Guede had been convicted for the crime. Amanda Knox and Raffaele Sollecito, however, were awaiting trial. International public interest remained strong, and the real truth about what had happened was emerging gradually but inexorably. Because the murder occurred in 2007, a tipping point in the adoption of social and digital media, the stage was set for a firestorm that escalated Knox's story quickly, broadly, incorrectly, and ultimately, viciously. The story became ubiquitous within news outlets in Perugia, England, Seattle, and elsewhere, and as the public developed an absolute intoxication for it, the foundation for chaos was set. "My truth and my challenge" started as a small group in Knox's hometown to combat the mayhem by gathering evidence and systematically releasing it to the press. Ultimately, through the work of "My truth and my challenge" as well as many others, the "She-Devil" – "Foxy Knoxy" – became understood as "An Innocent Abroad." This presentation will cover the influence of media on the case and a successful campaign conducted in an internationally high-profile trial in the "Age of the Internet."

"First Do No Harm": What Forensic Professionals Can Learn from This Case

Richard Adler, *University of Washington School of Medicine* (richadler@fcpsych.com)

Media flashbulbs produce more heat than illumination. Topics relevant to forensic professionals: (1) Interrogative Suggestibility, (2) False Confessions, (3) Cultural Competence/Language Barriers, and (4) Forensic Criminal Typologies will be explored and applied to the facts of this case. The presenter will speak to the effect of misconceptions, gender bias, and anti-American bias in the media on the trials, and explain how he frequently makes use of the children's story "The Emperor's New Clothes" as the theme (or organizing narrative) for expert testimony. This is especially poignant since prosecutors start with "Probable Cause." Probable cause, essentially a matter of first impression, typically is maintained as the prosecution's theory of the case. The State as a general rule does not revise its approach in the context of newly discovered facts or opinions. As it relates to the subject case, the combination of its important facts and general scientific principles will hopefully bring the murky into sharper contrast. Finally, comments about the successful integration of Forensic Psychiatry and Criminology will provide a helpful transition to the presentation that follows.

What a Detailed and Competent Crime Scene Analysis Can Tell Us About the Murder of Meredith Kercher

Loren T. Atherley, *Seattle Police Department, Seattle, USA* (lorentatherley@gmail.com)

One cannot prove a crime without evidence, and our understanding of a crime, once detected, is conjecture without a competent assessment of the scene and how it was processed. Nowhere is this more important than in a high-profile case of murder. The murder of Meredith Kercher provides a rich case study of the importance of good crime scene investigation and analysis. In this case, the integrity of the scene, handling of evidence, and interpretation of offence behaviour

became a matter of central focus, ultimately resulting in the exoneration of Amanda Knox. This presentation will examine evidence of the crime and the investigative procedures used to process the scene. The presentation will speak to the forensic failures that led to the acquittals in the case based on firsthand accounts of the crime scene collections and analysis.

The Role of Medical Science: Physiology and False Memories

J. Douglas Bremner, *Emory University School of Medicine* (doug.bremner@emory.edu)

Medical sciences played an important role in the exoneration of Amanda Knox in the murder of Meredith Kercher. One area was the physiology of digestion, specifically related to the time it takes for food to move through the stomach to the intestines. Testimony clearly fixed the time of the murder victim's last meal, and given the known time range during which food passes through the stomach and completely exits into the intestine, a narrow range of times for the murder could be established. Testimony and opinions were given that erroneously asserted a wide range of transit times, which on review of medical evidence was proven to be false. Another area is that of the effects of stress on memory, and the area of psychological science on the effects of interrogation, stress, and coercion on the statements of suspects of crime. This presentation will discuss false confessions and lessons to be learned from the "Making of a Murderer" phenomenon.

187. The United Nation's Convention on the Rights of Persons with Disabilities: Why Canada Should Retain Its Reservation and Other Clinical Impacts

The United Nation's Convention on the Rights of Persons with Disabilities: Why Canada Should Retain Its Reservation

John Gray, *Western University* (jgray@shaw.ca)

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Canada's 13 jurisdictions all have mental health, treatment consent, and other laws that rely on capacity to make decisions and substitute decision makers using best interests standards. Some laws encourage supported decisions. All jurisdictions have non-consensual mental disorder involuntary admission provisions. Some allow "fully capable" people to refuse involuntary admission. Most mental health laws require consent to treat an involuntary patient, but have a best interests override of refusals. Canada ratified the CRPD with this Reservation: "...Canada reserves the right to continue their use [substitute decision-making] in appropriate circumstances

and subject to appropriate and effective safeguards.” Within Canada there is some opposition to the Reservation and the UN CRPD Committee calls for its abolition as well the abolition of involuntary admission, community treatment orders, involuntary treatment, substitute decisions, best interests, and the defence of not criminally responsible on account of mental disorder. Questions are raised about the validity of supported decision making for people in psychosis, detection of coercion, and advance directives prohibiting admission and treatment. Canadian examples of the effects of following the CRPD Committee interpretations will be provided. Canada should retain its reservation until evidence that CRPD Committee interpretations will not harm people now helped by involuntary admission and treatment.

188. Top Secrets, Lies, and Conspiracy Theories: Navigating a Sea of Uncertainty in a Delusional World

Conspiracies, Fringe Beliefs, and Delusions: When Does Odd Become Ill?

George David Annas, *SUNY Upstate Medical University* (AnnasG@upstate.edu)

Many well-educated people believe in a reptilian blood-sucking race, assuming the identities of the global elite. Many others await the inevitable descent of black helicopters carrying troops to enslave us all into a single world government. Today, it is normal to walk down the street empty handed, while actively talking with someone who is not present. Today it is a fact that our televisions are actually eavesdropping on us. Taking all of this into account, how can we determine when someone has lost touch with reality, when reality itself has become this absurd? In an attempt to address this question, this presentation will explore popular “conspiracy theories” and “fringe” beliefs, and what may motivate some of us to believe in them. When do such beliefs cross the line from simply being “odd” to the realm of insanity? Is there even a line to be crossed, or is something else at play? Finally, are “they” so different from “us?” Truth, itself, is becoming ever more elusive, limiting our ability to judge one’s sanity, but perhaps a study of “Banksters,” “Birthers,” and “Truthers,” can teach us a few things about fact, reality, and mental illness.

Lies, Denial, and Fantasy in Guantanamo Bay

Sondra Crosby, *Boston University Medical Center* (SCrosby@bu.edu)

The U.S. Detention Camp at Guantanamo Bay, Cuba (GTMO) is shrouded in secrecy. Being present there in any capacity envelops you in a world of “classification,” hidden identities, ever-changing rules, and such endless surveillance that even the smoke detectors are hiding cameras, recording everything. The environment is tainted by the horrors of the CIA torture program, creating the miasma aptly referred to as the “GTMO-goo” which envelops you the minute you step

off the plane. Working in this environment takes its toll - not only causing deleterious effects on the minds and health of the detainees themselves, but also their lawyers, the service members on duty, the magistrates, consultants, not to mention the clinicians attempting to provide adequate care. Nearly 17 years after GTMO first received prisoners, no trial dates for the accused have been set. There still remains no light at the end of this long, dark, and twisted tunnel. The risk of psychological distress is intensified in this surreal, indefinite environment, where the rule of law does not exist, mental health and torture are the elephants in the room that none dare acknowledge, and our normal views of and expectations of the world have been turned upside down.

Embracing Uncertainty: John Keats and the Enigma of Ambiguity

Mary F. Annas, *Northeastern University* (NativeMF@gmail.com)

In December 1817, John Keats wrote a letter home to his brothers. In it he described a laudatory behavior he called “Negative Capability.” A person exhibiting this, according to Keats, is “capable of being in uncertainties, mysteries, doubts, without any irritable searching after fact and reason.” At this point in his life, Keats was still struggling with the decision he had made a year earlier to leave his planned career in medicine and devote his life to writing poetry. He was also becoming aware that his brother Thomas was ill with the “family curse” (tuberculosis) to which his mother had succumbed seven years previously. It is difficult to discern the influences that went into Keats constructing this oxymoron, but his exploration of these ideas has influenced disciplines as broadly as literature, philosophy, and psychoanalysis. This presentation will argue that Negative Capability is an intersection of Keats’ skill in clinical medicine and his talent for encapsulating beauty and truth in his poetry. In a contemporary world where intellectuals are often desperately searching for meaning, it becomes all the more important and valuable to consider Keats’ thoughtful and hopeful concept.

The Dangers of Conflating Fact and Fiction in the National Security Sphere: From James Bond and Jack Bauer to David Petraeus and Donald Trump

George J. Annas, *Boston University* (AnnasGJ@bu.edu)

Fiction is the stock in trade of our national security agents and agencies. They routinely develop a series of fictional cover stories to disguise the true intent of their clandestine operations and provide at least plausible deniability if they are “caught.” With the election of Donald Trump, and his reaction to the public disclosure of the “Steele Dossier,” we have been hurled into a new frontier of cover stories and “fake news” in which fiction is treated as fact. In this Alice in Wonderland, agents pattern their behavior on fictional characters like James Bond and Jack Bauer, counterinsurgency generals require their troops to read fictional descriptions of locals, and our commander-in-chief presumes that virtually all intelligence information is “fake” or the product of the “deep state.” The “facts” our secret agents and military leaders share

with themselves and model their behavior on, can reasonably be examined by positing a new and dangerous category of mental illness, “secret agent syndrome.”

189. Transgender Health: Access to Services

Transgender Childrens' Access to Cross Sex Hormones and Gender Reassignment Surgery in the NHS

Charlotte Cliffe, *University College London* (charlotte.cliffe@nhs.net)

This research analyzes the legal arguments for current policies on gender reassignment in trans children in England. Policies advise cross sex hormones to start from age 16 and surgical procedures are accessible from 18. In English law, a minor may demonstrate competence and consent for themselves before they reach 16, this is known as Gillick competence. Although currently no English case law exists on trans children accessing gender reassignment treatment prior to 16, this presentation will analyze similar cases in Australian case law, where there is an abundance of cases involving minors seeking gender reassignment treatments. The presentation will explore the justifications for gender reassignment treatment in minors and aims to argue there are legal justifications for improving minors’ access to gender reassignment treatments.

190. Trauma and Incarceration

Treating Trauma Among Incarcerated People: Supply Does Not Create Its Own Demand

Nancy Wolff, *Rutgers University* (nwolff@ejb.rutgers.edu)

Rates of childhood and adult trauma among incarcerated people surpass any other single stressful life event, with only one notable exception: The miasma of crime. Over the past decade, researchers have surveyed correctional populations for trauma, including emotional, physical, and sexual, as well as some of its lingering consequences, including substance abuse and post-traumatic stress disorder. In response, efforts are advancing to treat trauma and its consequences, using programs like Seeking Safety, in prisons. This presentation will argue that supplying trauma treatment is not likely to be effective, even when offered free, because of the residual impacts of trauma on cognitive narratives about the world, self, and the future. This will draw on the literatures of help seeking behaviour, demand for health care, and traumatic stress to develop a new treatment-engagement approach that is informed by the impact of trauma on brain development and focuses on creating an environment that motivates those limited by traumatic stress to willingly and eagerly accept (“demand”) help for the effects of trauma on their self-identity, behaviour, and future prospects.

Punishment Without Trauma

Avlana K. Eisenberg, *Florida State University* (aeisenberg@law.fsu.edu)

While it is well documented that a high percentage of prisoners in the United States have unmet mental health needs, and that sub-par prisons conditions are criminogenic, the role of prison as a repository for trauma and, by association, mental and emotional breakdown, is comparatively underexplored. This presentation will first examine ways in which trauma is already countenanced as relevant to criminal law doctrine. It will then explore the role of prisons in creating new categories of traumatized individuals, specifically, the category of “traumatized offenders.” Finally, it will discuss the cycle of trauma and victimhood, suggesting that disassociating the categories of “traumatized” and “victimized” is crucial to developing a more nuanced understanding of the role of criminal punishment, and of the trajectory from punishment to reentry. While these categories transcend the prison environment, the prison context is the ideal site to examine their overlap and distinctions. Drawing on philosophies of punishment, victim studies, and restorative justice literatures, among others, this presentation will create a taxonomy of trauma with relevance for the prison context and beyond.

Grieving for the Loss of Self: The Experience of Moving Between Prison and Community Environments

Andrew Shepherd, *University of Manchester* (andrew.shepherd-2@manchester.ac.uk)

Moving between general community and prison environments, following remand or conviction, represents an intensely distressing period for almost all prisoners. Observational studies suggest that this transition is associated with high levels of increased anxiety and an increased risk of suicide. Similar patterns emerge at the end of a prison sentence, as a move back to the open community is prepared for. Anxiety on release may predispose the individual towards a withdrawal from society and general sense of disenfranchisement, leading to lack of engagement with available support and increased risk of re-offending and subsequent return to prison. Drawing on a psychoanalytic framework, together with illustrative case examples, this presentation will consider the lived experience of this transition process – and the shifts in the sense of self, or identity, accompanying these enforced dynamic changes. It will be proposed that, in effect, prisoners engage in a grief process relating to a lost sense of self and an additional loss of a potential imagined ‘future self’. This presentation will reflect on the implications of these reflections on the process of working therapeutically with offenders throughout their stay in prison. Potential considerations for health, social, and probation services will be reviewed.

Cognitive Appraisal of Child Abuse Among Israeli Inmates: Does Sex Make a Difference?

Gila Chen, *Ashkelon Academic College* (chengila6@gmail.com)
Keren Gueta, *Bar-Ilan University* (keren@gueta.com)

Sex differences in child abuse and neglect (CAN) have long been of interest to researchers and practitioners due to their adverse impact. In addition, the cognitive appraisal of events as abusive or not may also affect the negative consequences of CAN. The purpose of this study was threefold: (a) To assess sex differences in the various forms of CAN; (b) to examine sex differences in the cognitive appraisal of CAN; and (c) to examine sex as a moderator of the relationships between family background, CAN, and cognitive appraisal of CAN. The sample was comprised of 247 inmates. The findings indicated that female inmates reported higher rates of total CAN than male inmates. No significant sex differences were found in physical abuse, emotional neglect, or the cognitive appraisal of CAN. However, there were significant sex differences in ranking of the dimensions of cognitive appraisal of CAN. Paternal partner violence was a predictor of CAN and of cognitive appraisal of CAN for both sexes. Our findings showed that although male and female inmates shared similar family risk factors related to crime and substance abuse, their effect may differ by sex, and this may have clinical implications for the development of sex-sensitive programming.

Women's Prison Diversion Program: Mental Health Effectiveness and Criminal Justice Outcomes

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M. Kovacevic

E. Newman

The United States has the highest rate of female incarceration in the world; incarcerating 64 per 100,000 female US residents. Further, the state of Oklahoma has the largest imprisonment rate for women; double the national rate, incarcerating 149 per 100,000 female state residents. Incarcerated women in Oklahoma are largely imprisoned due to drug-related offences, and many of these substance-abusing women have additional trauma-related mental health difficulties. In an effort to combat high rates of incarceration and provide female offenders with treatment rather than punishment, prison diversion programs have been established throughout the country. However, the effectiveness of these programs has largely been unexamined. This presentation will examine the effectiveness of one women's prison diversion program operating in Oklahoma on mental health and criminal justice outcomes. In this study, program participants completed demographic and mental health measures at ten time points, spanning from initial program entry to three years after program graduation. Repeated measures multilevel linear modelling will be used to examine changes in trauma-related symptomatology and overall psychological distress. Further, post-graduation substance use, criminal behaviour, and recidivism will be examined. Implications regarding the effectiveness of this prison diversion program will be discussed.

191. Trauma, Inequality, and Growth

Patterns and Trends of Filicide-Suicide in South Korea

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

Filicide is ubiquitous throughout history and across cultures. Due to increasing numbers of filicide-suicide cases every year in South Korea, the study reported in this presentation aimed to identify patterns and trends of filicide-suicide cases by analyzing newspaper articles. News articles on filicide published between January 1st of 2010 and December 31st of 2016 were analyzed. First, it was found that based on seasonality, winter has the highest occurrence of filicide-suicide, followed by fall, spring, and then summer. Second, 60.6% of cases occurred at home and the most common method of filicide-suicide was carbon monoxide poisoning, which was especially high among parents in their 50s. Third, in regards to characteristics of perpetrators and victims, 58.2% were maternal filicide, followed by 26.1% involving the whole family. Looking at children's age, 75.1% were minors. In other words, these cases should be considered homicide of minors by parents rather than consensual suicide. Fourth, among maternal filicide cases, most mothers were in their 30s. Fifth, the most common motive was financial difficulties, followed by difficulties in child rearing, and hardships due to parents' physical and/or mental illnesses. Implications to prevent and intervene filicide-suicide cases will be suggested.

A Study on the Core Competencies of Mental Health Social Workers in South Korea

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With the recent revision of the Mental Health and Welfare Act in May of 2017, the target population of mental health social welfare and the role of mental health professionals have been expanded. This study explores the changes in the perception of core competencies of mental health social workers since the revision. A survey was conducted with 580 mental health social workers in total, consisting of 144 certified mental health social workers of Rank 1, 106 certified workers of Rank 2, and 280 trainees working towards the Rank 2 certification. Analysis showed that 'understanding suicide and its intervention strategies', 'crisis intervention', 'understanding family intervention and case management', 'human rights and advocacy', 'understanding mental health law and policy', 'mental health throughout life cycle', 'understanding addiction and its intervention strategies', 'interviewing skills according to diagnosis', 'identifying community resources and client mobilization', and 'developing and evaluating mental health services/programs' were found to be the core competencies for mental health social workers. In addition, common core competencies across all mental health professionals (including social workers, psychologists, and nurses) were found to be 'open communication across disciplines' and 'managing role conflict'. Implications for improvements in professional trainings will be suggested.

Influence of Deprivation in Early Stage of Lifetime on Urban Poor Suicides

Myung-Min Choi, *Baekseok University* (mmchoi@bu.ac.kr)

The purpose of this study is to investigate the relationship between the experience of deprivation in the early stage of life and suicide among the urban poor. For this study, in-depth interviews were conducted with the family members and acquaintances of the ten urban poor suicide cases. For the analysis, the grounded theory data analysis was applied and psycho-social autopsy was carried out. Findings indicate that all the subjects of this study were exposed to inadequate care and social protection in their early life stage. Such deprivation was mainly due to poverty and lack of human and physical resource of their parents, which continued to badger them through their lives despite their efforts to overcome it. This vicious cycle of deprivation led to subsequent isolation and disconnection from the community, and at the end they felt like they had become ‘socially useless garbage.’ Although existing suicide prevention policy includes treating depression and urgent financial support, current findings suggest that more long-term and comprehensive interventions restructuring social stratification and inequality are in dire need.

Socioeconomic Deprivation a Daily Life Trauma: The Reciprocal Effects of Socioeconomic Deprivation and Alcohol Problems

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Minook Lee, *Chung-Ang University*

Korea is known for high alcohol consumption and alcohol related problems. Studies on alcohol have focused mostly on biological or psychological factors emphasizing individual responsibility. However, health equity perspective called attention to social determinants of health. This study aimed to examine the relationship between socioeconomic deprivation and alcohol problems. The study utilized data from three waves (year 2012, 2014, 2016) of Korea Welfare Panel Survey. The sample included 3,386 adults 20 years and older. Using ARCL modelling, the study analyzed the longitudinal reciprocal effects between socioeconomic deprivation and alcohol problems. Results indicated that 1) the level of both socioeconomic deprivation and alcohol problems at T1 were positively associated with the level of deprivation and alcohol problems at T2 and T3; 2) socioeconomic deprivation at T1 was associated with alcohol problems at T2 and deprivation at T2 predicted higher level of alcohol problems at T3; 3) alcohol problems at any time was not associated with socioeconomic deprivation later in time. Findings suggest that socioeconomic deprivation as an everyday stressor is a significant factor leading to drinking problems. Although most interventions focus on changing individual behaviours, the study speaks to the need for discussing social responsibility in prevention and treatment efforts.

A Multicultural Application of Moral Injury: Understanding North Korean Defectors in South Korea

Woochan Shim, *Daejeon University* (shimw@dju.kr)

At the recent summit between President Moon Jae-in of South Korea and North Korea's leader Kim Jong-un on April 27th of 2018, they both mentioned their hopes for peace. This event may

have an impact on North Korean refugees' perceptions, such as how to interpret their struggles and trauma related to their defection process, as well as how they adjust to their everyday lives in South Korea. This study explores moral injury experienced by female North Korean refugees now living in South Korea. Female North Korean refugees are found to have experienced far more human rights violation before, during, and after their defection compared to male refugees. Findings from in-depth interviews show that trauma from human rights violation was not the main source of their moral injury but the source of their growth and self-worth. Moral injury was connected to the theme of 'identity denial and discrimination by their neighbors in South Korea.' Practice implications for community integration will be suggested, which may prevent moral injury among both North Korean refugees as well as South Koreans as Korea is faced with the possibility of reunification.

192. Undue Influence

Proposing a New Model to Conduct a Forensic Evaluation of Undue Influence

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The DSM–5 identifies this group of patients under a special category: Other Specified Dissociative Disorder 300.15 (F44.9). "Identity disturbance due to prolonged and intense coercive persuasion: Individuals who have been subjected to intense coercive persuasion (e.g., brainwashing, thought reform, indoctrination while captive, torture, long-term political imprisonment, recruitment by sects/cults or by terror organizations) may present with prolonged changes in, or conscious questioning of, their identity." However, there is no established, formal process to perform a forensic evaluation on the process of predatory influence. The 500-year-old concept of Undue Influence has been narrowly defined around a subject's competency to designate who will inherit wealth and property. The "rational agent" model that dominates the world legal perspective on human behaviour is sadly outdated by scientific research. For example, brain maturity is now believed to be 25 years of age and not 18 or even 21. The Social Influence Model developed by Alan Schefflin will be presented as well as the Influence Continuum and BITE model. Specific suggestions for developing a twenty-first century forensic evaluation for undue influence will be presented. Multiple real-life examples will be analyzed which include destructive cults, sex trafficking, and testamentary capacity.

193. Updates in Managing Patients with Psychosis, Incorporating Pathways and Legal Frameworks in the Community

How to Treat Compulsive Sexual Behaviour: A Systematic Review

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A systematic review was conducted to: 1. Assess the various pharmacological treatments for sexual addictive behaviour and to see if one is favourable over others in terms of efficacy; 2. find out which medication is best to reduce the intensity of symptoms of sexual addiction or to treat them; and 3. assess which medication is most useful for reducing the risk of sexual offending in the future. Out of 11 relevant studies, all noted improvement in sexual addictive behavioural symptoms. The results showed that there was no agreed single medication which can be said to be the best medical treatment for sexual addiction disorder, the lack of good quality randomized placebo-controlled trials makes it unlikely to recommend a particular psychotropic medication over another with much confidence. The most studied group of medication was SSRI, namely Fluoxetine. All the medications used in different trials were mostly effective, but again, there were no control groups to compare with. In conclusion, the clinician should consider choosing the right medication after taking into account each individual on case to case basis, for example patient factors including cost, weight gain, and risk of side effects.

Role of Epigenesis in Criminology

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Waddington in 1942 coined the term 'epigenesis' to describe the interaction of genetics and environmental factors. The underlying mechanism of epigenesis thus involves noninterpreted genes induced by environmentally modified gene expression without altering the DNA sequences. These changes may remain through cell divisions for the remainder of the cell's life or may last for multiple generations. In criminology, the influence of outside factors on genetic material from the beginning of life throughout the lifespan are observed, thus showing the involvement of ongoing epigenetic processes. The molecular basis of epigenesis is complex and multiple inherited systems may play a role in forming cell memory. In most criminal behaviour, the etiological window can be revealed by epigenetic research activities. The bio-psycho-social processes of epigenesis throws light on the mechanism of putative causes of criminal behaviour. The majority of chronic criminals have been raised in poverty and in an abused and neglected environment, with low central and peripheral nervous system arousal. Thus, epigenetic change makes them prone to commit crime due to behaviour variables. The presentation reviews these issues and concludes that epigenetic changes are becoming more important for understanding criminal behaviour and crime. It argues more research is needed for producing clear and evidence-based answers about the role of epigenesis in criminology.

Implementation of Integrated Care Pathways for Persons with Psychosis in Ontario, Canada: Barriers and Opportunities

Farooq Naeem, *University of Toronto* (Farooq.naeem@camh.ca)

Currently there is an emphasis on developing Integrated Care pathways for mental health problems. The concept of pathways draws heavily from principles of lean thinking and is therefore based on improving the efficiency of the system to provide quality services to persons with health problems. Development of pathways for schizophrenia, along with depression and dementia is high priority in Ontario, Canada. This is an exciting development, especially as this might trigger radical changes in the health system to improve the care of those with schizophrenia. As the pathways are fully developed in England, we have tried to highlight the issues that can facilitate or hinder the development and implementation of the pathways in Ontario, compared with England. Development of pathways offers unique opportunities that might lead to substantial improvement in care of persons with psychosis.

Accuracy and Completeness of Mental Health Act Forms Applied to Involuntary Patients Admitted to an Inpatient Psychiatric Ward

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Stanislav Pasyk
Dane Mauer-Vakil Bkin

The accuracy and completeness of Mental Health Act forms applied to involuntary patients in an inpatient unit is of paramount importance not only for legal but also for patient safety reasons within a hospital. This was a retrospective study of 250 patient charts from January 1, 2014 – March 31, 2014. Chart review provided 224 total Form 3, 4, 30, and 33 certificates with an overall error rate of 13.19% completion. Of those physicians who completed these certificates, the error rate was 11.63% if a resident physician were to complete and 19.23% if a staff physician were to apply the form. As physicians, there is a legal and moral responsibility to ensure the accuracy of such documentation both ethically and practically as well as a responsibility to the patient and their rights under the Mental Health Act. This presentation reviews the findings and draws out implications for the ways in which this objective might better be attained.

Management of Risk in the Community

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Traditionally it was deemed that patients with a severe mental illness were required to live their entire lives in an institution. There has been evidence that these individuals can be managed in the community by Assertive Community Teams and similar community mental health teams across the board, especially in developed countries. The process of deinstitutionalizing long-term service users has been ongoing since the last few decades and seems to have almost completed. However, managing these high-risk individuals in the community has been a real challenge at the best of times. The aim and political drive has been to use the least restrictive means to deliver the care to

such population. Recovery-oriented programs such as Assertive Community Treatment ('ACT') achieve improvement in many areas; however, impaired functioning is often unchanged and results in unmet needs, obstacles to patients' goal of recovery. This presentation will explore the historical background of the community mental health services, provide an understanding of interventions to minimize risk by community mental health teams in these settings, and bring awareness to the principles of a legal framework in management of risk in the community.

194. Victims of Violence

Preventing Sexual Assault in Natural Disasters

Catherine Joan Carter-Snell, *Mount Royal University* (ccartersnell@mtroyal.ca)

Dr. Anne Troy, *American Psychiatric Nurses' Association*

Dr. Nicola Waters, *Thomson Rivers University*

Women experience extremely high risk of mental health issues after sexual assault. Sexual assault incidents increase significantly during natural disasters and natural disasters are occurring more frequently. Although international guidelines for prevention and intervention exist, protocols were not evident in the authors' experiences working in disaster relief and risks were identified. An environmental scan of disaster agencies in Canada identified a lack of protocols to address sexual assault. Qualitative interviews were then conducted with disaster agencies and sexual assault centres in eight North American communities who had experienced natural disasters. They were asked to identify what they viewed as risks for assault, and how they prevented them and seek recommendations. Thematic analysis revealed a general surprise that sexual assaults would occur during a disaster or that guidelines existed, concerns for general safety vs. specific sexual assault or gender-based safety, and a keen interest to learn more and incorporate guidelines into their protocols. A key recommendation was to promote collaboration between sexual assault centres and emergency management services before, during, and after a disaster. This would help ensure sexual assault health care services and counselling were available, enable strategies for public awareness of these services, and enhance sexual assault prevention.

Findings from a Pilot of a Specialized Forensic Nursing Curriculum Focused on the Care of Sexually Assaulted Transgender Persons

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Numerous studies and reviews have found that transgender (trans) persons are at an overall

increased risk of sexual assault and other forms of violence and may have unique and diverse needs post-victimization. We have identified a pressing need for (further) training of specialized forensic nurses at Ontario's Sexual Assault/Domestic Violence Centres (SA/DVTCs) on trans-sensitive and informed care of sexual assault survivors. These centres, which collaborate with legal and community services, are working with an advisory group comprised of experts from trans communities and their allies to develop and evaluate a training focused on the comprehensive care of trans survivors of sexual assault. Changes in perceived competence in caring appropriately for trans survivors will be evaluated using a pre-post-training survey design. Fine tuning of the curriculum also will be made based on data collected through direct observation of the training, as well as feedback from training participants. The resulting final curriculum will become a permanent component of SA/DVTCs' training programs, and may have relevance to the more than 950 forensic nursing programs worldwide.

Is this the Behaviour of a "Real" Sexual Assault Victim?

Robin Mason, *Women's College Research Institute, Women's College Hospital, Toronto, Canada* (robin.mason@wchospital.ca)

Janice Du Mont, *Women's College Research Institute, Toronto, Canada*

Sheila Macdonald, *Ontario Sexual Assault/Domestic Violence Network, Toronto, Canada*

Stephanie Lanthier, *Women's College Research Institute, Toronto, Canada*

Prosecutors of sexual assault cases, as well as the public at large, have often found it challenging to understand a victim's reactions post-sexual assault. General understandings suggest that a 'real' victim should, for example, be visibly distressed, shun the perpetrator, withdraw from further sexual activities, and avoid or minimize future risk-taking behaviour. Instead, some victims counter-intuitively seek out the perpetrator, wish to maintain a relationship, make excuses for his behaviour, minimize the assault, or actively work to not acknowledge the assault has occurred, and engage in increased sexual activity. In this presentation, we will review commonly misunderstood reactions to sexual assault including normalization, explanation, minimization, dramatization, suppression, and changes in sexual activity; behaviours that can challenge both survivors and those they may encounter in their efforts to heal and seek redress. In doing so, we will draw upon innovative, creative elements developed to support an online curriculum on this topic.

The Impact of Adverse Childhood Experiences and Forgiveness on Nurses' Capacity for Compassion Satisfaction

Anne Dolores Troy, *American Psychiatric Nurses' Association* (Atroy@uhcno.edu)

Little is known about the impact of personal trauma on care providers, particularly as it relates to forgiveness and compassion satisfaction. The rates of adverse childhood experiences (ACEs) and abuse were studied among nurses along with factors that related to the concept of forgiveness. Surveys of 255 nurses revealed that half of them had experienced at least two or more ACEs before age 18, including sexual abuse for at least 1/4 females and 1/6 males. Early exposure to ACEs was linked to self-forgiveness. The number of ACEs correlated with

forgiveness of self, situation, and total forgiveness, but not forgiveness of others. African-American ethnicity explained 11.5% of variance in self-forgiveness. The high level of academic achievement among the nurse sample, despite the moderate to high levels of ACEs, indicates a role for resilience. A greater understanding is needed of the role of forgiveness in resilience, and on the role of forgiveness on health outcomes and communities including mental health. There are also implications for trauma-informed practice in understanding the role of ACEs and forgiveness in clients, but also among those providing care. There may be implications for screening staff for ACEs without fear of repercussions to understand and potentially support resilience.

195. Violence in School Settings

Hate Crime: The Impact on a Student Population

Sandra Flynn, *University of Manchester* (sandra.m.flynn@manchester.ac.uk)

The number of reported hate crime incidents has increased substantially in the UK following the terrorist attacks in Manchester and London in 2017. Manchester is estimated to have a student population of approximately 80,000 people, covering three universities and other higher education institutions. However, the proportion of students affected by hate crime is unknown. Hate crimes have a negative psychological and social impact on the victims and their families, which makes this an important topic of research. The purpose of this study is to explore the prevalence and impact hate crime has on the health and well-being of university students in Manchester. A mixed methods research design using qualitative and quantitative methods will explore the impact on all groups who experience hostility due to disability, race, religious beliefs, sexual orientation, transgender identity, and those who affiliate with alternative sub-cultures. The findings will inform the development of a help-seeking pathway.

School Police Officers: A Legal, Empirical, and Normative Analysis

Jason P. Nance, *University of Florida* (nance@law.ufl.edu)

Tragic acts of school violence have caused lawmakers and school officials to deliberate over new laws and policies to keep students safe, including putting more police officers in schools. However, these decision-makers have not given enough attention to the negative consequences that such laws and policies have, such as creating a pathway from school to prison for many students. Traditionally, only educators handled certain lower-level offences. Drawing on recent data from the US Department of Education, this presentation will present an empirical analysis revealing that a police officer's regular presence at a school is predictive of greater odds that school officials will refer students to law enforcement for committing various offences, including lower-level offences. This trend holds true even after controlling for statutes requiring schools to report certain incidents to law enforcement; levels of criminal activity and disorder that occur at the school; neighbourhood crime; and other demographic and school characteristic variables. The

consequences of involving students in the criminal justice system are severe, especially for students of colour. Involving more police officers in schools also strains students' constitutional rights. Accordingly, lawmakers and school officials should consider alternative methods to create safer learning environments.

196. Vulnerabilities of Systems and Stakeholders

Teaching Ethical Sensitivity to Nurses: A Requirement for Professional Sustainability

Kathryn Dawn Weaver, *University of New Brunswick* (kweaver@unb.ca)

Nursing has a social mandate to alleviate suffering and improve the health and welfare of vulnerable individuals, families, communities, and societies. Nurses' duty to those in their care is based on caring relationships that foster human flourishing; thus, nurses experience ethical distress when unable to carry out their professional caring roles due to workforce shortages, extensive workloads, an emphasis on technology and bureaucracy, and limited professional autonomy. Nurses feel a sense of divided loyalties in balancing patient needs against overriding decisions by other healthcare professionals and organizational constraints. Together, these barriers may influence nurses to consider leaving nursing or to change their occupational positions. How nurses develop their capacity for ethically sensitive practice within challenging workplace environments was explored through critical appraisal of the literature and qualitative interviews with nurse educational leaders (n = 22) from an Atlantic Canadian province. The participating nurses were found to successfully negotiate ethical dilemmas in their workplaces through a process of interpreting vulnerability cues, justifying the most appropriate action to enhance patient/student well-being, and intense reflexivity. The resulting clinical wisdom and strengthened resilience from navigating the dilemmas enabled nurses to transcend situational uncertainty and positively influence workplace ethics.

Beggars Can't be Choosers: An Ethical Analysis of Food Charity

Jessica Wall, *University of New Brunswick* (jessica@canb.org)

Hundreds of thousands of kilograms of food are wasted each day in Canada, while millions of people go hungry. This presentation explores the ethicality of corporate donations of poor quality food to people in need using complementary philosophical frameworks of deontology, utilitarianism, and social contract theory. Deontological and utilitarian frameworks respectively may support a charitable food banking model, considering that giving food to those in need is an imperfect duty that can also result in the increased happiness of humanity. However, this one-size-fits-all solution ignores people's unique needs and preferences as well as government's responsibility to respect and protect its citizens' basic right to food. Supporters of social

contract theory would create moral, legal, and ethical imperatives to develop an integrated national food policy based on a human rights framework. Promotion of the current food charity model would not be supported as it disempowers those who claim that hunger and poverty reductions are primary obligations of government, undermines the concept of hunger and poverty as political and human rights issues, and portrays hunger in Canada as a matter for charity regardless of continuing failure to meet the need.

A Model of Presence: Cultivating the Soul to Become a Channel of God

Denise LeBlanc-Kwaw, *University of New Brunswick* (denise.leblanc-kwaw@unb.ca)

This Glasarian grounded theory study answers the question, “How do parish nurses (PNs) develop their spiritual nursing practice over time?” After receiving research ethics board approval, six Canadian PNs with three to ten years of experience providing spiritual nursing care were interviewed using guiding and probing questions. Data were analyzed using coding, sorting, and categorizing until all data comprised an emerging model that explained parish nurses’ perceptions of administering spiritual care. Memoing as well as rigor criteria of fit, grab, work, and modifiability were applied throughout the study. The basic social psychological process called “Cultivating the soul to become a channel of God” explains how PNs use a four-step iterative process to achieve six stages of presence. The four steps involve finding favourable environments, trusting in God, deciding to act, and taking a leap of faith. The six stages of presence include foundation of God-related beliefs and values, spiritual awakening, presence with God, presence with others, presence with God and others, and channel of God. Implications include developing spiritual care competencies that can be used in education curriculum, patient-centred care, and regulation of nurses.

Seeing Beyond the Eating Disorder

Tanya Wilson, *University of New Brunswick* (tanya.wilson@gnb.ca)

Health professionals struggle when caring for individuals affected by eating disorders, especially in New Brunswick, Canada where there is no recognized eating disorder treatment center. Using narrative methodology, this study explored the perceptions, experiences, and training of professionals from seven regulated health disciplines that are most commonly involved in eating disorder care: Medicine, dentistry, nursing, social work, occupational therapy, dietetics, and psychology. From the data two distinct themes emerged: 1) The many faces of eating disorders and 2) the valuing of health priorities. Inviting health professionals to share their experiences in eating disorder care revealed challenges related to the enigmatic nature of eating disorders and to the shortcomings of the health system itself. This study brings to light the process that professionals go through from seeing beyond the eating disorder to understanding the often subtle subtexts that impede eating disorder identification and treatment. Looking at eating disorder care from an interdisciplinary perspective provides unique insight into common needs and challenges of practitioners and may ultimately inform existing and developing treatment and prevention initiatives.

The Stepping-In and Stepping-Back Process: Using the Theory of Protective Empowering to Facilitate Student Learning in Mental Health Act Assessments

Rosalina F. Chiovitti, *Humber Institute of Technology & Advanced Learning, Toronto, ON, Canada* (rosalina.chiovitti@sympatico.ca)

Mental health act assessments involve legal and ethical tensions between how much to step-in (for patient safety and protection) and step-back (for patient autonomy and empowerment) in patient care. This presentation will aim to discuss the implementation of a teaching and learning activity for baccalaureate nursing students entering clinical placements in acute mental health settings. The presenter's research-based theory of protective empowering developed in three acute care mental health settings is used as a conceptual framework for organizing a teaching and learning activity, in which patient autonomy and patient protection co-exist harmoniously within mental health act assessments. Protective empowering is offered as an interpersonal process for balancing legal-ethical tensions through an interplay between protective and empowering actions of: 1. Not taking the patient's behaviour personally; 2. Respecting the patient; 3. Keeping the patient safe; 4. Encouraging the patient's health/strengths; 5. Interactive teaching; and 6. Authentic relating. These actions combine in different ways for the purpose of empowerment, inviting the patient's participation and choice at every opportunity. How educators can facilitate student learning about their simultaneous responsibility for balancing professional, institutional, legal, ethical, and autonomy requirements will be discussed in context of the mental health act assessment learning activity.

197. Vulnerable Housing: Self-Neglect, Squalor, and Hoarding

Morality and Hoarding: The Failure of Equality Law

Leigh Estell Roberts, *Liverpool John Moores University* (l.e.roberts@ljmu.ac.uk)

This presentation will consider social landlords' management of cases of hoarding and squalor. Based on the findings from a small-scale qualitative study of social landlords, it will argue that management depends on how housing officers socially construct the hoarders and, in turn, the risks their cases present. This construction of individuals is via a medical lens and moral filter, yet it determines responses including resort to litigation. Thus, while the behaviour itself presents great risks to others, especially fire risks to neighbours, many of the hoarders were pitied or at least treated sympathetically by officers. The presentation will examine the reasons behind these responses and their consequences. It will conclude by considering the failing of UK legislation in this respect and that the strength of the moral filter means that the UNCRPD offers little prospect of changing responses.

Housing Law, Hoarding, and Homelessness: Does Law Protect Vulnerable People Against Eviction?

Michel Vols, *University of Groningen* (m.vols@rug.nl)

In recent years, there has been an increasing interest in the use of eviction to tackle problems caused by people who suffer from mental health disorders such as hoarding. Research shows that landlords and local authorities rely more and more on the instrument of eviction to address these problems. However, hoarding is an internationally recognized disability and those who suffer from hoarding behaviour can be brought within the definition of disability found in the Convention on the Rights of Persons with Disabilities. As a result, the law requires that people suffering from hoarding behaviour should be provided with “reasonable accommodation” where doing so does not place an unjustified burden on others. The main aim of this presentation is to analyze the law in action. It analyzes to what extent eviction is used to address problem caused by hoarding behaviour in the Netherlands. A dataset of hundreds of eviction cases will be analyzed to see whether (international) law such as the Convention on the Rights of Persons with Disabilities is really successful in keep vulnerable people in their home.

Hoarding Disorder: A Therapeutic Jurisprudence Approach

Ian Freckelton, *Barrister-at-law, Melbourne, Australia* (I.Freckelton@vicbar.com.au)

Hoarding Disorder presents difficult challenges for legal and regulatory intervention. Experience and principle have shown that coercive and confronting forms of intervention under both the criminal and the civil law are unlikely to be successful in addressing conduct which is the product of a mental disorder. A variety of forms of court procedure which re-route legal responses away from the punitive and the adversarial have the potential to maximize the prospects of achieving behavioural change which in turn will reduce risks and facilitate the prospects of reduction problematic patterns of hoarding of material and animals. However, such approaches are dependent upon education of decision-makers in relation to the aetiologies of hoarding conduct and the clinical evidentiary base for interventions that depart from orthodox criminal penalties and civil orders. Ultimately, a therapeutic jurisprudence approach which prioritizes the objectives of protecting the community and minimizing the counter-therapeutic resort to coercion by addressing the underlying health issues of hoarders are likely to be most effective in regulating hoarding disorder in the legal context.

Self-Neglect: No Longer a Lifestyle Choice but a Lifestyle by Default

Emma Leggott, *Byker Community Trust, Housing Association, Newcastle upon Tyne, UK* (Emma.Leggott@Bykerct.co.uk)

Following the 2014 Care Act and the ‘duty to co-operate’, it is no longer acceptable to dismiss self-neglect as a lifestyle choice. However, the presenter’s research on attitudes towards self-

neglect in housing practice diverges from this and puts forward the argument that for many on the lowest incomes, self-neglect is not perhaps a lifestyle choice but a lifestyle by default as they are forced to decide which necessities of modern life they must neglect. The research considers the ‘physical challenges’ of poverty, social isolation, loneliness, and lack of resilience to manage a tenancy as valid contributing factors to a type of ‘low-level’ self-neglect problem that exists but is largely ignored by the high-level academic and practitioner narratives on self-neglect. The research explores the impact, limitations, and unintended consequences of particularly front-line housing officers when they intervene in tackling self-neglect. It highlights a lack of shared understanding of the often competing legislative and operating frameworks of the different sectors and the frustrations this brings. It calls amongst other things for local, place-based, collaboratively agreed organizational arrangements to support successful service involvement in self-neglect practice.

198. Vulnerable Populations I: Assessment for Intervention: Taking a Balanced Approach to Supporting Healthy Outcomes in Complex Populations

Considering Mindset Theory in Risk Assessments with Vulnerable Populations

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Mindsets describe core assumptions about the malleability of personal qualities. A person is said to have a fixed mindset if they believe that their abilities are unchangeable, whereas a person is said to have a growth mindset if they believe that their abilities are able to change. A person’s mindset creates a world view for self-interpretation and evaluation, which impacts beliefs about oneself, others, and influences levels of effort. Researchers have demonstrated that having a growth mindset leads to positive outcomes including improved academic performance, resilience, and employing constructive strategies. Environmental structures and feedback from others influence the development of mindset. When risk assessments are focused on history of criminality, assessments are likely to foster a fixed mindset, leading to an expectancy of failure and decreased motivation. Alternatively, when assessments are focused on change and development, a growth mindset can be nurtured, which can lead to increased levels of effort and engagement. Data on mindsets in an identified vulnerable population, adolescents with Fetal Alcohol Spectrum Disorder, and their caregivers will be presented, and the relationship between mindsets and criminal involvement will be discussed. Changes in assessment practices to encourage a growth mindset will be discussed.

The Role of Protective Factors in Predicting Nonrecidivism for Youth Found Not Criminally Responsible by Reason of Mental Disorder

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Protective factors are internal or external variables that mitigate one's risk of engaging in harmful behaviours like violence or recidivism. They have the potential to inform clinical and legal decision-making around community reintegration of forensic patients by helping to accurately predict nonrecidivism. For youth who are found Not Criminally Responsible by Reason of Mental Disorder (NCRMD), the identification of meaningful protective factors has the utility to encourage timely community reintegration of youth who pose little risk to public safety. To date, few researchers have taken a strength-based approach by attempting to identify protective factors that predict nonrecidivism in youth who have offended. Moreover, the generalizability of the protective factors that researchers have identified is unknown for youth found NCRMD. Based on an extensive review of the literature, this presentation will discuss which protective factors may predict nonrecidivism for youth found NCRMD. It will also outline which protective factors are most meaningful for these youth, based upon an exploratory analysis of 25-year longitudinal data of recidivism outcomes for youth found NCRMD in a Canadian province.

Psychological Assessment and Cultural Safety: Advancing Towards a More Holistic Practice

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The need for a more holistic approach to psychological assessment is clear. Landmark court cases such as *R. v. Gladue* call attention to the need to address the large disproportionality of incarcerated Indigenous peoples in Canada. Criminal code 718.2 states that the courts must take into consideration any relevant aggravating or mitigating circumstances relating to the offence or the offender during sentencing, and that all available sanctions, other than imprisonment, that are reasonable in the circumstances and consistent with the harm done to victims or to the community should be considered for all offenders, with particular attention to the circumstances of Aboriginal offenders. There is ongoing and widespread criticism of the criminal justice system's response to this historic ruling, as many Indigenous offenders are denied the opportunity to complete a Gladue report. This presentation will discuss how psychologists can exercise due diligence to provide comprehensive assessment from a place of cultural safety in a way that responds to the needs of Indigenous and other vulnerable populations within the criminal justice system.

From Deficit-Based to Strengths-Based Assessment: A Case Study Exploring the Role of Protective Factors

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Historically, risk assessment in clinical and forensic psychology focused on identifying and evaluating static risk factors such as gender, race, and criminal background, in an attempt to predict future risk. This is problematic because intervention targets cannot be identified and little room for positive growth after intervention is included. To address this shortcoming, more current risk assessments include the identification of dynamic risk factors such as adherence to treatment, emotional state, and substance abuse. Although considering dynamic risks is important, this deficit-based assessment process inadvertently views the absence of such dynamic risks as strengths. More modern strengths-based approaches to risk assessment intentionally include the independent identification of protective factors such as social support, positive attitude toward authority, and life goals, as part of the assessment process as these have been found to buffer the effects of risk factors. Combining assessment of both dynamic risk and protective factors is important because this better predicts distance from future violence than identifying risk factors alone. During this presentation, a deficit-based case study will be presented. Ways of incorporating a strengths-based approach into assessments through identifying protective factors will be explored.

Clinical Observations Regarding the Complex Barriers Faced by Adults with Fetal Alcohol Spectrum Disorder

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Fetal Alcohol Spectrum Disorder (FASD) is a spectrum of effects that can happen when an individual is prenatally exposed to alcohol. In a clinical setting, the following barriers to accessing care were observed to impact adults with FASD: Housing instability, risk of exploitation, domestic violence, difficulties accessing relevant services. Barriers interacted in complex ways (i.e., abusive partners may increase housing instability which in turn exacerbated the impact of other barriers). Clients in this setting who reported struggles with activities of daily living were observed to be at an increased risk of exploitation; they were often dependent on the perpetrators of the abuse for help in these areas. Challenges with the police and judicial systems (sometimes ill equipped to take into account the barriers faced by this population) were also reported as common. Matters are further complicated when barriers (i.e., abusive partner/peers) were also supportive, suggesting that simply eradicating the barriers perceived by professionals working with this population will not be sufficient or necessarily helpful. This presentation will provide a discussion on the complex interrelationships observed to occur between barriers, the observed impact barrier dynamics had on adults with FASD, and reflections on potential approaches to future interventions.

199. Vulnerable Populations II: Considerations When Working with Complex and Vulnerable Populations in High Stakes Forums

Assessment of Parents with Complex Needs in Child Protection Cases that Respects the Human Dignity of the Parent

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There are many reasons that child protection services become involved with families. When parents experience multiple and complex barriers to safe and effective parenting, assessment can be helpful to clarify a parents' strengths, illuminate the areas where skills, knowledge, or support are needed, and clarify the types of support services needed. Assessment processes must identify both protective and risk factors associated with parenting and focus beyond past behaviour. This requires a separation of the assessment of parents into two phases: 1) Assessment for intervention and, if necessary, 2) a parenting assessment after the parent has been given the opportunity to use the insights and strategies arising from the initial assessment. The assessment for intervention focuses on exploration of the bio-psycho-social functioning of the individual and generates recommendations regarding specific goals and processes to achieve those goals in support of the parent's development. The parenting assessment examines the parent's ability and capacity to meet a "good enough" standard after having the opportunity to work on their specific goals. It is important to ensure that parents and child protection decision makers understand the difference between and the value of these two phases and the power of each part of the process.

Comprehensive and Responsive Engagement-Oriented Psychological Assessment with Vulnerable Youth

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The appropriateness of the traditional model of assessment services has been questioned for use with vulnerable populations. Vulnerable youth such as those who have experienced multiple adverse early childhood experiences and who experience absolute homelessness often seek psychological assessment services. Lawyers frequently advise youth clients to seek psychological assessment so that the results may be considered in important decision-making processes such as sentencing. Through their reports, psychologists provide detailed information regarding individuals' levels of functioning. A comprehensive understanding of individual functioning is based upon considerations of impactful developmental, historical, environmental, and systems level influences alongside the youths' current behavioural presentations. In Canada, sociopolitical and legal developments such as the Truth and Reconciliation Commission's Calls to Action and the Gladue Report have led to the understanding that a more comprehensive approach to assessment is required. By understanding the complex facets that underlie individual development and behaviour, psychologists are in the unique position to recommend strategies and interventions that will assist decision makers to understand youths' realities and capacities. This presentation will speak about the need for comprehensive and responsive engagement-oriented assessment for vulnerable youth from both a professional and a youth-in-system perspective.

The Therapist's Role in Family Court Proceedings with Young Children

Karen Nielsen, *Athabasca University* (karen.valerian@shaw.ca)

Children whose families are involved in family legal systems have unique needs. Effective counselling support for these children requires that the therapist have a solid understanding of child development, appropriate intervention methods, and sound knowledge of the role of the therapist in psycho-legal processes. Clinical work with children requires the inclusion of others, such as parents, child protection agents, and lawyers, all of whom may have unique needs that may or may not be in keeping with the developmental needs of the child. Supporting children in preparing for Court involvement and helping them prepare for the life changes that will follow court requires that the therapist have strong ethical boundaries. One of the most important aspects of this work is being able to balance the therapeutic role with being an advocate for the child's needs in the legal proceedings. This presentation will describe effective practice approaches to psycho-legal work with young children involved in family court situations.

Considering Responses to Siblings in Care

Brendon Pratt, *University of Alberta* (bjpratt@ualberta.ca)

Children who are removed from their parents' care often experience multiple traumas: The abuse or neglect experienced in the home, the act of being removed from the home, and often separation from siblings. Over the past two decades, policy makers, researchers, and caseworkers have acknowledged the importance of keeping siblings together when they are removed from their parents' home, and many jurisdictions have introduced legislation or implemented policies intended to promote this goal as often as reasonably possible. Although researchers have shown that under most circumstances siblings in care do better when placed together, they have also identified situations when placing siblings together may not be in the best interests of one, some, or all the children in care. This presentation will explore two such situations: Siblings who were initially placed separately, and siblings who never lived together. Keeping in mind that each situation is unique, this presentation will discuss principles to consider, and present a framework that can guide decision-making.

Therapist as Ethical Attachment Figure

Roger Ogden, *iHuman Youth Society* (ropsychsp@gmail.com)

The Relational Approach to Trauma Treatment describes the therapeutic relationship as “grist for the mill” of therapy. The Relational Approach challenges medicalized approaches to trauma therapy that emphasize method and caution against personal involvement with the client. Research has demonstrated the importance of the therapeutic alliance. It is difficult to imagine a strong therapeutic alliance absent personal involvement. The relational approach focuses on significant aspects implicit in the interpersonal therapeutic relationship (e.g., boundaries, risk assessment,

trust, communication) and builds the therapeutic plan upon mindful work with these dynamics. One therapeutic intent of this relational work is to transform survival strategies, acquired in traumatic developmental circumstances, into here-and-now, adaptive strategies that are facilitative of healthy relationships. This approach demands personal engagement with all its attendant risks, especially that of triggering abreactive responses in both the client and the therapist. Abreaction provides additional opportunity for therapeutic work and presents positive transformational opportunities for both the client and the therapist. The image of “Ethical Attachment Figure” as a guiding concept for the role of the relational therapist has been developed at iHuman Youth Society. Through case examples, this presentation will demonstrate how this image guides and enables essential therapeutic work while concurrently serving to protect the well-being of the therapist.

200. Vulnerable Populations III: Mental Health of Vulnerable Populations in India

Bruised Childhood and Mental Health Status of Working Children in India

Salima Jan, *University of Kashmir* (salimaemrc@gmail.com)

It is estimated that around 40% (170 million) of India’s children are vulnerable to or experiencing difficult circumstances. To ensure their protection, India adopted a number of laws and formulated a range of policies to bring improvement in the overall life situation of children. Most of these are rooted in the provisions of Juvenile Justice Act 2000 and National Plan of Action for Children 2005. But how successful are these laws and policies in improving the life of children in India? This presentation will address these unanswered questions and try to understand why there is still a huge number of innocent children that are being pushed to the darker corners of society and mercilessly used as weapons for dividing communities (e.g., the Asifa rape-murder case). This presentation will specifically focus on one of the most crucial schemes that forms the core of Juvenile Justice Act in India. i.e., Scheme for Working Children in Need of Care and Protection, and the mental health kept as domestic child labour, working at roadside *dhabas*, mechanic shops, etc. The mental health status of these children will be the special focus of this presentation.

Laws Managing Armed Conflict in Kashmir and their Implications on Mental Health of Women

Aneesha Shafi, *University of Kashmir* (aneesashafi@yahoo.co.in)

The Indian administered Kashmir has a long history of struggle for the right to self-determination. However, it was in 1989 that the struggle took the shape of an armed movement which subsequently led to disturbed socio-political and economic conditions in Kashmir and also resulted in loss of lives. In order to tackle the situation, many laws and Acts (e.g., Armed Force Special Powers Act, Public Safety Act) have been imposed in Kashmir and consequently, these laws have

had many latent repercussions on the common population as well. While giving immunity from prosecution to the armed forces, the resulting implications of these enactments have been enormous for people in general, and women in particular. Women have to face on almost daily basis problems ranging from teasing to rape, body searches to cordon searches, getting injured to being killed. This kind of insecurity has a steadily influenced the mental health of the women of Kashmir. This presentation will analyze the varied implications of these laws and Acts on the mental health of women and girls of Kashmir.

An Overview of the Status of Mental Health in India with Reference to Kashmir

Aaliya Ahmed, *University of Kashmir* (aaliyahmed@gmail.com)

Though the issue of mental illness is not new to India, the increasing number of people affected by it is a growing concern. India is facing an unprecedented crisis in mental health. If we evaluate developments in the field of mental health in India, the pace appears to be slow. Psychiatric disorders have become a prevalent ailment in Kashmir due to the unending conflict. This prolonged armed conflict has taken a heavy toll on human lives, psycho-social and economic wellbeing. Various studies carried out indicate that Jammu and Kashmir lag behind in many of the development indicators as compared with India as a whole. Many barriers exist that shape the access of people to employment, livelihood, and essential services. In this socio-economic and political context, many more have become victims of mental trauma, stress, anxiety, depression, and many other mental health disorders. In Kashmir, the prevalence of mental health issues has significantly increased since conflict began. The presentation is an attempt to reflect on the present scenario of mental health in India and to explore the paradigm of mental health in the conflict-ridden Kashmir. It will also look at the mental health awareness aspect as one of the important means of tackling the mental health related issues.

Understanding the Challenges of Drug Addiction in India: A Study of Srinagar City

Malik Zahra Khalid, *University of Kashmir* (zaramlk94@gmail.com)

Boys and girls who are about to enter adolescence in Srinagar city are more vulnerable to depression, schizophrenia, and drug abuse. Kashmir being a conflict zone and Srinagar being the capital is only multiplying the problems of these young boys and girls. When young boys and girls seek education or try to work due to poverty, they are sucked in the circuit of drug abuse. The atmosphere of protests, violence, and nocturnal raids on the houses make these children more and more inclined to look for solace amid such depressing scenario. They often fall in the trap of drug addict gangs, as most of these operate in the vicinity of different educational institutions of Srinagar. The presentation will focus on how the younger generation in Srinagar city is falling prey to drug abuse and how orphans are fighting a grim battle to come out of their blues. The presentation will focus on how media, especially print media, is trying to highlight such problems and will also give some case examples of how the torn out families are trying to bring back to life

some drug addicts in the rehabilitation centre of Srinagar run by the state police. The researcher will try to see through some of the lives of these orphans the bigger problems being faced by conflict ridden society of Srinagar city.

Mental Health Status of Children (6-16 Years) in Kashmir, India: A Study

Manzoor Hussain, *University of Kashmir* (dr.manzoor_hussain@yahoo.co.in)

The present study was undertaken to assess mental health among 150 children (75 boys and 75 girls) in the age group of 6-16 years taken from different areas of Srinagar district in Kashmir, India. The stratified random sampling technique was used for the collection of samples in which the population was stratified on the basis of age, sex, area, and household income. The study has a descriptive research design and was conducted in a single situation (S1) and single time period (T1). The relationships between socioeconomic status (SES) of individuals and their health were well documented. There was consistent evidence that the socioeconomic better off individuals do better on most measures of health status like mortality, morbidity, malnutrition, and health care utilization. The findings revealed that the children belonging to low income strata had poor health, fell ill frequently, had less doctor consultations at the time of illness, and consumed a less nutritious diet than the children belonging to higher income strata.

201. Vulnerable Populations IV: Vulnerabilities of Those We Serve

Skinny Blues: Women's Relationships with Their Bodies that Inspire Eating Disorder Development

Kathryn Dawn Weaver, *University of New Brunswick* (kweaver@unb.ca)

Despite potentially serious health consequences that may result from disordered eating, there remains a long-standing belief that issues with eating are due to personal shortcomings. This perspective creates a layer of stigma as people could assume eating disorders are self-inflicted (e.g., just to be “skinny”) and the purpose the disorder serves (e.g., to control appearance). Such stigma dishonours the actual experiences of those living with an eating disorder, who, in turn, may be reluctant to disclose their experiences and seek help. This presentation reviews the theoretical connection between food and emotional regulation, and introduces a video-recorded conversation between five women about how their eating behaviours go beyond nutrients, vitamins, and minerals. The women's narratives of disordered eating are profound, diverse, and even confusing as they simultaneously share their experiences privately with each other and publicly with others through the production of the video. Obtaining this first-hand knowledge facilitates a greater understanding of how psychological, social, and relational factors influence eating disorder development. It may further help inform educational programs that encourage individuals who

are developing disordered eating patterns to speak up, as well as encourage friends and families to begin a non-judgmental, supportive dialogue with individuals about their eating.

Experiences of Inpatient Palliative Patients with Equine Therapy

Krisandra Jean Cairns, *University of New Brunswick* (krisandra.cairns@unb.ca)

With advances in modern medicine, Canadians are living longer with chronic illness. While many live at home as long as possible, those in inpatient units require comfort measures to complement treatment programs. Activities such as cooking projects, music, and small animal visits are often provided to lessen distress and enhance quality of life. Anecdotal evidence established that equine (horse) therapy is beneficial to humans, but there was limited academic research about utilizing equine therapy within the palliative population in Canada. Using a qualitatively driven mixed-method design, the aim of this study was to understand the experience of the inpatient palliative patient with equine therapy. An initial quantitative component provided descriptive statistics and helped flesh out and prompt questions directing the qualitative interviews. The sequential narrative component provided the bulk of the data, eliciting the stories of inpatients of a palliative unit who voluntarily participated in an equine therapy activity. These stories were analyzed for individual and collective themes. An overriding theme of seeing beyond the limitations of chronic illness captured experiences of feeling trapped amid symptom control and burden. This project begins to address a gap in knowledge of the meaning of equine therapy to the adult palliative inpatient population.

Balancing Patient Rights with Safety Obligations: A Protective Empowering Approach in Three Acute Mental Health Hospital Settings

Rosalina Fiorino Chiovitti, *Humber Institute of Technology & Advanced Learning* (rosalina.chiovitti@sympatico.ca)

In acute mental health settings, patients are either a harm to self, others, or are too ill to complete their daily activities for sustaining life. In these vulnerable situations, patients' capabilities for making choices and participating in their own care can vary depending upon their most immediate health needs. For the multidisciplinary team, this results in a tension between providing the patient with freedom in self-care and their simultaneous responsibility for ensuring patient safety. Balancing patient rights with patient safety remains a challenge. The aim of this presentation will be to outline the therapeutic approach of 'protective empowering' that was developed in a grounded theory study based on interviews with Psychiatric Mental Health Registered Nurses (n=17) about actual care situations with patients in three acute mental health hospital settings. Within the protective empowering lens and its corresponding self-reflective questions, the therapeutic relationship is guided by six main actions and 27 subactions. Each action is encompassed by a consistent pattern of protective and empowering, where a discussion of one (protecting or empowering) incorporates the other to 1. address patient safety and choices

simultaneously; 2. seek health within illness; and, 3. invite the patients' views, choices, and participation at every opportunity.

When Vulnerabilities Collide: Reaching Out to Diabetic Soles

Tracey Rickards, *University of New Brunswick* (srickar1@unb.ca)

Rising numbers of people over age 65 years and the high frequency and serious complications of diabetes are contributing to mounting rates of disability, morbidity, and mortality. Diabetes as a global epidemic affecting millions of people is one of the most commonly cared for chronic conditions in healthcare. Consequently, diabetes is becoming a major challenge for health systems, health professionals, and persons living with the chronic disease. Low-income seniors who live alone with multiple health related issues, including diabetes, are possibly the most vulnerable people. The importance of regular foot care as a key element of independence cannot be understated. Providing outreach foot care helped to encourage the development of self-management skills and uncovered issues yet to be addressed. After five monthly visits, diabetic feet were in better shape and understanding of diabetes improved. Throughout the visits, additional vulnerabilities revealed themselves: Mental health issues, co-morbidities, and food insecurity. Addressing these issues through therapeutic interactions by the nurse resulted in 45% of participants venturing out to receive foot care at a healthcare centre. Using foot care as a tool for engagement provided the nurse with access to vulnerable seniors who ultimately benefited from the healthcare and interactions with a provider.

Experiences of Vulnerability Among HIV-Positive Women Who Enter Canada as Asylum Seekers or Refugees

Donna Bulman, *University of New Brunswick* (dbulman@unb.ca)

This presentation will focus on experiences of vulnerability among HIV-positive women who enter Canada as refugees or asylum seekers. "Refugee" is defined as including both conventional refugees and persons in need of protection as outlined in s. 96 and 97 of the Immigration and Refugee Protection Act. The primary research objective was to describe and explore the meaning and lived experience of seeking and receiving care for HIV/AIDS during the resettlement process. The participants were English speaking women 18 years of age or older. Participants included HIV-positive women who resettled in the greater Toronto and Hamilton area of Canada within the last ten years. They included women who knew they were HIV positive when they entered Canada and those who received a diagnosis after arriving. A semi-structured interview guide was used for data collection. An interpretative phenomenological approach was used to analyze data. Findings are presented from the standpoint of participants and focus on core themes of vulnerability and emotional well-being.

202. Vulnerable Populations in the Criminal Justice System I: Criminalization and Marginalization

Intersecting Criminalization and Racialization

Chris Cunneen, *University of Technology Sydney* (christopher.cunneen@uts.edu.au)

The criminal justice system and criminalization are key processes through which we understand 'race'. These processes can be understood as racialization. This presentation will discuss how the processes of criminalization and penalty constitute significant racializing practices: We understand 'race' through criminological discourse, policy, and practices (e.g., criminogenic individual and familial pathologies, cultural deficits, etc.); and we understand crime and punishment through 'knowledge' of race (e.g., the constant repetition of data on racial or ethnic crime). Racialization through criminalization and punishment has both material and symbolic consequences: Constituting social groups as threats to social order, and further entrenching socio-economic marginalization through criminal justice intervention and imprisonment. The presentation will consider some of the complex ways in which racialization works. For example, various racial administrative classifications solidify what are clearly fluid categories that elide fixed determinants, except to the extent that they attribute unarticulated social meanings connected to criminality. In contrast, technologies of risk do not generally refer to 'race' at all, yet risk operates as a proxy for 'race' and has clear racialized outcomes. A third level of complexity is where 'race' intersects with criminalizing responses to various socially constructed 'marginalities' including mental illness and cognitive impairment.

Disabling Criminalization

Simone Rowe, *University of New South Wales* (s.rowe@unsw.edu.au)

Eileen Baldry, *University of New South Wales* (e.baldry@unsw.edu.au)

The impact of the sustained expansion of the penal estate and the attendant proliferation of criminal laws and processes of criminalization in most western societies from the mid-1980s onwards on marginalized and vulnerable groups has been well examined and theorized by critical criminologists. This work has revealed, for example, the disproportionate and discriminatory effects of processes of criminalization on racialized groups, women, and those using drugs. What has not been well explored, or even recognized until recently, is the effects of processes of criminalization on a group of people who are significantly overrepresented in all criminal justice systems across western jurisdictions: People with cognitive disability, the vast majority of whom have co-occurring mental illness. This presentation discusses some of the key factors that need to be considered in a critical criminological examination of this concern, including the effects of deinstitutionalization of persons with mental health disorders and cognitive disability, the 'war on drugs', the punitive and risk averse turn in criminal justice, racism, and the influence of neo-liberalism.

Transgressive Disability: Disadvantage, Criminalization, and Justice

Leanne Dowse, *University of New South Wales* (l.dowse@unsw.edu.au)

People with cognitive disability whose social context sets them amongst multiple forms of disadvantage are largely understood to fall outside neo-liberal normative expectations of self-management and self-reliance. This perceived failure lays the foundations for the well-trodden path to the liminal spaces of social marginalization, material impoverishment, serial incarceration, and systemic violence. Legal and justice responses to this group invoke impairment as a fixed characteristic which rests on unquestioned assumptions about binarized disabled versus nondisabled bodies. However, corrosive disadvantage may intersect with individual traits deemed transgressive to accepted forms of disability in ways that cannot be reconciled with contemporary claims that disability is an oppressed – yet normal and desirable – identity. Drawing on case studies of transgressive criminalized people with cognitive disability and utilizing emerging concepts in biopolitics, this presentation will show how non-normative ways of ‘being disabled’ become both materially criminalized and conceptually marginalized from a disability justice agenda which valorizes particular forms of disability for recognition and rights. The presentation makes an argument for understanding the ways that these two simultaneous processes lead us to question the differential inclusions and exclusions of diverse embodiments of disability in the spaces of criminal, substantive, and social justice.

Criminalization and Exclusion: The Pathway from Care to Crime

Kath McFarlane, *Charles Sturt University* (kmcfarlane@csu.edu.au)

The criminogenic impact of Australia’s child removal practices and subsequent institutionalization of children has been known for decades. Australia’s experience in this respect is not unique: It is mirrored in the histories of many comparable Western nations. Yet despite vocal protestations of concern about the causes and consequences of crime, the institutional factors that facilitate the involvement of people with care-experience in the justice system have rarely been examined. This presentation will consider the care-to-crime pathway in the light of three significant recent Australian inquiries: The 2017 Royal Commission into Institutional Responses to Child Sexual Abuse, the 2017 Royal Commission into the Protection and Detention of Children in the Northern Territory, and the 2018 Australian Law Reform Commission Pathways to Justice–Inquiry into the Incarceration Rate of Aboriginal and Torres Strait Islander Peoples. Drawing on research conducted in the NSW Children’s Court and the NSW prison system, this presentation will argue that the pathway from care-to crime that continues to propel vulnerable people into the justice system has been facilitated by policies of marginalization and exclusion practiced by criminologists, the non-government sector, and state agencies.

At the Vanishing Point: Diversion and the Convergence of Institutional Violence

Linda Steele, *University of Technology Sydney* (linda.steele@uts.edu.au)

Recent reports into institutional violence against disabled people and indefinite detention of disabled people have identified the systemic nature of institutional violence across a range of disability institutions. While these inquiries focused largely on ‘unlawful’ violence by individual perpetrators (e.g., physical or sexual assault), the inquiries also flagged the possibility that disability-specific interventions in the form of restrictive practices might constitute violence. A less prominent thread running through these reports was the view that key to addressing institutional violence in the specific context of prisons is either movement of individuals into community disability and mental health support settings or therapeutic spaces in prison, and to improve diversion schemes that facilitate these movements. There is an odd contradiction here: Broadly community disability and mental health support settings are recognized as sites of violence, and yet in juxtaposition to the prison as another site of institutional violence they are seen as protective, safe, and therapeutic. This presentation will propose that, politically, diversion is located at an important vanishing point of institutional violence (and the institution). Through the movement of disabled offenders via diversion both the prison and disability and mental health support settings converge and are transformed into non-violent spaces, in turn effacing lines of historical, transinstitutional, and systemic injustices.

203. Vulnerable Populations in the Criminal Justice System II: Vulnerable Populations in Juvenile Justice

Transgender Youth in the US Juvenile Justice System

Christopher Randall Thomas, *University of Texas* (crthomas@utmb.edu)

Transgender youth are over-represented in the US Juvenile Justice System. They are entitled to certain legal rights and protections while in state custody as are all youth in the juvenile justice system. Unfortunately, they are at greater risk for physical, sexual, and emotional abuse than other youth. In addition, they have special needs regarding their gender identity. A number of legal cases have established some standards for their care and protection. It is important for those working with transgender youth in the juvenile justice system to be aware of these issues, along with recommended guidelines and case law. This presentation will provide an overview of transgender youth in the juvenile justice system, the relevant legal issues and court decisions, institutional concerns and policies, and recommended guidelines.

Autistic Youth in US Juvenile Justice System

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

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

204. Vulnerable Populations in the Criminal Justice System III: The Impacts of Criminal Justice Laws and Processes on Indigenous Peoples, Their Families, and Communities

The Torture of Indigenous Children in Detention: Another Reason Why We Need Indigenous Community-Owned Safety Strategies for the Cultural, Emotional, and Social Wellbeing of Indigenous Young People

Thalia Anthony, *University of Technology Sydney* (thalia.antony@uts.edu.au)

Evidence of Indigenous children in detention being punished through hooding, mechanical restraint chairs, gassing, physical or sexual abuse, placement in isolation cells in freezing or boiling conditions, and denial of food and water was heard by the Royal Commission into the Protection and Detention of Children in the Northern Territory. In 2017, the Commission reported that there was ‘systemic and shocking failures’ in youth detention that amounted to breaches of human rights, including the Convention Against Torture. Expert witnesses from the psychiatry discipline told the Commission that the treatment of young people in detention, and detention in itself, had major repercussions for Indigenous children’s mental health and brain development. Indigenous experts spoke about the impact of detention on their cultural, social, and emotional wellbeing. This presentation will outline the findings and evidence in the Royal Commission and draws on emerging evidence from a joint study on the role of non-punitive safety strategies in strengthening Indigenous children, their communities, and laws in central and Western Australia. This research provides a counterpoint to positivist medicalized or criminological analysis of detention, by shifting the gaze away from penal institutions and crime and towards the strengths of Indigenous justice initiatives.

Intersecting Injustices: Altering the Matriculation Pathway to Prison for Australia's Indigenous People with Disability

Scott Avery, *First Peoples Disability Network, Sydney, Australia* (scotta@fpdn.org.au)

Research and data on Australia's justice system shows that there is an excessively high prevalence of co-occurring disability and disadvantage amongst young Indigenous people in detention, which includes high rates of cognitive disability, hearing loss, exposure to violence, experiences of homelessness, and other traumatic exposures. Despite the prevalence of disability and related traumas within criminal justice systems, the impact of disability as a determinant of justice outcomes, particularly in relation to the over-incarceration of Indigenous people in Australia, is largely unexplored and neglected in justice policy and legal frameworks. This presentation will address the poly-victimization that occurs through the intersection of factors which relate to a person's Indigenous identity and disability that accumulates over the course of their life, and effectively places them on a matriculation pathway to imprisonment. 'Intersectionality' is used as a frame to understand how the systemic barriers that people who are both Indigenous and have disability interact, then to illustrate how pivot points in a person's life can be identified which alter their life trajectory away from imprisonment and to one in which their opportunities for their social contribution can be fulfilled.

Community "Buy In" to Address Chronic Recidivism Experienced by Remote Indigenous Australians

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

It is well documented that current initiatives have been largely ineffectual in reducing the over-representation of Australian Indigenous people in the criminal justice system. This presentation will report on the outcomes of a two-year research project in two remote Aboriginal communities which utilized an ecologically informed Indigenous research paradigm to gain the narratives of recidivist offenders and community members about the social economic and psychological impacts on individuals who attempt to reintegrate back to their communities after their release from prison. The research argues that prison does little to assist in the rehabilitation of prisoners and that there is a lack of a culturally supportive reintegration framework to assist former prisoners to regain their previous status within their communities when they return home. The lack of support produces a sense of alienation among former prisoners as well as their families due to a lack of opportunity with regards to employment opportunities and access to mental health and drug and alcohol services which contributes to their persistence with crime. The presentation provides a way forward to addressing the problem of chronic recidivism by providing a framework for developing and implementing a justice reinvestment "grassroots" approach where communities "buy in" to community-based crime reduction strategies.

Voices from the Inside: What Prison Does to an Indigenous Male Inmate

Elena Marchetti, *Griffith University* (e.marchetti@griffith.edu.au)

The harm caused to Indigenous Australians by their continual and increasing incarceration has been well documented, with a former Attorney-General calling it a ‘national tragedy’. This presentation will explore the ways Indigenous male inmates in a correctional facility located in southern New South Wales, Australia, describe the harms caused by life in prison. Five volumes of poetry and stories produced by male Indigenous inmates who attended a creative writing program, called ‘Dreaming Inside: Voices from the Junee Correctional Centre’ led by Indigenous Elders over six years and interviews with some of the contributors, will be used to explore what it means to be an Indigenous person in prison and what it means to have the opportunity to voice their feelings and thoughts through poetry. In particular, their writings and interviews will be used to help us understand the mental health harms caused by the criminal justice system for people who are (and have been) surrounded by hardships, discrimination, racism, and grief over the loss of their culture, families, and freedom.

Trauma Informed and Indigenous Led: A Decolonizing Approach to Indigenous Family Violence Intervention

Harry Blagg, *University of Western Australia* (harry.blagg@uwa.edu.au)

While Indigenous women are the most vulnerable group in Australia in terms of the risks of becoming a victim of violence, little is known about how Indigenous women, themselves, are working in the family violence ‘space’. There is considerable literature about Indigenous women as victims, but little by them. The Innovative models in addressing violence against Indigenous women project funded by Australia’s National Research Organisation for Women’s Safety Limited (ANROWS) aimed to rectify this by looking at the notion of innovation from an explicitly Indigenous perspective. Intervention in domestic violence in Australia and other societies of the Global North has tended to be led by the ‘Duluth’ model, which stresses patriarchy and male power and the need to make men accountable through robust execution of the law. This paradigm is being challenged by an approach stressing the role of colonization and inter-generational trauma in violence; this Aboriginal Family Violence Paradigm places stress on the need to work in partnership with Aboriginal men and create therapeutic, place-based initiatives embedded in Aboriginal law and culture.

205. Wartime Internment of ‘Enemy Aliens’ in North America: Are Muslims Next?

Internment of Japanese Americans and Jewish Refugees: Are Muslims Next?

Isaac David Romano, *OWHR Institute-Quebec* (romano.program@gmail.com)

This presentation will provide a historical perspective on internment measures, deemed "national security required," as an over-arching concern, leading to President Franklin Delano Roosevelt to issue Executive Order 9066 on February 19, 1942, suspending habeas corpus Fifth Amendment rights and authorizing the internment of 110,000 Japanese Americans for the duration of Second World War. Most, though not all, of the 110,000 Japanese Americans who were removed under EO 9066 remained in the camps for the duration of the war. This presentation will also shed light on the little-known story of the internment of Jewish refugees in Canada during the period of 1940-1943. This presentation will establish strong arguments for why similar measures are likely to be put in place in the US and Canada, but this time, toward the Muslim population in both countries and how the policies of President Donald Trump could reduce the Muslim population in the US and this in turn could coincide with "contingency plans" by the Pentagon and other US Security Sections of the US Government. Should the US Government be forming such contingency plans, should Global War preparedness be secretly underway, will Canada again follow in near lock-step with US war measures, as was the case with Japanese internment during the Second World War?

The Legacy of Korematsu and Endo: Constitutional Liberties and the National Security State

Jonathan Hafetz, *American Civil Liberties Union* (jonathan.hafetz@shu.edu)

In December 1944, the U.S. Supreme Court decided *Korematsu v. United States*, upholding the internment of Japanese-American citizens during World War II as an emergency war measure. That same day, the Court decided *Ex parte Endo*, prohibiting the continued detention of a loyal Japanese-American citizen. If *Korematsu* represents the United States' surrender of basic constitutional protections to racial prejudice and fear, *Endo* reflects a competing commitment to liberty and due process of law. Although the tension between these conflicting impulses never disappeared, the terrorist attacks of September 11, 2001 exacerbated them, exposing fault lines in America's constitutional democracy and the vulnerable position occupied by racial and religious minorities who fall within the crosshairs of the national security state. This presentation will examine the legacy of *Korematsu* and *Endo*, including the War on Terrorism, restriction of immigration to the United States, watch lists, and other measures restricting individual liberties; and barriers preventing individuals from holding government officials accountable for secret detention, torture, and other extreme human rights violations. While these restrictions affect multiple groups, they disproportionately impact Arabs and Muslims. The presentation will further describe the ways in which the United States remains susceptible to a resurrection of *Korematsu*-type emergency powers and widespread rights violations targeting politically disfavoured groups.

Wartime Japanese Incarceration: Historical Reflections and Current Dangers

Greg Robinson, *Université du Québec à Montréal* (robinson.greg@uqam.ca)

If we wish to understand the potential threats facing Muslims in America, we must make sense of the wartime Japanese confinement experience. This means we must look at these events, not as past history, but as something we still live with, and which grants us special insight when we approach questions of civil liberties today. By the same token, the wartime Japanese experience best helps us to understand and respond to government-sponsored action against individuals based on their membership in a group. Such official discrimination represents a special kind of injustice, one that strikes at the bonds that connect people in a society. It is not difficult to connect these events to the current-day situation by recalling that there were once, and not so long ago, differences drawn between permanent residents in the US based on their national origin. Japanese aliens who were ineligible to citizenship despite their long residence in the country were victimized by other forms of discrimination as a result, and had no recourse after Pearl Harbor, when they automatically became enemy aliens. In sum, the wartime Japanese confinement experience reminds us of the insidious dangers of racial profiling.

Complicity Among Nations: Detention of Peruvians and Other Latin Americans of Japanese Background by the United States in World War II Internment Camps

Matt Adams, *Northwest Immigrant Rights Project, Seattle, USA* (matt@nwirp.org)

The United States' employment of internment camps to arbitrarily separate and detain a racially targeted group during World War II provides many important lessons on how critical it is to safeguard civil and human rights of minority groups, especially in times of war or threats to national security. Yet one of these important lessons is that countries often conspire together to target disfavoured groups in order to advance political agendas quite apart from any perceived security threat. During World War II, the United States not only targeted Japanese Americans and Japanese residents living in the United States, but also ultimately conspired with Peru and other Latin American countries to kidnap over two thousand persons of Japanese descent and transport them to internment camps in the United States. Over 800 were later sent to Japan as part of a deal to exchange prisoners. Another thousand were subsequently deported to Japan after the war, when their Latin American countries refused to take them back. The historical lessons from the World War II internment camps must now be emphasized to avoid similar violations as countries collude against Muslims and other targeted groups in the name of national security.

Predictive Policing in Times of Crisis: Observations from Japanese Internment to Black Lives Matter

Omar Ahmed Farah, *Center for Constitutional Rights* (ofarah@ccrjustice.org)

Though certainly not the first time, the removal and incarceration of Japanese Americans during World War II is among the more explicit and chilling attempts by the United States to respond to a moment of national crisis by moving to a law enforcement paradigm that attempts to predict unlawfulness from one that investigates and punishes illegal conduct after the fact. Though there is broad condemnation (now) of Japanese incarceration as an expression of the United States' affinity for predictive law enforcement, this is mostly because mass preventative detention is perceived as too blunt an approach. The logic of predictive policing, however, remains very much in favour. Each new crisis—real or imagined—lends support to the notion that predictive policing is not only preferable, but essential to the health of the state. That perceived security imperative renders the costs to targeted communities either negotiable or altogether invisible. This presentation will explore current models of predictive policing from “stop-and-frisk” practices common in major US cities, to the criminalization of Black-led political speech against police violence, to Guantánamo, and other post-9/11 surveillance and purportedly counterterror-related policies. In weighing the supposed security benefits against the privacy, liberty, and dignitary costs of predicative policing—invariably vulnerable communities of colour—this presentation will consider whether the underlying purpose is in fact security or whether their purpose is repression.

206. Wellness and Law I: Well-Being in Legal Education and Practice: International Perspectives

Educating for Well-Being: Interdisciplinary Approaches to Curriculum Design

Caroline Strevens, *University of Portsmouth* (caroline.strevens@port.ac.uk)

Public health aims to tackle the causes of poor health rather than just the symptoms. “Healthcare needs to be changed from an illness-based, provider-led system towards a future vision of one that is patient-led, preventative in focus and offers care based closer to home”. This presentation will explore the use of self-determination theory in the University of Portsmouth’s Health Justice Student clinic and evaluate its impression upon motivation of students and the community. Changing our behaviour to improve health, such as taking more exercise or eating a varied diet, is difficult to sustain. This clinic seeks to provide health and legal public education to the local community and aims to build sustainability into the process such that the clinic clients are motivated to help themselves in the future. Students will be given knowledge and skills relating to motivational theory based upon the work of Deci and Ryan (2000) with the aim of the education having a more lasting impact upon the participants. We also intend to measure the well-being to students involved in this project to seek to understand if they apply the motivational theory to themselves and their study.

Incorporating Meditation into Legal Education: Evidencing the Value Added to the Study of Law

Lughaidh Kerrin, *Middlesex University* (L.Kerin@mdx.ac.uk)

This presentation examines how meditation can potentially be utilized to cultivate the qualities required for self-evaluation and reflective practice in the legal profession, as stipulated by American Bar Association and UK Bar Standards Board. As noted by Tamara Kuennen, ‘Though teaching self-reflection is a hallmark of clinical legal education, it is not a skill that is explicitly taught in the general curriculum.’ After surveying the growth of meditation as a contemplative practice in US law schools, the presentation examines the current state of research on meditation and the evidence to suggest that it may be utilized for the cultivation of reflective professional practice. Overall, the intention is to explore how the incorporation of meditation may be evidenced as adding value to study of law and to programs of continuing professional development, in particular though the development of reflective legal practice.

Tactics and Tools: Transitioning from Law Student to Lawyer in Experiential Courses

Keri Gould, *Washington and Lee School of Law* (gouldk@wlu.edu)

Lawyers start out as law students. As a clinical teacher responsible for externship programs, the presenter is particularly interested in the mental wellbeing of students entering the profession by way of their externship and clinical experiences. For many students, these courses may be the first time they encounter the systemic stresses of the legal profession – whether it is facing the emotionality of working with clients, the need for time management skills to balance school, “real world” work, and personal time, or learning to set an ethical compass as the core to their professional development. The presenter’s classes use self-reflection in a combination of readings, exercises, discussion, and short written assignments on topics including stress, office culture, collaboration, time management, and vicarious trauma. To support and preserve the wellbeing of practicing lawyers, it is important to give law students the tactics and tools to value and encourage their own wellbeing as they transition into members of our profession.

Judicial Stress and Wellbeing: Latest Empirical Research

Carly Schrever, *University of Melbourne* (carly.schrever@gmail.com)

Judicial officers are senior members of a stress prone profession. The past decade has seen an emergence of quality research into the prevalence and causes of stress among lawyers and law students, revealing alarmingly high rates of anxiety and depression within the profession globally. However, the enquiry has rarely extended to judicial officers. With workloads bordering on the oppressive, in the context of professional isolation, intense scrutiny and often highly traumatic material, there is good reason to expect that judicial officers are at particular risk of occupational stress. Given the impact of judicial decisions on people’s lives, and the pivotal role they play in a

democratic system, courts arguably have a duty, not only to the individual judges but to the community more generally, to investigate and promote judicial wellbeing. Nonetheless, until now, very little has been known about the psychological impact of judicial work. For the first time, a large scale empirical study of judicial occupational stress has been undertaken in Australia. This presentation will present the findings of this research and discuss implications for judicial officers and courts.

207. Wellness and Law II: Wellness in the Legal Profession

Exploring the Perceptions and Effects of Stress at Work of Law Teachers in the UK and Australia

Rachael Mary Field, *Bond University* (rfield@bond.edu.au)

Research in Australia and America has shown that law students' wellbeing may significantly decrease during their undergraduate degree. Implicit in such research is the assumption academic staff have a role to play in the maintenance of psychological wellbeing in their students. However, substantially less attention has been paid to the wellbeing of those staff. Indeed, few studies have explored the expectations of academic staff in dealing with stressed students (or indeed, how academic staff perceive their own wellbeing). This presentation will explore two studies involving national surveys of UK and Australian legal academics. The research invited law teachers to complete a survey that included a number of psychometric scales as well as open questions. The overall results of the UK and Australian studies reveal risk patterns and common experiences that will assist in the design of support systems and legal education programs that minimize unnecessary stress on law teachers, so they in turn can maximize their capacity to respond effectively to law students. Methodological issues and limitations will also be discussed. The conclusion will focus on understanding how academic stress impacts the professional identity of law academics.

Anxiety: The New Norm in Law?

Florence Thum, *College of Law* (fthum@collaw.edu.au)

We live in an age of acceleration where change is rapid, propelled by technological innovations. And the practice of law is not immune to this phenomenon. Recent studies in the US and Australia suggest lawyers experience symptoms of depression, anxiety and stress or psychological distress at a greater rate than the general adult population; and among lawyers, those in private firms have higher levels of the symptoms of depression, anxiety and stress, and lower levels of psychological wellbeing than other lawyers. Is legal practice therefore becoming more demanding and stressful? Is the legal profession oppressive in its expectations? Are lawyers becoming more anxious? What is anxiety anyway? Is this state an inevitable consequence of progress and achievement? Are we having effective conversations about anxiety? This presentation will seek to explore these

questions, and to provide a definition of anxiety beyond the common narrative and a perspective integrating law and psychology. It will propose how we navigate and, as lawyers, respond functionally in this age of uncertainty.

Accessing Deeply-Held Wisdom Using the Creative Arts Therapies: A Model to Build Self-Reflexivity in Lawyers and Repair Rupture in the Relational Domain

Bernadette Healy, *The Re-Vision Group, Melbourne, Australia* (bhealy@revisiongroup.com.au)

Therapeutic work with high-functioning members of the legal profession has led to an interest in the relational patterns of individual lawyers during times of psychological distress and decreased wellbeing. The disruption in the relational domain observed at these times is characterized by an impoverished quality of connection with both the self and others. The use of legal analysis type thinking outside prescribed work domains contributes to this disruption. The ability to be self-reflexive – and the allowing of connection with emotion that this skill fosters – is critical in addressing relational disruption. Self-reflexivity has also been identified as promoting the satisfaction of the psychological needs for autonomy, relatedness, and competence as described in Self-Determination Theory. It has been observed that the dominance of legal analysis type thinking and its articulation impede the development of self-reflexivity in lawyers. Standard psychological interventions such as cognitive-behaviour therapy (CBT) and even interpersonal therapy have been found to be insufficient or inefficient for building self-reflexivity with this client group. An approach has therefore been developed which incorporates creative arts therapies, including movement and its representation, plus relaxation and mindfulness. This presentation will discuss the issues informing the development of this approach and explain the approach itself.

Nomenclature and Conceptualization: Impact on Health and Wellbeing in Law

Helen Stallman, *University of South Australia* (Helen.Stallman@unisa.edu.au)

Mental illness and death by suicide are ongoing concerns within the law profession. These are often addressed through brief mental health initiatives in universities and in the workplace. “Mental health” is a term often used to denote mental illness. Its use suggests that psychological functioning is independent of physical health. This presentation will detail the interrelatedness between physical and psychological functioning using the biopsychosocial approach. This approach systematically considers biological, psychological, and social factors as essential to assess, understand, and accurately respond to mental health needs and is fundamental for promoting health and wellbeing in the law profession. The biopsychosocial model comprises healthy environments, responsive parenting, sense of belonging, healthy behaviours, coping, resilience, and the treatment of illness. This presentation will also highlight how the incidence and impact of psychological disorders in the law profession might be reduced by a dual strategy that places a symptom and risk reduction prevention strategy (“reducing what is not wanted”) within a context of health promotion (“focusing on what is wanted”).

208. Wellness and Law III: Wellness in the Legal Profession and at Law School

Looking Beyond the Mirror: Psychological Distress; Disordered Eating, Weight, and Shape Concerns; And Maladaptive Eating Habits in Lawyers and Law Students

Natalie Skead, *University of Western Australia* (natalie.skead@uwa.edu.au)

Shane Rogers, *Edith Cowan University*

Jerome Doraisamy, *The University of Western Australia*

Research indicates that, in comparison to professionals and University students in other disciplines, lawyers and law students are at greater risk of experiencing high levels of psychological distress. There is also a large body of literature supporting an association between stress, anxiety and depression, and unhealthy eating. This presentation reports on the results of a study of Australian legal professionals and law students that evidence a positive association between psychological distress; disordered eating, weight, and shape concerns; and maladaptive eating habits in lawyers and law students. Additionally, the results of the study confirm a positive link between frequency of exercise and subjective physical wellbeing that in turn is associated with enhanced emotional wellbeing. Given these associations, implementing interventions to facilitate healthy lifestyle choices, including attitudes to eating, weight and shape, eating habits conducive to maintaining good physical and mental health, and exercise, is an important component in law firms and law school programs for supporting the wellbeing of lawyers and law students alike. Based on the results of this study, this presentation will suggest simple yet effective strategies law firms and law schools might adopt to support the mental health of their staff and students.

The Formation and Influence of Ethical Climate: Therapeutic Ethical Possibilities for the Practice and Study of Law

Stephen Tang, *Australian National University* (stephen.tang@anu.edu.au)

Our previous empirical research (with Tony Foley, Vivien Holmes, and Margie Rowe) has shown that the ethical climate of a legal workplace has a strong influence on lawyers' mental health and psychological wellbeing. In particular, we identified two common but contrasting ethical climates (a culture of 'ethical apathy' or 'getting ahead') which were adverse to wellbeing, learning, and the formation of ethical professional identity. Lawyers in these two climates were at least twice as likely as having a level of psychological distress which indicated potential concern for functional impairment. This presentation will re-examine these key findings and discusses two opportunities which arise. First is the opportunity to address the development of ethical climate, particularly how psychological and interpersonal representations of ethics, interpersonal behaviour, and professionalism are formed during legal education. The second opportunity is to

apply a Therapeutic Jurisprudence (TJ) approach to the shaping and regulation of ethical climate within the profession. As a complement to traditional ways of regulating legal practice, TJ provides an appropriately fine-grained and humanistic method to examine and reform ethical climate to help prevent ethical misconduct, distress, and impairment, and to promote an ethic of care, individual wellbeing, and a healthy profession.

Educating to Thrive: An Exploration of What Works in Boosting Law Student Wellbeing and Mental Health

Becky Batagol, *Monash University* (becky.batagol@monash.edu)

This presentation will focus on interventions offered in law schools which allow students not just to survive, but to thrive. It starts with the recognition that a large proportion of law students and the legal profession suffer poor mental health. In light of previous studies on pedagogical and extra-curricular interventions which may have a protective effect against poor law student mental health, we designed our own study of student mental health and wellbeing in 2018 at Monash University, Australia. The aim of the study was to better understand the mental health and psychological wellbeing profile of Monash law students throughout a semester, the reasons for the mental health profile of these students, and to consider whether there are any faculty interventions which may improve the mental health / psychological wellbeing of Monash law students. This presentation will describe the data on the impact of two interventions trialled with first-year law students: An ‘autonomy-support’ pedagogical approach, drawing upon self-determination theory; and a three-hour extra-curricular workshop based upon self-compassion theory. The presentation will outline the impact of the interventions upon student wellbeing and mental health and makes suggestions for reform in law school practice to provide the conditions for students to thrive.

Towards Trauma-Informed Legal Education and Practice

Colin James, *Australian National University* (colin.james@newcastle.edu.au)

Trauma and vicarious trauma have always been part of legal practice, but only recently have they been acknowledged. We now understand more about how traumatic events and their detailed portrayal for the purposes of legal process can have harmful consequences not only for victims and witnesses but also for professionals who work with them. We know now that old presumptions about lawyers needing to have a ‘thick skin’ and to ‘suck it up’ when exposed to trauma are faulty and damaging for some individuals, leading to unnecessary suffering, risks of psychological injury, and loss of excellent lawyers from the profession. Current research suggests safer ways of working with traumatic exposure, with possibilities for a deeper understanding of oneself, of one’s professional identity, and better ways to work with victims and perpetrators. This presentation outlines a toolkit for legal educators, practice managers, and supervisors seeking to help lawyers prepare for and to manage the effects of exposure to violence. Vicarious resilience and post-traumatic growth are two constructs among several that will be discussed.

Therapeutic Jurisprudence Sessions

209. Capacity to Participate in Criminal Proceedings

Making the Incompetent Accused Fit for Trial: The US Approach to Competency to Stand Trial

Peter Joy, *Washington University School of Law* (joy@wustl.edu)

In the United States, the standard of competency to proceed to trial requires the trial judge to find that the accused is oriented to time and place, has some recollection of the events underlying the charge or charges, and has sufficient ability to consult with and assist his or her lawyer in the defence. When the accused is found not competent to proceed to trial, the accused may be held for a reasonable period of time necessary to determine that the accused will attain competency in the foreseeable future. In an effort to make the accused competent to stand trial, courts have permitted the government to go to extraordinary lengths to make the accused who has been determined incompetent (unfit) to stand trial fit for trial. Approved measures range from confinement in prison-like setting where the accused attends classes and is coached to understand the nature and purpose of legal proceedings, to the forcible administration of potentially harmful psychotropic medication to address underlying mental conditions. The accused has limited rights to refuse such treatment, and at present there is no definition of how long the accused may be confined. This presentation will discuss and evaluate these measures in light of the underlying rights of the accused, and propose reforms.

The Interpretation and Application of the Right to Effective Participation

Abenaa Owusu-Bempah, *London School of Economics* (A.Owusu-Bempah@lse.ac.uk)

Defendants have long held rights to participate in their criminal trials, including the right to effective participation. However, the precise meaning and scope of this right is unclear and, in practice, the extent to which defendants can be said to participate effectively in criminal proceedings is often limited. This presentation will examine the definition and uncertain scope of the right to effective participation. It will also examine the narrow way in which the right has been applied by the courts in England and Wales, including a judicial willingness to reject medical opinion and an optimistic approach towards the effectiveness of special measures and trial adjustments intended to facilitate effective participation. It argues that there is a need for a clearer and more comprehensive definition of 'effective participation', and a more rigorous and medicalized approach to determining whether defendants can participate effectively, to ensure compliance with Article 6 of the European Convention on Human Rights and create legal certainty.

Effective Participation in the Summary Courts

Natalie Wortley, *Northumbria University* (n.wortley@northumbria.ac.uk)
James Stoddart, *Northumberland, Tyne and Wear NHS Foundation Trust, Newcastle upon Tyne, UK* (james.stoddart@nhs.net)

In England and Wales, an adult charged with a criminal offence will always appear before a magistrates' court in the first instance. Where a person has participation difficulties, the legal framework that applies lacks clarity and coherence and, in 2016, the Law Commission asserted that there was "urgent need [for] reform". This presentation will discuss – from both a medical and a legal perspective – the difficulties that may arise in identifying and dealing with alleged offenders who lack the capacity to participate effectively at their first appearance after being charged with an offence. It will explore the evidential requirements for establishing lack of capacity in the summary courts, including the role of forensic experts, and the conflict that may arise between the rights of alleged offenders and the need to promote "speedy summary justice". The Law Commission's proposals for statutory participation procedures will be discussed and, in the absence of any sign that new legislation will be introduced, the presentation will recommend practical changes that could be implemented.

The Role of Intermediaries in Effective Participation of Defendants

Paula Backen, *Intermediaries for Justice, Birmingham, UK* (paula@backen.co.uk)

There exists an anomaly in equity of provision for vulnerable people in England and Wales: Witnesses have access to a registered scheme run by the Ministry of Justice, while the same person accused of a crime will have to depend on the inherent powers of an understanding judge. The Criminal Practice Directions 2016 state that intermediaries should be "extremely rare" for the whole trial for a vulnerable defendant. Meanwhile, fitness to plead assessments often recommend that the defendant will be "fit only with the assistance of an intermediary". This presentation will explore the contribution of an intermediary in ensuring the effective participation of a criminal defendant, and how such assistance may reduce the costs of a case, result in early pleas, enable counsel to be appropriately instructed, and justice to be done. It will provide real examples demonstrating the impact of adapted environments and simplified language on the effectiveness of the whole criminal process, from suspect interview to pre-sentencing probation assessment. Finally, the presentation will address the impact of introducing this new profession to the tradition-bound courtroom.

Prison, Hospital, or Both? Revisiting Disposal Options to Protect the Public from Offenders with Mental Health Problems

Kevin Kerrigan, *Sheffield Hallam University* (kevin.kerrigan@shu.ac.uk)

The vexed question of how to deal with an offender whose behaviour was substantially affected by their mental health has troubled courts and legislators for many years. In the United Kingdom the question of whether to impose a penal disposal or a therapeutic disposal has been subject to a

wide range of interpretations that has led to uncertainty for offenders and clinicians despite the relevant Mental Health Act 1983 being in operation for 35 years. Recent judicial interventions in relation to serious offending with mental health elements have provided some contradictory messages about which regime is most suitable for protection of the public based on differences in relation to management while detained and in particular post-release arrangements. The latest case-law (R v Edwards et al, [2018] EWCA Crim 595; [2018] 4 W.L.R. 64) emphasizes that penal elements are at the "heart" of the purposes of sentencing in section 142(1) of the Criminal Justice Act 2003, requiring the court to consider prison disposal first and to give reasons if an alternative approach is adopted. This presentation will assess whether we are seeing the emergence of a more "prison first" approach in the UK and, if so, the potential consequences for defendants, clinicians, and the public.

210. Communication and Public Health Issues in TJ

Is Legal Regulation the Most Efficient Means to Achieve National Healthcare Policy?

Miriam Weismann, *Florida International University* (mweisman@fiu.edu)

Healthcare policy is principally formulated by congressional mandate in the United States. This is not surprising given that healthcare expenditures currently account for at least 17% of the US gross domestic product. The legislative focus for government should be to ensure that the regulations achieve the public's objectives of quality and access to healthcare and are both effective and efficient: Effective in the sense that they resolve the problem they were designed to address; and efficient in the sense that they minimize both the direct and indirect compliance costs. However, recent experience suggests that the process has become mired in political disagreement. While there has been some consideration of alternative methods of "command and control" of policy including market-based or incentive-based options, there has been little traction for these non-traditional alternatives in political circles. This presentation proposes a transparent single payer system supporting a core of universal healthcare services available to all citizens to achieve the policy goals of efficiency, fairness, and cost control. This proposed plan is designed to minimize legislative participation and increase the participation of healthcare professionals in designing healthcare policy and achieving real healthcare reform.

A Review of Policies Guiding the Care of Incarcerated Pregnant Women in the United States

Sigita Cahoon, *University of Southern California* (Sigita.Cahoon@med.usc.edu)

Disagreement exists as to whether the goal of incarceration should be punitive or rehabilitative. These discrepancies extend to the provision of medical services during incarceration, and whether the goal of care is restoration to a general state of health or limited to the treatment of acute

ailments. These discussions become more complex when addressing the healthcare needs of pregnant women, given the potential detrimental effects of inadequate care during incarceration. Additionally, negative emotional and psychological consequences resulting from family separation during incarceration have been documented, with potential lifelong sequelae. Programs supporting maternal and infant bonding provide alternatives to separation of women and children during incarceration. Given increasing rates of incarceration among women, racial disparities in incarceration rates, and potential long-lasting effects for disrupted families, these alternate options merit further investigation into effectiveness, costs, benefits, and limitations, as well as long term outcomes. This presentation will assert that a basic standard of safe housing, adequate nutrition, and appropriate prenatal care can result in improved health outcomes for both mothers and infants. Combining public health knowledge, existing legal precedents, and relevant human rights principles can provide an aspirational framework to guide the provision of care to incarcerated pregnant women in the United States.

Disparities in Concussion Knowledge and Attitudes Among Youth Athletes Despite Legislation Mandating Concussion Education

Tywan Martin, *University of Miami* (t.martin@miami.edu)

Concussion remains an omnipresent public health concern. In an effort to produce safer athletic environments, all 50 states have put in place youth concussion safety laws. One common denominator among stated concussion laws is the inclusion of mandatory concussion education for athletes, parents, and coaches. A primary outcome of education is to modify reporting behaviours by increasing awareness and shifting unsafe attitudes surrounding concussion. While research has shown that increased concussion knowledge and more favourable attitudes have had an overall positive effect on reporting behaviours among high school athletes, there are documented racial and socioeconomic disparities in knowledge and attitude scores among this youth population. African American athletes from urban communities have lower concussion knowledge scores and less favourable attitudes regarding concussion than athletes from predominantly white, suburban communities. These disparities could potentially influence reporting behaviours, putting athletes at risk of playing with a concussion. Moreover, these disparities affirm that education mandated by law may not be enough to protect youth from concussion; rather efforts to increase knowledge and alter attitudes and reporting behaviours must also include approaches that contest intrinsically motivated cultural norms and social expectations among youth athletes from diverse communities.

Telemedicine Today: Helping Both Privileged and Under-Served Populations

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The burgeoning field of telemedicine offers promising potential to deliver on-demand healthcare to a wide array of patients: from tech savvy urbanites to remote rural families all with the click of a button and a web-cam. In some states, insurance will pay for it. Today, healthcare delivery has loud legal undertones which intend to protect patients but also result in unnecessary testing and treatments and increased healthcare costs. Therapeutic Jurisprudence recognizes the law as a therapeutic force, especially in the treatment of marginalized groups. Patients are now encouraged and empowered to advocate for themselves as medicine has dramatically shifted away from its paternalistic roots to shared decision-making. The fields of Psychiatry, Neurology, and Emergency Medicine are telemedicine pioneers with remote mental health visits, tele-stroke mobile units, nursing home visits, and urgent care visits. The implications of telemedicine and e-delivery of healthcare are still unknown and the potential for good is likely equal to the potential inadvertent harm. This presentation examines current US telemedicine practices including patient populations, costs and repayment structures, current limitations, and future growth trajectories.

The Neuroscience of Listening and the Reason it Matters

Monica Broome, *University of Miami School of Medicine* (mbroome@med.miami.edu)

Communication is an essential component of human interaction. Advancements in neuroscience including the functional MRI have shown how we communicate directly effects the brain. We now have validated scientific data to assist us that we can easily learn, use, and that will benefit others and ourselves. Medicine, law, and business each have specific issues related to communication as well as universal communication principals and best practice techniques to facilitate a positive experience. Listening is one of the universal principals of effective communication and may influence the trajectory and outcome of a conversation or a relationship. Is there evidence that effective listening has an effect on others and us? If so, how do we best implement this, and which techniques are most effective? This presentation will include a brief overview of the research supporting listening as an essential core skill, the communication techniques to enhance this skill, and the benefits and barriers of doing so.

211. Compassion, Collaboration, and Emotions

Open-Hearted Justice: The Role of Compassion in Reforming Crime Policy

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

Anthony Hopkins, *Australian National University* (anthony.hopkins@anu.edu.au)

Many criminal justice systems are struggling under the weight of punitive criminal justice policies and prison overcrowding. This approach is unsustainable morally, socially, and economically. However, efforts to engage with policymakers about the impact of rising imprisonment rates often yield little support. Simply put, rational arguments for taking a different course have not proved

sufficiently persuasive. Some commentators have suggested that justice is not merely about effectiveness and efficiency, but also an emotional, symbolic process. Accepting this, this presentation argues that narratives of fear are primary drivers of punitive law reform, where fear operates as lever for people to turn away from those we imprison. This is contrasted with narratives of compassion in criminal justice, which have the potential to ‘open the heart’ and facilitate a turning towards those subject to punishment, as fellow human beings. This presentation argues that therapeutic jurisprudence is replete with these narratives, because therapeutic initiatives are founded upon the psychology of compassion, understood as a sensitivity to, and concern for, the suffering of others and a commitment to alleviating and preventing it. It concludes by considering the role of compassion as an emotion-based ally to complement ‘rational’ arguments for reducing incarceration.

Compassion and Mercy in Sentencing

Jamie Walvisch, *Monash University* (jamie.walvisch@monash.edu)

While we often use the words ‘compassion’ and ‘mercy’ synonymously, they clearly differ in scope and emphasis. The concept of compassion is attitudinal, grounded in the feelings of the actor: A person acts compassionately when they act due to a concern for the wellbeing of others who are suffering. By contrast, the concept of mercy is grounded in power: A person acts mercifully when they act more leniently than expected towards a person over whom they have power. This presentation explores the difference between compassion and mercy, and the roles they should play when sentencing offenders with mental health problems. It argues that while sentencing judges should approach their role with compassion, the role of mercy should be carefully circumscribed. Drawing on the works of RA Duff, it outlines the circumstances in which it is appropriate for a sentencing judge to act mercifully towards an offender with mental health problems.

Lessening the Punishment for Reasons not Related to the Commission of the Offense: Justice or Mercy?

Rinat Kitai-Sangero, *College of Law & Business* (rinat@clb.ac.il)

A show of mercy in the imposition of sentence, mercy being defined as a lessening of the proper punishment, is an ambivalent gesture. On the one hand, mercy is related to generosity and to empathy for people. On the other hand, mercy is conceived as a compromise with justice and as equivalent to arbitrariness. Little wonder, then, that some philosophers opine that there is no place for mercy in the court's considerations. However, a distinction must be drawn between mercy and considerations for determining the due punishment. In contrast with Martha Nussbaum's position, that a merciful judge is obliged to carry out an empathetic investigation of people's internal nature, and with Dan Markel's position, that any consideration that acts to lessen punishment for reasons not related to the ability of the individual to choose to perform the offence is based on mercy, scholars maintain that a sensitive examination of the nuances of the specific case is not equivalent to exercising mercy. This presentation examines whether determining the proper punishment while taking into account varied mitigating circumstances, that are not related to the initial choice

to commit the offence, and especially whether taking into account repentance, is a matter of justice or mercy.

Bringing Therapy into Therapeutic Jurisprudence

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Psychologists, who have much to offer the legal system, often actively avoid court-related work. The adversarial nature of the legal system is threatening to their personal and professional well-being. They fear being bullied or demeaned as part of the cross-examination process. There is concern that their work will be taken out of context, belittled, or invalidated by lawyers' zealous adversarialism. Even psychology practice guidelines are designed to protect against the demands of a legal system that might use clinical data for non-therapeutic purposes. The psychologist is caught and directed by adversarial legal ends rather than the client's therapeutic needs. Finally, psychologists are often invited into legal work as proceedings approach their conclusion rather than at an earlier phase when consultations could result in the creation of unique interventions and more productive therapeutic legal results. These issues have an anti-therapeutic impact on clients, psychologists, and the mainstream legal system; and, they exclude many psychologists from being active contributors to creative legal solutions. This presentation will briefly explore these barriers and suggest strategies to shift the psycho-legal relationship in ways that will enhance psychologists' contributions to therapeutic jurisprudence.

Dolce Vita Corte (Sweet Court Life): Emotion, Courts, and Therapeutic Potential

Richard Cornes, *Essex Law School (rmcornes@essex.ac.uk)*
Tania Sourdin, *Newcastle University Law School*

Emotion is governed, contained, maintained, and in many circumstances, generated within courts throughout modern societies. The complex interactions and dynamics of the modern court room require modern judges to recognize, respond, and consider how emotion can impact on all within a court. Explicit judicial recognition is required not only of legal rationality, but also the unruly emotions in play in all incidences of litigation, whether between litigious neighbours appearing as litigants in person, or the mightiest of corporations or states represented by the highest paid of the legal profession. This presentation draws on three areas of insight from psychoanalytical thought to consider the psychodynamics of the courtroom and its surroundings. First, Freud and later Bion's thinking about group dynamics. Second, courts, both their physical environs, and intellectual operations operate as "holding" or "containing" spaces within which litigants are provided with the security to work through conflict. Finally, that vigilance is required in the design of litigation processes lest facets which are intended to defend against the anxieties which it inevitably provokes, paradoxically produce other anxieties.

212. Drug Courts Around the World

Drug Courts' Conceptual Elements from the Therapeutic Jurisprudence Point of View

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Drug Courts have been developed in many countries and have produced results which many people consider satisfactory. However, the focus has been given to its practical issues, while a few relevant theoretical approaches have been forgotten. The absence of a conceptual construction may weaken the goals of Drug Courts, by developing programs that have the name of drug court but neglect its principles. Using intertextuality theory, we performed literature reviews as well as interviews with potential participants in a region located in the South of Brazil. Readings and interviews were done from the Therapeutic Jurisprudence point of view. This presentation suggests that Drug Courts are an opportunity of make the participant aware of his relation with drugs and criminality. The program, necessarily, will count on professionals from different areas; the priority is on the individual damages reduction; it must avoid punishment and traditional criminal procedure; it must provide treatment for all kinds of drugs; it must focus, mainly, on persons with substance use disorders; entering criterion must not be established only on the type of the committed crime; it has traces of criminology of social defence and social control, although there are huge elements of critical criminology; and it should not discuss the pertinence, or not, of decriminalization of drug consumption.

Partial Suspension of Imprisonment for Drug Abusers: A Practicing Lawyer's View

Yohei Takahashi, *Attorney-at-Law, Tokyo, Japan* (yohei_takahashi.b@nifty.com)

Japanese drug policy can be described as 'punishment oriented'. First time offenders of meta-amphetamine use will be sentenced to one and a half years in prison with suspension without probation for three years. But later arrests will result in, almost without exception, imprisonment without suspension. However, recently, we can spot some signs of change in Japanese drug policy. Because of high recidivism rates of drug offenders, a new law named Partial Suspension of Imprisonment was enforced in 2016. As partial suspension judgements have been made very frequently in practice, we can assume there has been big expectation toward the new law. But, after all, the law presupposes long term imprisonment and sometimes hinders drug offenders from receiving early time rehabilitation treatment. And there seems to be some confusion among rehabilitation and probation personnel. With the introduction of new law, it becomes even more important to share an understanding among criminal justice personnel that imprisonment doesn't work for drug users and doesn't solve overall drug problems and that connecting drug users to rehabilitation facilities like DARC as early as possible is vital for their recovery. This presentation will share the experience of a practicing lawyer on new law cases with the latest examples.

Who Will Take the Initiative in Recovery from Drug Addiction in Japan: The Government and Specialists or Addicts Themselves?

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In Japan, DARC (Drug Addiction Rehabilitation Center) has played the most important role in supporting the rehabilitation of drug addicts. We can call it a movement of addicts by themselves. They were incarcerated in prisons and psychiatric hospitals, and hopelessly went in and out through a revolving door. In a last half of 1980's, they found the motivation for their own life and their sustainable recovery in DARC. The DARC influenced on the reform of prison law in 2005, which accepted for the first time for staff to support the treatment of inmates by their participation in the meeting for programs. The hope that drug addicts could be recovered in their community led to a new law to introduce a system of partial suspended sentence of imprisonment in 2016. DARCs have contributed not only to protecting drug offenders from a criminal justice system under diversion policies, but also to supporting officials in welfare systems. Recently the relation has, however, been unfortunately changed, as the Government and so-called "drug specialists" have begun to occupy the field of rehabilitation. This presentation follows the 30-year history of DARC and considers the future of survived independent addicts.

213. Focusing on TJ Research and Empirical Approaches

How Therapeutic Jurisprudence Can be Used to Encourage Better Access to Research About the Mental Health of Women in Prison

Helen Elizabeth Crewe, *Research for Women in Prison, Derby, UK*
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Research is important for recognizing how to support the mental health of women in prison. It is known that female prisoners suffer from a range of issues such as self-harm, trauma, and emotional difficulties. This presentation will discuss how Therapeutic Jurisprudence is useful for understanding how to implement a framework of international non-state legislation (also known as international soft law) which has important potential for improving the rights of female prisoners. In 2016, the International Human Rights Council recognized that there should be a full implementation of the Bangkok Rules. This presentation will explain how the Therapeutic Application of the Bangkok Rules can encourage duty bearers to have responsibility for getting better access to research about the mental health of women in prison. Therapeutic Jurisprudence encourages the use of evidence from social sciences, criminology, and other academic disciplines to inform the application of legislation. In particular, this presentation will explain how a framework that distinguishes between activists, practitioners, and stakeholders can be understood

using examples. These findings will be useful to practitioners and other stakeholders who would like to justify how to get better access to research about the mental health of women in prison.

Benefits and Risks of Data Analytics in Judicial Supervision: A Therapeutic Jurisprudence Analysis

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The ubiquity of data analytics in virtually every institution brings with it benefits and detriments. The magnitude of those benefits and detriments are illustrated more clearly in the courtrooms than perhaps anywhere else. Therapeutic jurisprudence provides an ideal lens through which to assess both the therapeutic and antitherapeutic effects, of how the availability and use of descriptive and predictive data tools is impacting on offenders, judicial officers, and others within the criminal justice system. This presentation considers the potential benefits and risks of adopting a range of data analysis tools (in a dashboard configuration) in the context of judicial supervision of offenders. Based on research and interviews with judges in Australia and the US, and work on some relevant data tools, it discusses the likely impact on work habits, decision making architecture, stress levels, and communication styles. It argues that the judicial supervision role is one which naturally lends itself to the value add of data analytics, but that the design of the relevant tools must be transparent, accessible, and intrinsically complementary to judicial experience and discretion.

Voice, Validation, and Voluntary Participation for Juveniles: Putting the Three Vs to the Test

Bernard P. Perlmutter, *University of Miami School of Law* (bperlmutter@law.miami.edu)

Therapeutic Jurisprudence has generated a robust literature dealing with many areas of juvenile law such as a child's right to counsel in civil commitment hearings and the hearings themselves, privacy rights of foster children in juvenile and family court proceedings, whether juveniles can be direct filed to adult criminal court, different punishment schemes for juveniles, and the implications of TJ for juvenile cases involving Miranda issues. What we have not seen in this literature is a corresponding body of empirical study that tests the hypotheses of the "three Vs" (voice, validation, and voluntary participation) as laid out in law review commentary. Although TJ scholarship recognizes the crucial importance of empirical inquiry to test the accuracy of its speculations, the literature is largely devoid of that type of study. This has led some proponents to question whether TJ's reticence to identify what is therapeutic or antitherapeutic about a legal rule or practice undermines its core message. We are beginning to see some evidence of TJ-oriented empirical study. This presentation surveys efforts to measure and test how TJ's assumptions can be applied to its goals of reforming law, and when consistent with other important normative values, to make it less antitherapeutic and more therapeutic for juveniles.

Sentencing for Family Violence Through the Lens of Therapeutic Jurisprudence: Employing a ‘TJ Approach’ to Measure Court-Craft in Delivering and Communicating Sentencing Decisions

Nina Elizabeth Hudson, *University of Tasmania* (nina.hudson@utas.edu.au)

The potential for harnessing therapeutic jurisprudence in the sentencing process for family violence offenders is a budding field of research. In Australia, the traditional ‘justice’ model is the dominant approach for prosecuting and sentencing family violence offences. A large body of literature identifying problems with this model has focused on the ‘front end’ of the system (e.g., policing), with less focus on the ‘back end’. Sentencing is a key component of this, and is both a public and a private communication of the highest importance. This presentation is based on the presenter’s PhD research linking two interrelated knowledge gaps: The unharnessed potential of TJ is used as a lens to conduct rich and qualitative research to grow the limited understanding of family violence sentencing jurisprudence. The presentation will present the research approach and findings from the first two stages of empirical research, which comprises content analysis of Tasmanian and Victorian sentencing decisions for family violence offences, using an original ‘TJ approach’ measure devised for this context. This research employs TJ to shine a light on sentencing responses to family violence by articulating current judicial approaches and exploring relevant therapeutic or anti-therapeutic effects on family violence offenders from a policy perspective.

Therapeutic Outcomes for Domestic Violence Tort Plaintiffs

Camille Carey, *University of New Mexico School of Law* (carey@law.unm.edu)

Tort claims can offer domestic violence victims therapeutic outcomes. We conducted a nationwide qualitative and quantitative study of the experiences of domestic violence tort plaintiffs who sued an intimate partner for assault, battery, intentional infliction of emotional distress, and other tort claims. The study offers insight into potential outcomes for these civil litigants beyond financial compensation. This presentation will discuss some of the most important qualitative findings from the study. Domestic violence tort claims can offer plaintiffs emotional benefits, deter defendants from engaging in abusive conduct, and affect plaintiffs’ levels of fear of the defendants. While many of the study participants were successful in their tort claims, the therapeutic benefits experienced by the participants did not necessarily correlate with whether the participants prevailed on their claims. Participants overwhelmingly reported that the benefits of pursuing a tort claim outweighed the drawbacks. Participants also experienced emotional drawbacks from litigation, and these too will be discussed.

214. Intersectional Health Disparities: A Therapeutic Approach

The Role of Law and Policy in Improving the Health of People with Disabilities

Elizabeth Pendo, *St. Louis University School of Law* (elizabeth.pendo@slu.edu)

People with disabilities continue to experience social disadvantages such as poverty, underemployment and unemployment, isolation, and discrimination at a higher rate than the general population. They have also experienced a history of unequal and unjust treatment in the context of medicine and health care, including denial of care, forced sterilization, institutionalization, exploitation, abuse, and neglect. Despite this history, legal recognition of people with disabilities as a health disparity population is relatively recent. This presentation will bring attention to the strong and growing evidence linking disability with different and poorer patterns of health status, health access, and treatment, and the impact of intersections with race, ethnicity, gender, and other identities. It will outline the US legal framework for addressing disability health disparities, drawing primarily on the Americans with Disabilities Act and the Affordable Care Act, and include brief case studies describing innovative initiatives or policies that are successfully addressing disparities at federal, state, and local levels.

Therapeutic Intervention or Widening the Net of Social Control?

Brietta Clark, *Loyola Law School Los Angeles* (brietta.clark@lls.edu)

The US healthcare system is broadening its reach beyond the medical centre to tackle social determinants of health, such as poverty, food and housing insecurity, environmental hazards, trauma, and criminal justice involvement. Healthcare actors are forming partnerships across private and public sectors to help patients access needed social services, such as nutrition assistance, parental skills training, and behavioural supports. These interventions are laudable, but such partnerships should be undertaken carefully. Patients considered high-need, and thus desirable targets for health-promoting interventions, have also been targeted for harmful interventions by the very systems of care and control upon which these new partnerships depend. State population control efforts targeted the poor, people with disabilities, and racial minorities for forced sterilization. Child welfare agencies targeted poor families, taking children away to “protect” them from neglect, instead of connecting families with social supports. Surveillance and intrusive questioning by welfare agencies has discouraged people from seeking benefits. Doctors and social workers have worked with police to force pregnant women to undergo medical treatment. Legal reforms encouraging cross-sector collaboration in the targeting of poor communities for intervention must contain guardrails to ensure such interventions are truly therapeutic and will not widen the net of social control.

Using Law to Minimize Risk Factors for Depression in African American Women

Ruqaiyah Yearby, *Saint Louis University* (ruqaiyah.yearby@slu.edu)

Financial, racial, and gendered stress are significant risk factors for depression among African American women, which they continue to experience because of the government's failure to use the civil rights laws to address institutional bias in hiring and pay. Research shows that more than one-third of all jobs are filled through referrals and minority women applicants are 35% less likely to receive a referral than Caucasian males. If African American women are hired for the job, they make on average 64¢ for every \$1 paid to Caucasian men and married African American women work 200 more hours per year, two more weeks per year, three more hours per week, and make \$3.00 less per hour than married Caucasian women. Fifty-three percent of African American women reported experiencing discrimination at work that affected their pay, promotion, and satisfaction at work. As a result of these practices, African American continue to experience financial, racial, and gendered stress, which leads to depression. This presentation will suggest ways to put an end to institutional bias, such as adopting laws that require employers to pay for any wage disparities and provide additional health care resources to African Americans women to cope with experiencing institutional bias.

Resisting Cognitive Discrimination with the United Nations Convention on the Rights of Persons with Disabilities

Hyein Ashley Song, *University of Pennsylvania* (hiknot@hotmail.com)

Labelling persons with mental disability triggers implicit discrimination which is not obvious but hidden and comes out as derision, or undervaluing. It emphasizes the need for behavioural control of the person, gains power from collective pervasiveness, and begets vulnerability. The United Nations Convention on the Rights of Persons with Disabilities (UN CRPD) Article 12 encourages the fair recognition of disabilities; this project focuses on the repeated word “recognizing” in its preamble. It asks if fair recognition can combat cognitive discrimination. Collective awareness becomes most alarming when it becomes pervasive. The project first models recognition of “mental disability” and its derivative prejudice, which shapes the communicative limits of persons with mental disabilities. In the minds of those with disabilities, “I do not know what others are fore-told about my disability” triggers the effect. Next, the presentation reveals the potential for wrong when guardians control persons with mental disabilities. Guardianship displaces the autonomy of the person with a mental disability. This is hard to observe from afar because of the pervasive presumption that guardianship is good. In particular, this presentation will argue that a person with a mental disability in that setting easily can prejudice him- or herself through self-incrimination.

215. Japanese Way of Therapeutic Jurisprudence: Evolving of TJ-Based Reforms and Criticism

The Current Movement of Rehabilitation Oriented Policy and Criticism in Japan

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In 2016, the Japanese parliament passed a comprehensive legislation for enhancement of rehabilitation. One year later, in October 2017, the special committee for planning of the concrete idea proposed 130 policies. It covers a variety of sections of the public sector from the police bureau to the correction office. In 2018, a legislation committee proposed an idea for establishing a special division in the prosecutor's office for arrangement of the suspect who needs social welfare support and for making budget in order to employ social worker(s) inside the office. On this idea, there are strong criticisms from the bar association and academics which focus on the expanding the power of the prosecutor in pre-trial process because the suspect would accept the offer by the prosecutor instead of going to the trial, and which also doubts on the lawfulness because the suspect could be forced by the prosecutor to consent with the social welfare program. This presentation will introduce the debate in Japan and analyze the discussion in Japan from the view of therapeutic jurisprudence.

On the Necessity for Combining Therapeutic Justice with Clinical Family Work Regarding of Child Abuse and Domestic Violence

Tadashi Nakamura, *Ritsumeikan University* (tnt01882@hs.ritsumei.ac.jp)

This presentation will examine the clinical practice for offenders in domestic violence and child abuse. Japan is a society where the family as a unit plays a key role. The arguments made in this presentation are based on our team's experience of practices concerning therapeutic justice and developing clinical techniques in the context of family-centred society. Going a step further through initial stage for therapeutic justice, the presentation will discuss how to create the new offender therapy. It is compatible with narrative therapy on family conflict through a group approach and family system therapy that aims at re-organization of subjective reality by a language emphasizing the making of one's life story. Clinical family work is an attempt to re-construct issues concerning one's suffering through "clinical dialogue as an interactive cooperation." After some considerations on domestic violence and child abuse in Japan, this presentation will examine the potential to create a new direction on the study of interpersonal violence of family, combining therapeutic justice with the restorative justice and clinical family work in the context of re-construction of family.

Therapeutic Jurisprudence and Gendered Justice

Hiroko Goto, *Chiba University Law School* (hirog@faculty.chiba-u.jp)

This presentation will analyze the relationship between therapeutic jurisprudence (TJ) and feminist jurisprudence (FJ) in Japanese criminal justice system. FJ is the study of the reconstruction of law and practice for women and women's lives. FJ has started from the critics of current modern legal system and practice just like TJ. FJ emphasizes the irrationality, feelings, sensitivity, contextualization, and personalization of law and practice just like TJ. In Japan there is no special court for illicit drug users, and illicit female drug users get involved in criminal justice system even if the system has massive gender biases. Female drug users have to face the problem of discrimination against women in the criminal justice system. The criminal justice system in Japan is gendered and male-centred. The reality of female criminals may be ignored by legal agents and the system. They are forced to follow the male-centred values and norms. Female voices are never heard by criminal justice agents. This discrimination may lead to false recovery from drug addiction. This presentation will address the Japanese situation relating to female criminals and show the possibility of gender-centred and therapeutic criminal justice in Japan.

What is the ATA-net and Why Do We Need it in Japan? The Implementation of a Recovery Circle in Japanese Society for a Variety of Addiction Behaviours

Shinichi Ishizuka, *Ryukoku University* (ishizuka@law.ryukoku.ac.jp)

The Japan Science and Technology Agency (JST)/Research Institute of Science and Technology for Society (RISTEX) has accepted our project on the development of a support-system for a variety of addiction behaviours. We call it the ATA-net, which means an addiction trans-advocacy network. In September 2017, we invited Prof. David Wexler to Tokyo to hold the symposium on Therapeutic Jurisprudence, in which more than 400 scholars, practitioners, and students took part. This presentation will aim to foresee the future of our drug policies, which should be based on self-determination and -government by addicts themselves and support their desistance of anti-social activities under the slogan of "From Punishment to Harm-Reduction". The presentation will explain the necessity and efficiency of the network for recovery of a variety of addicts in the "Addiction Era". Japan's contemporary drug policies and a proposed civic-initiative scheme are outlined in two other Japanese TJ presentations.

Legal Advocates for Therapeutic Justice

Naomi Sugawara, *Attorney-at-Law, Tokyo, Japan* (sugawara@tamanomori.com)

In Japan, lawyers have undertaken defensive activities that have been more therapeutically stepped in recent years. A small number of lawyers have learned specialized knowledge such as medicine and psychology in order to provide better assistance for their clients and have developed the ingenuity in their advocacy activities through the therapeutic approach. This presentation will introduce some examples of creative ideas of lawyering for drug addiction defendants and ingenious ones. Based on the various actions by the bar association, this presentation will also introduce the activities and activities of the TJ Committee in the bar.

216. Judging in a Therapeutic Key

A Practice Framework for Judicial Supervision of Offenders in a Mainstream Criminal Court

Pauline Spencer, *Magistrate, Melbourne, Australia* (mainstreamtj@gmail.com)
Benjamin Spivak, *Swinburne University of Technology*

In Victoria, Australia the legal framework exists in the mainstream criminal court to support the involvement of a judicial officer in the ongoing rehabilitation and monitoring of an offender. This task of judicial supervision whereby an offender comes back before the same judicial officer can be carried out pre-plea (on bail), post plea (on deferral), and post sentence (as a judicial monitoring condition of a Community Corrections Order). Despite the legal framework being in place, the way judicial officers approached this task has been varied. This presentation will discuss the findings and implications of a joint partnership between the Magistrates' Court of Victoria and the Centre for Forensic Behaviour Science to investigate and characterize the various approaches to judicial supervision currently employed by Victorian Magistrates and their implications for rehabilitation.

The Power of Judicial Persuasion

Jamey H. Hueston, *International Society for Therapeutic Jurisprudence, Stuttgart, Germany*
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Effective judging entails not only saying the right thing, but delivering the message in ways that garner the most beneficial results. The broad categories which embrace principles of effective judging are simply stated, but require training and practice to master. They are: Procedural Fairness, Therapeutic Justice, and Compassion. Judges craft sentences to have meaning and impact. They tailor requirements and impart wisdom to reshape thinking, reframe faulty behavioural patterns, and rehabilitate offenders. To do so successfully, however, judges as well as supporting justice personnel, must gain the attention of their charges, and maintain their focus while imparting manageable requirements that offenders can realistically accomplish with support. Judges must also understand and learn to address associated behavioural, mental health, and trauma issues that affect many offenders. Applying the principles allow offenders to hear, respond, and comply with court orders more consistently. This presentation will explore these concepts and discuss why they are effective.

Therapeutic Jurisprudence and Restorative Practices in a Family Court

Gabriela Mckellar, *International Society for Therapeutic Jurisprudence, Cape Town, South Africa* (gabriela.mckellar@gmail.com)

The presenter is a magistrate in a Family Court in South Africa. The presentation describes how therapeutic jurisprudence is being implemented in this court. The specific laws that allow for a TJ approach in the Family Court will be discussed. The presentation posits that although the legal framework makes provision for a magistrate to implement a TJ approach, the legal framework on its own is not sufficient to guarantee a consistent TJ practice nor outcome. It is suggested that certain concepts that are taught by the International Institute for Restorative Practices (IIRP) to understand and define restorative practices (RP), an emerging social science, be used to influence and measure the magistrate's practice and the outcomes of the court proceedings for TJ compliance. These concepts are the Social Discipline Window (SDW), Fair Process (FP), and the Restorative Justice Typology (RJT). It is suggested that if all the professional stakeholders involved in a Family Court matter practised these restorative practice concepts, a more consistently TJ outcome would be likely.

What Can Judges Do to Facilitate Change: Measuring Legal Actor Contributions in Court from a Therapeutic Perspective

Rhondda K. Waterworth, *University of Tasmania* (rhonddawaterworth@gmail.com)

The court can be conceptualized as a point of intervention in the lives of offenders as well as their families, social networks, and communities. Given this, it seems reasonable to investigate what a judge (or other legal actors) can contribute to this interaction to make the best therapeutic use of this opportunity for intervention. This presentation compiles a behaviourally anchored description of a judge's contribution in a courtroom interaction between a judge and a defendant, which would have the best chance of facilitating therapeutic change for a defendant. This description is based on a review of the therapeutic jurisprudence literature, procedural justice, and legitimacy of justice literature, and places these observations alongside a brief review of types of therapy that could be effective in a courtroom setting. This presentation also reviews research into common denominators in therapy outcomes, most notably the literature on therapeutic alliance and therapeutic change. It concludes with a brief rating scale designed to quantitatively measure the desired judicial behaviours in open court.

217. Legislative Scholarship, Design, Advocacy, and Outcomes

Intellectual Activism and TJ-Informed Legislative Advocacy

David C. Yamada, *Suffolk University Law School* (dyamada@suffolk.edu)

Amid the growing body of TJ-related work, legislative processes and outcomes have been among the more neglected aspects of TJ scholarship, commentary, and practice. However, a small group of scholars has endeavoured to fill that gap by proposing, discussing, and applying TJ-informed methodologies for engaging legislative scholarship and advocacy. This presentation offers a methodology for TJ scholars and practitioners who are working in a legislative context, drawing

heavily from the framework of intellectual activism that the presenter has developed in recent writings. This methodology covers the realm of research and scholarship, legislative drafting and design, legislative advocacy, and evaluation. As an illustrative case study, this presentation will discuss the presenter's significant involvement in drafting and advocating for workplace anti-bullying legislation and engaging in public education initiative concerning bullying, mobbing, and harassment. This presentation will emphasize actions and activities to be undertaken after the foundational research and scholarship have been done, and examine the emotional, intellectual, and practical challenges of shifting between academic and activist modes.

The Politics of Poverty: Addressing Income Inequality Through a Therapeutic Lens

Amy T. Campbell, *University of Memphis School of Law* (a.t.campbell@memphis.edu)

Income inequality has widespread, deep, and potentially enduring ramifications, but thoughtful responses are often difficult in this divisive political climate. Rather than look for that which unites us and that which can create economic opportunity for all, this climate potentially impedes effective, holistic redress of root causes of inequality. Rationalist arguments are important; however, given the personalization of our rhetoric, it is also important to recognize the emotional aspects of the experience of and response to inequality. A framework that considers emotions in a proactive way, with a preventive perspective grounded in relationships and human dignity, seems to hold promise for efforts to promote greater economic justice. This article will explore this reframing using TJ principles, expanding on the presenter's earlier work applying TJ to health policymaking and the interplay of emotions with policy. While it will have general application, the article will focus on income inequality in the US.

"Letting Kids Be Kids": TJ Perspectives on Youth Voice in Foster Care Reform to Achieve "Normalcy"

Bernard P. Perlmutter, *University of Miami School of Law* (bperlmutter@law.miami.edu)

This presentation applies TJ principles to a study of youth activism to reform state foster care systems. It examines how youth engagement in the legislative arena can influence policy change. It shows how testimony validates youth experience in foster care. It describes how youth collaborate with lawyers, who serve as mentors for youth storytelling in public settings. Lastly, it examines how youth advocacy informs policy development. One example of this policy advocacy was an effort to reform child welfare practices in Florida and federal law, encouraging more access to "normal" childhood experiences and rites of passage for foster children. While the effort to help them achieve "normal" childhood experiences in care gave youth participants a sense of voluntary participation in the civic engagement process, other children with unique perspectives and experiences were not heard from and the consequences of their exclusion from the legislative process may have been counter-therapeutic.

TJ and Legislation: The Need for Amicus Justitia Briefs

David B. Wexler, *University of Puerto Rico School of Law* (davidbwexler@yahoo.com)

This presentation looks at the relationship between legislation – Therapeutic Design of the Law (TDL) – and the important TJ notion of the Therapeutic Application of the Law (TAL). The law itself is written, public, and accessible, whereas the important dimension regarding how a law could use TJ insights and thus be applied therapeutically by judges, lawyers, and therapists are by no means obvious. To educate these actors, and to boost the sustainability of the therapeutic application of the law, there is a need for a new type of legal writing: The preparation of amicus justitia briefs to educate justice-system actors of the way the law may be most therapeutically applied. These briefs can alert judges, lawyers, therapists, and other crucial legal actors on how to apply the law in a robust therapeutic way. They can, of course, be written by involved judges and other legal actors and disseminated to those populations as a type of continuing legal education, but an additional approach would be for law students to write these as part of a course assignment.

New Haven and the Design of Laws Under Therapeutic Jurisprudence

Siegfried Wiessner, *St. Thomas University School of Law* (swiessner@stu.edu)

Human dignity is a, if not the, guiding light for Therapeutic Jurisprudence. As TJ approaches the design of mechanisms as well as substantive and procedural laws that allow its applications to flourish, it might benefit from the problem-solving approach of the New Haven School of Jurisprudence. The New Haven School also embraces human dignity, seen as maximum access by all to the processes of shaping and sharing all things humans value, i.e., power, wealth, affection, well-being, enlightenment, skills, rectitude, and respect. It further suggests using all reservoirs of knowledge and applicable methodologies. Upon highlighting conflicting claims, claimants, their perspectives and bases of power, the legal system's past responses are analyzed and future decisions are predicted. New Haven's final task is the invention of alternatives, and possible solutions. A sample application of this approach in the context of TJ will be presented.

218. Mainstreaming Therapeutic Jurisprudence: Lessons from and for the UK

The Epistemology of Therapeutic Jurisprudence

John E. Stannard, *Queen's University Belfast* (j.stannard@qub.ac.uk)

One of the key tenets of therapeutic jurisprudence is its insight into the therapeutic or antitherapeutic consequences of legal rules, legal procedures, and the roles of legal actors such as

lawyers and judges. As Bruce Winick pointed out over 20 years ago, therapeutic jurisprudence calls for the study of these consequences with the tools of the social sciences, the aim being to identify them and to ascertain the extent to which the law's antitherapeutic effects can be reduced, and its therapeutic effects enhanced, without subordinating due process and other justice values. Clearly the second of these tasks depends on the first; one cannot decide which effects must be reduced and which enhanced without first knowing what they are. However, this task is not as straightforward as it seems, especially when one comes to consider effects of an emotional nature. Understanding the emotional effects of human conduct, whether or not within the legal realm, may indeed be gained from the sort of empirical study that would pass muster in the academic arena, but it can also be based on more intuitive and introspective thought processes that are less amenable to testing in this way. The aim of this presentation is to investigate the extent to which insights of this second kind can be grounded in a defensible epistemological framework.

Introducing Therapeutic Jurisprudence into UK Legal Education and Training

Emma Jane Jones, *The Open University* (e.j.jones@open.ac.uk)

This presentation will explore how legal education and training in the UK could be used to introduce the theory of therapeutic jurisprudence and also build the foundations for its practical use within the legal profession. It will begin by identifying and discussing the current, dominant approaches within the UK. It will then move on to consider the opportunities provided by the ongoing changes to postgraduate legal training (with the subsequent impact on the undergraduate law degree). In particular, it will analyze the effect of the proposed Solicitors Qualifying Examination, due to replace the current route for qualifying as a solicitor in England and Wales from 2020. The presentation will also consider the potential challenges faced when attempting to mainstream Therapeutic Jurisprudence in UK legal education and training, including constraints on both time and resources and an increasing push towards an instrumental view of preparation for the legal profession. Overall, it will argue that significant possibilities for the mainstreaming of Therapeutic Jurisprudence exist, but that this will require a substantial increase in awareness and understanding amongst the legal academy and the legal profession within the UK.

Developing Therapeutic Jurisprudence in UK-Based Civil Litigation

Hugh C.H. Koch, *Birmingham City University* (Hugh@hughkochassociates.co.uk)

This presentation will discuss recent experiences and the opportunities for developing Therapeutic Jurisprudence in UK-Based Civil Litigation. Particular reference is made to understanding how psychological processes affect civil law, in general, and personal injury cases in particular. Research and anecdotal evidence typically indicate that it is difficult to maintain positive connections between law firms and their clients. At the same time, there is, quite rightly, pressure on lawyers and the experts they instruct to provide robust opinions which include assessment of claim validity and reliability. Being equally fair to a claimant and 'the court' is the ever-present

search for “keeping our moral compass”. In addition, where there is conflict in medical opinion between claimant and defendant instructed experts, the unique process of joint statement preparations is outlined. This process encourages experts to clarify levels of agreement and disagreement and give cogent explanation of why disagreement occurred. This typically obviates the need for experts to attend court, hence reducing the overall court’s expenses. It also aids the court to make sensible and balanced adjudications. Implications for continuing education and training in the micro-skills of conflict resolution are discussed.

Therapeutic Jurisprudence: The Application to a UK DRR Review Court and Future Directions for Empirical Researchers

Anna Kawalek, *Sheffield Hallam University* (A.Kawalek@SHU.ac.uk)

This presentation investigates the usage of TJ against a UK backdrop, filling a significant gap in the literature by investigating the downfall of the six UK Drug Court Pilot programs. Hypothesizing that their lack of success was attributed to poor practice by the magistrates at the 'wine' level (that is, practitioners' techniques, skills, or approaches to practice), the project set out to measure the therapeutic quality of magistrates' interpersonal skills at a DRR Review Court (which represents the remains of the UK Drug Courts). Yet the data suggested that the magistrates' skills were largely TJ infused - in particular in their usage of Alliance, Reflexive Listening, and Empowerment in the courtroom. Extending the investigation further, a more theoretical analysis suggested that the 'bottle' (that is, UK laws, provisions, rules, procedures), were fundamentally anti-therapeutic. This presentation discusses the impact that the UK criminal justice system has had on circumventing wider therapeutic outputs in this and similar TJ initiatives. During the latter months of data analysis, the project morphed organically into an attempt to produce a statistically-sound TJ measurement tool by using Principle Component Analysis to create TJ empirical scales. The presentation will involve dialogue around this 'doctoral journey', alongside key findings, and the prospective tool to be piloted by future TJ researchers.

Mainstreaming Family Drug and Alcohol Courts in England: Opportunities and Challenges

Judith Harwin, *Lancaster University* (j.e.harwin@lancaster.ac.uk)

The rise of family drug and alcohol courts has been one of the most radical developments in English family justice over the last decade. Set up to address the widespread problem of parental substance misuse and child neglect in care proceedings and court mandated removal, these courts aim to treat as well as to adjudicate on whether the child can remain at home with its parents or needs to be removed permanently. They are underpinned by a body of theory known as therapeutic jurisprudence, and differ from ordinary proceedings in their goals, in the non-traditional role of the judge, the opportunities for parents to speak directly to judges, and the intensive support from a multidisciplinary team that also advises the court. Research on child and parental substance misuse outcomes at the end of the court case is encouraging, compared to cases heard in ordinary care proceedings. Yet there are many challenges to the likelihood of family drug and alcohol

courts being mainstreamed. In this presentation both the opportunities and challenges for their future development in England will be considered.

219. Mental Health and Problem-Solving Courts

Creating a Mental Health Court in British Columbia

Rudy Dhand, *Thompson Rivers University* (rdhand@tru.ca)

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Sunette Lessing, *Psychiatrist, Kamloops, Canada* (Sunette.Lessing@interiorhealth.ca)

In Canada, research evaluating mental health and specialized courts addressing challenges faced by people with mental health disabilities in the criminal justice system is scarce. Using empirical data, this presentation provides an analysis of mental health and problem-solving courts with mental health programs in Canada and British Columbia specifically, while putting forth recommendations for the creation of a new mental health court in Kamloops, British Columbia. Through a therapeutic jurisprudence lens, it presents empirical evidence with key stakeholders addressing the following issues: 1) The varied approaches used by the courts; 2) eligibility and characteristics of the participants; 3) documented outcomes of the participants; 4) the role of community supports and services vis-à-vis the outcomes; 5) the effectiveness and critiques of the mental health and specialized courts; 6) the extent to which the courts address race, culture, and other equity issues; and 7) research and recommendations for the creation of a mental health court in Kamloops, BC. Through a comparative critique of mental health courts in the United States and Canada, it further examines circumstances under which Canadian mental health courts are able to appropriately implement the principles of therapeutic jurisprudence and recommendations to improve Canadian mental health courts.

To Lead Without Leading

Karen Ann Snedker, *Seattle Pacific University* (snedker@spu.edu)

Problem-solving courts have emerged in response to growing concerns about the efficacy of contemporary criminal justice approaches. Specifically, mental health courts (MHCs) address the growing problem of defendants with mental illness cycling through the criminal justice system. MHCs diverge from the traditional court model and are characterized by a treatment orientation within a collaborative framework. These shifts influence the role of the judge in the everyday practices of the court. This presentation relies on qualitative data – courtroom vignettes and interviews with MHC team member and clients from two MHCs in the United States – to explore the role of judges in dispensing “therapeutic justice”. Qualitative data suggest that judicial style and temperament, “buy-in” to the court’s mission, and procedural justice are central to judicial effectiveness. Findings challenge the notion that judges are the central “therapeutic agents.” Data illustrate other team members, especially probation officers, are central to participant’s experiences, success in court, and therapeutic outcomes. The shift toward a treatment philosophy

in MHCs markedly alters the judicial landscape encouraging judges to be leaders of the team but often in a supportive role. Implications for the future of MHCs and judicial leadership will be explored.

Specialized Prostitution Courts, Penal Welfarism, and the Production of Market Citizenship

Rashmee Singh, *University of Waterloo* (rashmee.singh@uwaterloo.ca)

Specialized prostitution courts, one of the most recent additions to the landscape of American prosecutorial reforms, purport to offer women caught within a 'revolving door' of prostitution a permanent exit from the sex trade. Following a standard therapeutic jurisprudence model, defendants are required to successfully complete a series of counselling programs, life skills interventions, and job training as conditions of their sentences. Securing gainful employment is the ultimate ticket out of the legal system and a necessary precondition to 'graduate' from the court. In recent years, critical scholarship examining the impact of counselling programs for trauma and substance abuse has generated important insight into how these interventions materialize as punishment rather than care. However, little is known about how specialized prostitution courts operate as a form of workfare and their role in cultivating aspirations for low wage work. Drawing on interviews with criminal justice officials, service providers, and defendants, this presentation will examine the strategies court mandated employment services deploy to govern sex workers prosecuted through the courts. Along with acquiring insight into how defendants experience these programs, of particular interest will be the various ways in which criminal justice and social welfare logics intertwine to transform defendants into 'legitimate' market citizens.

Examining the Complexities of Criminal Responsibility and Persons with Intellectual and Developmental Disabilities from a Therapeutic Jurisprudence Framework

Voula Marinos, *Brock University* (vmarinos@brocku.ca)
Lisa Whittingham, *Brock University* (lisa.whittingham@brocku.ca)

This presentation examines issues regarding individual capacity, sexual offences, criminal responsibility, and the embodiment of disability relating to persons with intellectual and developmental disabilities (IDD). Using a case study approach, the presenters conduct an in-depth deconstructive analysis of the case of a 28-year-old male identified as having the mental age of an eight-year-old, accused of child pornography offences in Ontario. If convicted, the offences carry a minimum mandatory sentence of imprisonment. By making the argument that the individual's "child-like capacity" to understand "adult" sexuality, and the lack of intent around the sexualized nature of his actions, the defence's position rests on the principle of doli incapax. In contrast, the Crown prosecutor asserts, among other things, that the defence's connection of disability to a lack of capacity reverts our conceptualization of persons with IDD decades back to a time when they were infantilized. Using Therapeutic Jurisprudence as a conceptual framework, the presenters

examine whether problem-solving courts (e.g., mental health court) could be used to address the needs of a person with IDD who has committed a sexual offence, and offer a solution to the case that satisfies the principles of both criminal responsibility and public safety.

Therapeutic Awareness Among Lawyers and Social Change

Karni Perlman, *College of Management Academic Studies* (karnip1@netvision.net.il)

The presentation will discuss the perception of the role of lawyers in various legal proceedings which feature psycho-legal soft spots. It will examine how lawyers perceive their functions and argue that exposure to the ideas of therapeutic jurisprudence and the methods of their implementation can help shape the attorney's role and encourage social change in the legal field. Examples will be presented from a conference held by the Non-Adversarial and Therapeutic Justice Center in COMAS, Israel, with regard to the following issues: Representing clients in disability claims, treatment of sexual harassment offences within the military framework, and systemic treatment of the offence of absence without leave from military service. Additionally, the presentation will consider the findings of a study conducted by Ms. Yael Ben Saadon dealing with various aspects of the lawyer's role in problem-solving courts in Israel and shifts in the perception of this role. The ramifications of these changes for modes of conduct in such courts will be discussed.

220. Mental States, Competency, and Capacity

Mentalizing Interventions as a Tool for Practitioners of Therapeutic Jurisprudence

Archie Zariski, *Athabasca University* (archiezar@athabascau.ca)

Jill Howieson, *University of Western Australia* (jill.howieson@uwa.edu.au)

This presentation introduces the psychological concept of mentalization and its therapeutic applications with a view to exploring its usefulness to practitioners of therapeutic jurisprudence. The mentalizing concept refers to the ability to understand our own and others' behaviour based on a plausible reading of, and wondering about, mental states. It derives from theory and research in the areas of attachment, developmental psychology, mental health, philosophy, and neuroscience. Mentalizing is a fundamental human capacity, essential for our social development and lifelong resilience. Like other human capacities though, people's ranges of mentalizing differ, and mentalizing can weaken or be distorted when people are in conflict. Legal actors in both criminal and civil matters may benefit from taking a mentalizing perspective on their interactions with suspects, witnesses, clients, children, and others. This presentation highlights critical junctures where interventions informed by understanding of mentalization processes may be helpful. Guidance and suggestions are provided for police, lawyers, judges, and counsellors who wish to practice according to principles of therapeutic jurisprudence.

Therapeutic Jurisprudence: Competence, Autonomy, and Well-Being

Robert Francis Schopp, *University of Nebraska College of Law* (rschopp1@unl.edu)

Therapeutic Jurisprudence pursues research and law reform designed to revise legal rules, procedures, and roles in a manner that promotes the well-being of those affected without violating values embodied in law. Individual autonomy is an important value in the western liberal tradition. Respect for individual autonomy generates a competent person's right to make primarily and directly self-regarding decisions, including the right to consent, or refuse consent, to treatment. Civil commitment statutes recognize an individual's right to refuse treatment, but they also authorize involuntary treatment absent a finding of incompetence if the individual harms or endangers himself. These provisions raise serious questions regarding the coherence of these statutes and regarding the interpretation and application of respect for individual autonomy in the context of civil commitment. They also raise important questions regarding the most defensible interpretation and application of Therapeutic Jurisprudence because that program requires a coherent and defensible integration of the values embodied in the relevant law. This presentation pursues a defensible interpretation and application of respect for individual autonomy in the context of involuntary commitment and treatment of those who manifest mental disorder and endanger only themselves.

Testamentary and Financial Capacity Assessments from the Client Viewpoint

Karen Sullivan, *Queensland University of Technology* (karen.sullivan@qut.edu.au)
Kelly J. Purser, *Queensland University of Technology*, (k.purser@qut.edu.au)

Demand for testamentary and financial capacity assessments is increasing. Such assessments are necessarily conducted on a case by case basis, highlighting the effect that individual experiences of the assessment process have on the outcome. For example, feelings of nervousness and apprehension can negatively sway both the process and the outcome. However, little is known about the symbiotic relationship existing between the assessment process and the individual. In seeking to understand this fundamental viewpoint and to identify potential improvements in the assessment process, a literature review was performed. No studies were located that specifically addressed the individual perspective having undergone a testamentary and/or financial capacity assessment. Consequently, literature from related areas addressing the individual perspective was analyzed to identify any potential issues and recommendations. The lack of literature addressing individual perceptions of capacity assessment is concerning given the rise in mentally disabling conditions and resultant assessments. This gap could facilitate suboptimal paradigms of capacity assessment in the testamentary and financial capacity context. This presentation contends that it is through seeking to understand participant experiences of the assessment process that best practice models will be strengthened. It will explore the importance of the participant perspective in capacity assessments through the novel lens of therapeutic jurisprudence.

Mental Health and Moral Duties: New Zealand Estate Claims Under the Family Protection Act 1955 and the Crossover Between Therapeutic Jurisprudence and Judicial Discretion

Dee Holmes, *University of Waikato* (dmh37@students.waikato.ac.nz)

The purpose of this presentation is to evaluate the crossover between therapeutic jurisprudence and judicial discretion in estate claims under the Family Protection Act 1955. The particular focus is on will-makers whose mental health has affected their capacity to consider the moral duty owed to estate beneficiaries or where the beneficiary has mental health needs that require further provision from the estate for their proper maintenance and support. The three case studies chosen for this presentation show the interrelationship between the Courts and those who act on behalf of the subject person but also weighs up issues of family dynamics when there is complexity of needs between the parties. Therapeutic jurisprudence looks to minimize the laws destructive effects, but the Judge has to apply discretion. The Courts can make orders to impose extra protection where there are mental health issues to ensure for the wellbeing of the subject person. But the Court can also reduce harm by placing themselves into the shoes of the subject person to promote personal benefits and inclusion.

Therapeutic Jurisprudence at the Bedsides of Patients with Disorders of Consciousness

Kathy L. Cerminara, *Nova Southeastern University* (cerminar@nova.edu)

Bioethical law and ethics are heading for a collision course in America. Scientific advances push boundaries of our knowledge of the brain, including the line between vegetative state (VS) and minimally conscious state (MCS), previously thought to be bright but now recognized as being blurred. Concealed consciousness seems more possible in a certain small subset of the population of persons who have suffered traumatic brain injuries. Biomedical ethics in America values patient autonomy in almost all situations, yet the law has not caught up within the space occupied by patients in MCS. This presentation will explore the legal and bioethical issues raised in the cases of patients with MCS and VS, from the viewpoint of American law and bioethics, in the context of the recent research. It will then propose a patient-focused, therapeutic- jurisprudence-based approach to decision-making by and for patients in those conditions.

221. Neurodisability and the Criminal Justice System: Comparative and Therapeutic Responses

A Victorian Case Study of People with ABI in the Criminal Justice System: Legal and Personal Perspectives

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Gaye Lansdell, *Monash University* (gaye.lansdell@monash.edu)

Anna Eriksson, *Monash University* (anna.eriksson@monash.edu)

People with Acquired Brain Injury (ABI) are over-represented in criminal justice populations around the world. However, despite many international studies confirming the high prevalence rate of ABI in custodial settings, less attention has been paid to the elements of the justice system itself that perpetuate the involvement of this cohort with criminal justice intervention. This presentation draws on interviews with a large number of legal practitioners, as well as people with ABI, who have experience of the justice system in Victoria, Australia, to understand the specific issues facing people with ABI as they travel through that system. People with ABI reported difficulties in comprehending and navigating complex police, court, and custodial processes, while legal practitioners described the difficulties they encountered receiving and providing instructions to people with ABI, representing clients with ABI in court, and supporting them effectively on sentencing orders and in prison. Our findings suggest that the justice system is largely ill-equipped to appropriately respond to the needs of people with ABI. This presentation highlights the need for enhanced education and understanding of the challenges associated with ABI, and formal responses based on therapeutic jurisprudence, equal opportunity, and appropriate community alternatives to prison.

The Criminalization of Childhood Neurodevelopmental Impairment in Youth Justice Systems

Nathan Hughes, *University of Sheffield* (nathan.hughes@sheffield.ac.uk)

Childhood neurodevelopmental impairments are cognitive, emotional, or communicative functional difficulties, caused by disruption in the development of the brain or other aspects of the nervous system. A growing body of evidence reveals a disproportionately high prevalence of neurodevelopmental impairments among young people in custodial institutions that is consistent across various international contexts. This suggests the widespread failure of current practices and interventions intended to prevent offending and reoffending to recognize or to meet the needs of young people with cognitive, emotional, or communicative difficulties. In particular, it draws attention to the processes within policing and youth justice systems that serve to disable, and ultimately criminalize, young people with neurodevelopmental impairment. This presentation will consider the various steps in the criminal justice process at which young people with neurodevelopmental impairment may be disadvantaged, from police interview to court appearance to community intervention to experiences of custody. Furthermore, it will critically reflect on the inherent difficulties associated with the key concepts of punishment, deterrence, and rehabilitation that underpin such systems. In doing so it will demonstrate how youth justice systems at odds with international conventions on the rights of young people and those with disabilities, and posit therapeutic justice as an alternative framework for intervention.

Traumatic Brain Injury and Violent Crime Among Children and Young People: The Fallen Need Better Follow Up

Hugh Williams, *Exeter University* (w.h.williams@exeter.ac.uk)

Neurodisabilities (NDs) have been known to be present in people in custody. The links between NDs and crime are not well understood. We have identified how Traumatic Brain Injury (TBI) is a key factor in violent crime. Brain Injury leads people to being impulsive, poor at problem solving, and with poor social communication skills - with increased chances of mental health and drug misuse. Such problems are very typical in young people with Moderate to Severe TBI, with over half of survivors having ongoing, lifelong- neuro-disability. However, it is also present after milder forms of TBI. For example, 20-30% of young people with MTBI having greater problems with disorders of attention and behaviour. These may ultimately resolve – but not necessarily so. Indeed, adolescent brains appear more vulnerable to persisting problems post MTBI compared to adults. Screening and managing the effects of TBI within young people within – or at risk of being in – the justice system is important, and may offer means to reduce crime. Cases will be presented to illustrate how, in both the community, and secure justice settings, TBI can be managed to enable improved rehabilitation. Of course, better systems to reduce chances of injury, or effects of injury on key issues such school performance, are vitally needed.

Fetal Alcohol Spectrum Disorders and Settler Law: Decolonizing Interventions

Harry Blagg, *University of Western Australia* (harry.blagg@uwa.edu.au)

Fetal Alcohol Spectrum Disorder (FASD) is a non-diagnostic umbrella term covering a collection of disorders resulting from exposure to alcohol in utero. FASD renders people more susceptible to contact with the criminal justice system, and people with FASD face more difficulties navigating the criminal justice system once involved. The problems are compounded for Aboriginal youths in Australia who remain massively over-represented in the criminal justice system. Research in one Aboriginal community found the rate of FASD to be as high as one in six children, recent research in a youth detention centre in Perth Western Australia found that over 90% had a serious mental disorder, and upwards of 40% had FASD. Roughly 78% of children in detention were Aboriginal. This presentation is based on a report funded by the Criminology Research Council of Australia. It discusses options for diversion from the mainstream justice system through what we call a ‘decolonizing’ process that links FASD with the trauma of colonial violence and seeks alternatives that channel young people into place-based, ‘on-country’ options owned and managed by Aboriginal people.

Better Responses for People with ABI: Judging in a Therapeutic Key

Pauline Spencer, *Magistrate, Melbourne, Australia*, (pts@magistratescourt.vic.gov.au)

People with neurodisability, including acquired brain injury (ABI), are over represented in the criminal justice system in Victoria, Australia. While only 2% of the general population have been diagnosed with ABI, Corrections Victoria (2011) reported that 42% of men and 33% of women in a sample of the Victorian prison population had been diagnosed with ABI. Accordingly, people living with ABI are frequently before the criminal courts. This presentation, made from the point of view of a judicial officer in a busy mainstream criminal court, will explore how a therapeutic jurisprudence approach can be used to translate the current social science knowledge into more effective criminal justice responses for people with ABIs. Such responses include improvements to criminal justice processes, changes to judicial court craft, and more effective application of options under bail and sentencing law.

Quantitative Assessments of Legal Language and Reasoning Abilities: Implications for Adults with and Without Traumatic Brain Injury in the US Legal System

Lyn Turkstra, *McMaster University* (turkstrl@mcmaster.ca)

Joseph Wszalek, *University of Wisconsin, Madison* (josephwszalek@uwalumni.com)

This presentation reports on the results of a study pertaining to the comprehension of written legal language and legal rules in adults with and without traumatic brain injury (TBI). The participants included 20 adults with moderate-to-severe TBI (11 females) and 21 adults without TBI (13 females), ages 24-64, who completed a series of both multiple-choice tests of legal language and logical reasoning tasks. The results reveal that TBI group participants were significantly less accurate and slower than their comparison peers, with no effect of linguistic manipulation. Working memory and reading fluency correlated with task accuracy and speed in both groups. The presentation will conclude that adults with moderate-to-severe TBI underperformed their uninjured peers in comprehension of both legal language and legal rules. Differences between groups were attributable in part to differences in working memory, processing speed, and reading fluency. These results accentuate the potential costs of TBI-related cognitive deficits in situations involving legal language or legal reasoning, and underscore the need to better accommodate individuals with TBI already involved in legal systems. Additionally, these results point to potential risks for individuals with TBI within both the framework of US constitutional law and the framework of professional rules regulating US attorneys.

222. New Areas for TJ

Housing Law, Evictions, and Mental Health: A Therapeutic Jurisprudence Analysis

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In recent years, there has been an increasing interest in nuisance and criminal behaviour of people suffering from a mental health disorder. In the Netherlands, for example, the police and public housing providers report a significant increase of the number of complaints on this type of problem behaviour. In this presentation, the available data will be discussed and compared with data from other jurisdictions. Furthermore, the presentation focuses on the role of housing law and eviction in strategies to control and repress nuisance behaviour. A quantitative analysis of a dataset of hundreds of eviction cases reveals the growing importance of eviction in these strategies. Lastly, the presentation will assess the results through a Therapeutic Jurisprudence lens. This analysis identifies anti-therapeutic effects of the use of eviction, but also potential therapeutic ways in which housing law can be applied to address the problems.

Therapeutic Jurisprudence and the Housing of Dutch Ex-Offenders: A Legal Analysis

Stefan Van Tongeren, *University of Groningen* (j.h.s.van.tongeren@rug.nl)

Adequate housing plays a vital role in an ex-offender's re-entry into society. A lack of stable accommodation not only significantly increases the ex-offender's recidivism risk, but also influences other areas of life affecting the reintegration process, such as (mental) health, (un)employment, social contacts, and addiction. Despite housing being one of the spearheads of Dutch aftercare programmes, ex-offenders still face many obstacles when trying to find a home. While Dutch (social) housing providers appear reluctant to rent their property to applicants with a criminal history, local authorities also sometimes restrict ex-offenders' access to housing, for example by screening and banning people on the basis of having a criminal record. In this presentation, the role of relevant Dutch stakeholders in the housing of ex-offenders will be examined from a Therapeutic Jurisprudence point of view. After establishing how ex-offenders' interests are being weighed against the interests of (other) neighbourhood residents, an analysis will be provided of the therapeutic and anti-therapeutic effects these approaches have on returning ex-offenders. Lastly, suggestions will be offered aimed at minimizing anti-therapeutic and maximizing therapeutic effects when trying to find housing for ex-offenders in the Netherlands.

Artificial Intelligence and Therapeutic Jurisprudence: A Preliminary Exploration

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Artificial Intelligence (AI) is developing rapidly in capability and application. Currently, "narrow" or "weak" AI can perform some focused tasks, such as image recognition or driving a vehicle, with human-level proficiency, or better. In a possible future, "general" or "strong" AI may replicate or surpass human performance across a wide variety of cognitive activities. Already, efforts are being made to regulate AI and its impact on individuals, as well as on social, economic, and political systems. These efforts include proposals to provide certain types of AI with a limited "electronic personhood." The time is now to explore the present and future intersection of AI and Therapeutic Jurisprudence. The presentation's principal objective is to identify and frame the

questions that will serve as the basis for developing that intersection. The first part of the presentation will use Therapeutic Jurisprudence to comment briefly about the impact on human beings of AI and the legal regimes that might be employed to regulate it. The second, main part of the presentation will engage the (admittedly, currently more fanciful) issues surrounding the attributes that AI must possess before it can be thought of as the recipient of therapeutic or nontherapeutic effects and what it might mean to apply Therapeutic Jurisprudence principles directly to AI.

Therapeutic Jurisprudence, Autism, Internet Crime, Criminal Responsibility

Kenneth J. Weiss, *University of Pennsylvania* (kenweiss@upenn.edu)

The availability of online pornography presents a medium for individuals with Autism Spectrum Disorder (ASD) to pursue safe interactions and specialized interests. However, when materials exchanged include depictions of children, there are serious consequences under American law. These include arrest, trial as a sex offender, likely imprisonment, and offender registration. The clinical features of ASD must be explained to attorneys, prosecutors, and courts, since deficits in social cognition may have prevented the defendant from appreciating criminality. Many such persons are not pedophiles and lack comprehension that accumulating pornography is not a victimless crime. This presentation reviews the clinical aspects of ASD that lend themselves to seemingly criminal actions without criminal intent behind them. Since mandatory sentencing often accompanies conviction, experts must also explain that incarceration has no criminological impact on potential offenders, and wrecks the lives of defendants and their families. To the degree possible, under sentencing guidelines or diversionary approaches, judges' behaviour can be modified toward a therapeutic, rather than punitive approach to many persons with ASD. The presentation reviews the kinds of testimony needed to effect this outcome.

Exploring the Emotional Burdens of Medical Negligence Litigation: Perspectives from the Plaintiff and Medical Practitioner

Mary Tumelty, *University of Limerick* (mary.tumelty@ul.ie)

Medical negligence litigation has been described as one of the 'most disturbing areas' in which to practice, due to its aggressive, adversarial nature (Kelly 2015). Despite the contentious nature of the adversarial process, medical negligence disputes continue to be resolved, most commonly, by means of litigation. As the field of law and psychology has continued to grow, a small body of international literature has emerged which recognizes that litigation can have a destructive emotional impact on its participants (Lees-Haley 1998; Strasburger 1999; Ennis & Vincent 1994; Gutheil et al. 2000). However, this should be considered a serious, undesirable effect of the traditional adversarial process. Drawing on empirical research findings (qualitative interviews), this presentation investigates and identifies elements of the litigation process which cause emotional harm, and explores the impact of harm from the perspectives of both the plaintiff and

the medical practitioner. Finally, this presentation will conclude by arguing that the need for reform of the medical negligence dynamic goes far beyond more traditional concerns such as the temporal and financial efficiency of the litigation process. In doing so, this paper contributes to the international discussion on the phenomenon of 'critogenic' or law-caused harms.

223. Problem-Solving Courts

Mental Health Court Factors Related to Participant Success: Views of Designated Team Members

Kathi Trawver, *University of Alaska Anchorage* (krtrawver@alaska.edu)

This exploratory study utilized a grounded theory approach to conduct focus groups and individual interviews with over 50 mental health court team members to explore their perspectives on program practices that facilitated or diminished better participant outcomes. Interviews were recorded and transcribed verbatim for use in coding and data analysis. Participants identified a variety of factors related to mental health court administration, designated team functioning and longevity, selection of a well-defined target population, terms of participation, informed choice, procedural justice, timely linkages to treatment supports and services, confidentiality, monitoring and accountability, adherence to court requirements, dependability, and relationships were viewed as important and contributory to both positive and negative participant outcomes (e.g., reduced recidivism, improved clinical status, access to treatment, improved court accommodation). Implications for mental health court programs and future research will be discussed.

Exploring Interdisciplinary Collaboration in an Australian Mental Health Court

Liz Richardson, *Monash University* (liz.richardson@monash.edu)

Interdisciplinary collaboration, a concept central to the operation of problem-solving courts, has been under-explored and under-theorized in the literature. In mental health courts, collaboration operates in three main ways: Collaboration between the court team and the participant; between members of the mental health court interdisciplinary team; and between the mental health court team and external service providers. This presentation focuses on collaboration among members of the Western Australia mental health court, known as the START Court. It discusses the findings of a mixed-method, qualitative pilot study, involving court observations and semi-structured interviews. The findings are analyzed using Mulvale et al's (2016) conceptual model of interrelated 'gears', that is, the macro, meso, micro, and individual factors associated with interdisciplinary collaboration. The presentation will shed light on the complex interplay of roles, ethics, and interpersonal dynamics in the mental health court team.

Envisaging a Solution-Focused Court System for Mental Health and Addiction-Related Offending in Aotearoa/New Zealand

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Aotearoa New Zealand has a rising and costly prison population, complicated by 91% of prisoners having been diagnosed with a mental health or substance use disorder within their lifetime (Indig et al., 2016). The country has also witnessed an excessive incidence of incarceration of Māori (indigenous people) who, for a variety of reasons, are also more likely to also be subject to victimization, making it difficult to clearly separate victims from offenders (Johnson, 2016). Yet as a society, we continue to pursue heavily punitive approaches that result in little change to re-offending statistics. Indeed, 52% of prisoners re-offend within two years of release (Corrections, 2006). Current research indicates a solution-focused approach, which has parallels to the problem-solving justice movement in its therapeutic focus, is more likely to prevent further offending, increase accountability for criminal behaviour, and improve the wellbeing of offenders. Inequitable access to solution-focused courts and strained community-based services requires consideration of a mainstreamed approach to detect needs early, inform pre-trial and pre-sentence options, and improve reintegration. This presentation will present findings from a study into the extent, nature, and qualitative experience of mental health and addictions-related offending to provide an evidence-base for how the law can be designed to better intervene at all stages of the court system.

Start Court: The Journey of the Western Australian Mental Health Court

Felicity Zempilas, *Magistrate, Perth, Australia* (Magistrate.Zempilas@justice.wa.gov.au)

Adam Brett, *Consulting Psychiatrist, Perth, Australia*

Mark Edmunds, *Start Court, Perth, Australia*

In January 2017, Start Court, a solution-focused mental health court based in the Perth Magistrates' Court, Western Australia, commenced writing procedural guidelines to accurately document and monitor the court processes, ensure consistency, promote procedural justice, and embed therapeutic principles. The dynamic and evolving nature of the court has led to further adjustments to these guidelines since their initial publication and implementation in mid-2017, often in response to the complex individuals and scenarios that the Start Court has experienced. While there have been some obstacles encountered, many more positive benefits have flowed from the process of focussing on these internal processes. These can be summarized under the headings: Communication, consistency, collaboration, and compassion. In this presentation, officials involved in the Start Court will speak to these headings, sharing the learnings from the Start Court over the last two years and outlining the plans for the future.

Family Drug Treatment Courts and Child Protection: Looking to the Future

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Family drug and alcohol treatment courts (FDTCs) represent a significant change in addressing the widespread problem of parental substance misuse in child protection proceedings that frequently result in court mandated permanent child removal. Unlike ordinary child protection proceedings, FDTCs treat underlying parental problems as well as adjudicate. International evidence shows FDTCs achieve higher family reunification rates and increased substance misuse cessation at the end of the court case compared to business as usual. Their more compassionate approach is considered to produce better justice. Yet FDTCs remain marginal to mainstream family justice policy and child protection service delivery, and their growth has been patchy. Using international evidence and our own publications, this presentation reviews promising, although limited findings, from the US, UK, and Australia and explores why growth of FDTCs has been uneven. It includes factors specific to FDTCs and the influence of political and economic policies. Is full integration of FDTCs into family justice and child protection practice and policy desirable or realistic? Can lessons be adapted to FDTCs from the more successful integration of problem-solving courts within criminal justice? New solutions are needed, whether through FDTC expansion or other changes in mainstream child protection and family justice strategy, or both.

224. The (TJ) Power of Communication

Promoting Dignity Through Decision-Making

Shelley Kierstead, *Osgoode Hall Law School of York University* (skierstead@osgoode.yorku.ca)

This research builds on the presenter's previous work and that of others who argue that when decision makers write their decisions in a manner that respects the dignity of the parties to the dispute, and that addresses them in a compassionate manner, negative decisions are less emotionally damaging. In addition, this presentation argues that such decisions help to elicit greater respect for the decisions and decision makers. The project will be two-fold. First, a sample of family law decisions (traditionally an emotionally "loaded" area) will be reviewed and criteria will be selected as falling into (1) anti therapeutic; (2) neutral; and (3) emotionally supportive (or "therapeutic"). Then 20 first-year law students will be asked to read and react (in both questionnaire format and narrative) to three decisions (each containing criteria falling within one of the identified categories), imagining that they are a party to the decision. This presentation will describe and discuss the results.

The Use of Legal Visualization by Legal Professionals

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Christian Wolff, *Universität Regensburg* (christian.wolff@ur.de)

Although we can observe a veritable pictorial trend in many realms of life since a few years, Legal Visualization (LV) is still not established in the legal professional world of today. Even though there are some initiatives to make LV more popular, the success is still limited. Nevertheless, LV offers a big potential to make law more comprehensible to all those affected by legal interventions. Thus, in 2017 and 2018 we started a study with Swiss judges and lawyers based on an electronic questionnaire to assess the use of LV in their daily work, e.g., for finding legal solutions, discussing legal questions with colleagues, clarifying of complex facts or legal constructions, instructing or advising clients or parties, etc. They were also asked which tools they use and how often they work visually. Most of the questions were the same for judges and lawyers unless there were some different aspects of their work. The first study with 117 judges showed that they are aware of different visual tools. They use them more or less frequently, mainly in order to sketch facts and circumstances. Interestingly they use them not very often to chart legal problems or in contact with young, old, or handicapped parties. The results of the study with lawyers are still pending.

Therapeutic Jurisprudence as a Critical Lens for Exploring the Effectiveness of Teaching Relational Lawyering

Susan L. Brooks, *Drexel University Kline School of Law* (susan.brooks@drexel.edu)

Over the past decade, the presenter has been developing an interdisciplinary framework called Relational Lawyering. This framework focuses on habits of mind and practices that contribute to law students' and lawyers' positive professional identity formation and wellbeing, and enhances their ability to communicate and work effectively with clients and others they encounter as legal professionals. Relational habits and practices centre around three dimensions: The personal (e.g., character strengths and values; self-awareness; resilience; reflection), the interpersonal (e.g., deep listening; storytelling; empathy; cross-cultural communication), and the systemic (e.g., dealing with race, bias, and privilege; serving the public good; access to justice; transformative approaches to law and lawyering). In spring 2018, the presenter taught a law school class applying this framework called Introduction to Relational Lawyering. The participants were 40 first-year [graduate] law students. Using a Therapeutic Jurisprudence critical lens, a study is being undertaken to try to measure the impact of the course on law students' practices and habits of mind connected to effective emotional intelligence, effective communication, wellbeing, and public service. This presentation will discuss the course as well as the study, and will report on the results to date.

Notes from the Veterans Photography and Video Project

Ursula Castellano, *Ohio University* (castella@ohio.edu)

Veteran treatment courts (VTCs) offer treatment in lieu of incarceration for US veterans. In today's all-volunteer force, many servicepersons successfully transition back into civilian life; however, a small segment of this population, which the Department of Justice estimates at 3.2% of all veterans, becomes involved in the criminal justice system. Returning soldiers (deployed and stateside) face serious challenges as they reintegrate back into society, but law and society scholars know less about how and why they become justice-involved. This presentation shares findings from a multi-media project on veterans' stories of trauma and recovery. Visual methods (photography and video) give people voice to tell their stories, but what stories do they tell, how do they tell them, and what stories remain hidden in and beyond the visual? Drawing on the TJ communication scholarship, the project's findings contribute to larger discussions about how images, memories, and meanings are the nexus for illuminating the role of law in people's lives. The presentation concludes with a conversation on how to forge new pathways for visualizing law's therapeutic turn.

225. The Importance of Procedural Justice and Other Movements to TJ

How Procedural Justice Enhances Therapeutic Jurisprudence

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TJ's mission is to study the extent to which substantive rules, legal procedures, and the role of legal actors (lawyers and judges among others) produce therapeutic or antitherapeutic consequences for individuals involved in the legal process. Once noted, the goal is to enhance therapeutic outcomes and reduce antitherapeutic ones. It requires an ethic of care and an expansion of the usual roles of attorneys and judges to include the use of heightened interpersonal skills. Procedural Justice (PJ) (sometimes also called Procedural Fairness) provides the tools for judges and attorneys to better use those heightened interpersonal skills. The four Key components of PJ can be taught and when learned change the way judges, lawyers, and court personnel interact with everyone in the courtroom. Given the relationship and close connection between procedural fairness and therapeutic consequences, they shape the public's views of the legitimacy of the courts.

The Four Key Components of Procedural Justice

David Wallace, *Justice Speakers Institute, Harbor Beach, USA*
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There are four key principles that underlie Procedural Justice. 1) Voice: The ability to participate in a case by expressing one's viewpoint engages individuals in the process of courtroom decision-making. The presence of voice, or lack thereof, has been shown to affect an individual's willingness to accept the decision in a courtroom. 2) Neutrality: Neutrality equates to a generalized concept of fairness. A person who believes that a judge is fair and is balanced between both sides

is much more likely to accept a decision. 3) Respectful treatment: Actual fairness is not enough; the perception of fairness must be experienced by the individual and the group of participant observers as a whole. 4) Trustworthy authorities: Authorities need to be seen as benevolent, caring, and sincerely trying to help the litigants. These four principles combine to create a sense of the court's legitimacy, and when that perception of authority is substantiated.

The Judge is Key to Procedural Justice

Brian William MacKenzie, *Justice Speakers Institute, Northville, USA*
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The intuitive understanding of the central role of the judge has been embraced by procedural justice (PJ) practitioners. Drug treatment courts (DTCs) have been the subject of more scientific research than any other judicial activity. Emerging research has now substantiated that intuitive understanding, as shown by the conclusion drawn by Douglas Marlowe, one of the preeminent researchers in the area of DTCs: “The results of this program of research provide compelling evidence that the judge is a key component of drug court . . .” The research reveals that the question is no longer "does the judge's relationship with a DTC participant affect that participant's success?" but "what are the best ways for a judge to build a connection with the participant so that successful outcomes are maximized?" It is clear that the answer is the adoption of the four principles of PJ. This same research establishes that PJ works in the same way in non-DTC setting. Thus, it is clear that the judge is the key to ensuing PJ.

Collaborating for Transformation

Majorie A. Silver, *Touro Law Center* (msilver@tourolaw.edu)

Since the first International Conference on Therapeutic Jurisprudence in 1998 in Winchester, England, to the present moment, the presenter has been involved with and inspired by several transformative movements, all seeking to optimize, in various ways, justice, compassion, and psychological well-being within the law, legal systems and procedures, the work of lawyers, and the lives of the clients they serve. In addition to TJ, these movements include The Project for Integrating Spirituality, Law, and Politics (PISLAP), Humanizing Legal Education (via the AALS Balance in Legal Education section), and Positive Psychology. Despite the congruity of their goals, however, such movements tend to exist in their own silos, taking little advantage of the resources, wisdom, and experience of the others. This presentation will explore the psychological, sociological, and political reasons for such separation, and suggest that the goal of moving legal institutions and laws towards more therapeutic and positive outcomes would be greatly enhanced through collaboration among these and other similar transformative movements.

226. Therapeutic Jurisprudence and Marginalization

“Deceived Me into Thinking/I Had Something to Protect”: A Therapeutic Jurisprudence Analysis of When Multiple Experts Are Necessary in Cases in Which Fact-Finders Rely on Heuristic Reasoning and “Ordinary Common Sense”

Michael L. Perlin, *Mental Disability Law and Policy Associates, New York, USA*
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There is a stunning disconnect between the false “ordinary common sense” of fact-finders (both jurors and judges) and the valid and reliable scientific evidence that should inform decisions on the full range of questions that are raised in cases involving the forensic mental health systems – predictions of future dangerousness, competency and insanity determinations, sentencing mitigation in death penalty cases, and sexually violent predator commitments. Abetted by the misuse of heuristic reasoning (the vividness effect, confirmatory bias, and more), decisionmakers in such cases frequently “get it wrong” in ways that poison the criminal justice system. If we were to adopt this proposal – to provide two experts in cases in which such inaccuracy is likely, one to explain to the fact-finders why their “common sense” is fatally flawed, and one to provide an evaluation of the defendant in the context of the specific question before the court – then, and only then, would therapeutic jurisprudence principles be vindicated.

“Throw Away Children:” Using Therapeutic Jurisprudence to End Segregation, Discrimination, Arrest, and Detention of Children of Colour with Mental Health Disabilities

Deborah A. Dorfman, *Center for Public Representation, Northampton, USA* (ddorfman@cpr-ma.org)

Children and youth with mental health disabilities, particularly children of colour, routinely find themselves pushed into the juvenile justice system after being charged with offences in the community and/or at school at disproportionately higher rates than white children without mental health disabilities. This disproportionality is a result, in large part, of the systems’ failures, including lack of provision of sufficient and appropriate community home-based and school-based mental health supports that these children and youth need to remain at home, in their neighbourhood schools, and in their communities. Once in the juvenile justice system, particularly once in custody, these children and youth tend to get stuck in, and stay longer, in the system than others because, among other things: 1) Unresolved competency issues; 2) barriers to community placement; 3) lack of sufficient community and school-based mental health supports; and 4) an unwillingness on the part of courts to release these children and youth back to their homes and into the community. Ultimately, the outcomes for these children and youth are often negative, with many performing well below grade level, dropping out of school, becoming isolated and segregated, and experiencing exacerbation of their mental health symptoms, among other negative outcomes.

Therapeutic Jurisprudence and Community Transitions: How to Effectively and Therapeutically Help Institutionalized Individuals Transition to Integrated Community Living

Alison J. Lynch, *Mental Disability Law and Policy Associates, New York, USA*
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While many psychiatric facilities in the United States have closed or greatly reduced their census, there still remains a large number of individuals with mental illnesses living in restrictive, institutionalized settings. They may be in adult homes or nursing homes only because they were discharged there from a psychiatric facility, and their placement remained unchallenged. In the past decade, many advocacy organizations are working to move individuals with mental illness living needlessly in these restrictive settings into the community. However, these transitions are not just legally complex; there are a great deal of psychological stressors that go along with such a significant transition into complete, or almost complete independence. Attorneys working with individuals transitioning out of restrictive living situations should look to principles of therapeutic jurisprudence to help mitigate the emotional complications that can often underlie these moves. This presentation will focus on how to assist this population – one frequently overlooked – during their discharge and transition, and how TJ principles can guide this process.

Representing Double Minorities: Culturally Appropriate Therapeutic Jurisprudence in a Multicultural Society

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Bette Jacobs, *Georgetown University* (bette.jacobs@georgetown.edu)
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Therapeutic jurisprudence is an important part of ensuring the rights of people with disabilities are recognized and valued, and this is especially true for minorities and indigenous peoples. The concept of therapeutic jurisprudence gives clients a sense of voice, validation, and voluntariness and makes them feel like they are a part of the decision-making process. Indigenous people and people with disabilities are two groups with long histories of discrimination and are groups that have historically been stripped of their autonomy and removed from their own decision-making processes. Indigenous and minority communities also have high rates of disabilities which further magnifies their disproportionate voice. Lawyers must be sensitive to the culture and traditions of minorities and indigenous people to ensure that representation is culturally appropriate. This involves treatment that emphasizes harmony with nature, relationships, the life cycle itself, cultural identity, and sustaining a vital community within traditional practices. Indigenous people with disabilities represent a particularly marginalized—and often forgotten—population, and it is vital that their rights are respected through a lens of therapeutic jurisprudence with culturally appropriate care and representation.

The Disparity in the Treatment of Persons Dual Diagnosed with Mental Illness and Intellectual/ Developmental Disabilities

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Persons who are diagnosed with both a mental illness and an intellectual or developmental disability (ID/DD) not only face a double prejudice but also suffer gaps in treatment. This issue is compounded by the fact that there are often different agencies responsible for providing services for persons with mental illness versus persons with ID/DD, leading to a battle between different agencies as to which diagnosis is the “primary” diagnosis. Further, the disparities in guardianships for persons with ID/DD and how persons with ID/DD are treated for competency to stand trial, violates the due process rights of this population. The treatment of dual diagnosed persons is completely contrary to the principles of therapeutic jurisprudence (TJ) in that it leads to anti-therapeutic consequences and deprives this population of dignity. This presentation will focus on this special population and how TJ principles like voice, validation, and voluntariness, can be implemented to address the disparities in treatment.

227. Therapeutic Jurisprudence, Prosecutors, Criminal Justice, Therapeutic Application of the Law (TAL)

Can Public Prosecutors Act Therapeutically? Setting Standards for a TJ-Informed Prosecution

Tali Gal, *University of Haifa* (tgal1@univ.haifa.ac.il)

Public Prosecutors in the US and elsewhere are assigned with the task to indict and manage trials that lead to successful results, meaning: Convicting those who are guilty and punishing them in accordance with the sentencing goals. The wellbeing of defendants has never been a goal of the criminal justice system, nor has been the wellbeing of crime victims. Even less thought of is the wellbeing of witnesses, including professionals giving expert testimonies. Recent years, however, have seen the development of TJ writing encouraging therapeutic application of the law (TAL), and growing knowledge about the practice of specialized courts. These developments have created an opportunity to propose a structured agenda for TJ-informed prosecution. This presentation aims to review TJ scholarship in relation to public prosecutors and suggest future directions that TJ scholars can take in exploring new, more TJ-oriented paths for prosecutorial practices. Such practices include TJ-informed interactions with victims, defendants, witnesses, family members of both groups, defence attorneys, professionals involved in the legal processes, and other prosecutors.

Two Roads Converge: Law and Therapy Interplay from Prosecutors' Perspective

Inbar Cohen, *University of Haifa* (inbar0105@gmail.com)

The encounter between therapy and law is often perceived as a contradiction in terms, due to paradigmatic differences between the two disciplines. These differences hinder the possibility of basing legal claims on therapeutic knowledge and of therapist-witnesses to meet legal requirements regarding factual issues. Despite these reservations, there is a growing use of psychological knowledge by the court. The presentation considers the experiences of prosecutors consulting with therapist-witnesses regarding sexual assault criminal cases, interrogating them in court. It is part of a larger study that involved semi-structured multi-perspective interviews with legal practitioners (prosecutors, defence attorneys, and judges) and court rulings analysis. The interplay is examined through a combined theoretical lens, which includes a critical discursive approach and therapeutic jurisprudence approach. A combination yet to be applied even though one can argue that TJ can be construed as a critical discursive approach to applied law.

A TJ Analysis of Plea Negotiations in Sexual Offences: The Public Prosecutor's Perspective

Shira Leitersdorf-Shkedy, *University of Haifa* (shira.shkedy@gmail.com)

This presentation is based on a doctorate study, aiming to draw the “emotional map” of defence lawyers and prosecutors throughout plea bargain negotiations in sex offence cases. The study was carried out from the TJ viewpoint, emphasizing that plea bargains have great impact on the lives of all stakeholders, whereas, in fact, the victim and the defendant lack the actual practice of forming the plea bargain, carried out by the lawyers. This presentation will provide a temporal analysis of the emotional map of prosecutors while they negotiate with defence attorneys toward reaching plea agreements in the most sensitive cases involving sexual crimes. In-depth interviews with public prosecutors revealed their emotions during that process and the various ways those emotions transformed along the process, how they were directed or regulated, toward whom they were directed, what needs they addressed, and their effect on the final outcome. The study integrates, for the first time, different research fields, including the study of emotions, negotiation processes, philosophy of emotions, and more. It highlights the ways in which emotional aspects are reflected in the “bargain machine” and their effect on the outcome and on prosecutors themselves.

The Changing Role of The Prosecutor in Community Courts

Yarin Segev, *University of Haifa* (ysegevs@gmail.com)

This presentation is based on a research study aiming to examine the role of the prosecutor in community courts and to identify the therapeutic elements in it. In-depth interviews were conducted with public prosecutors and other team members of the newly established Israeli

community courts in three districts. These interviews, together with ethnographic observations of many court hearings, reveal new perceptions about the role of the prosecutor in community courts. Inspired by the "therapeutic jurisprudence" approach, the new model of problem-solving courts changed the role of all legal actors – judges, defence attorneys, and prosecutors. The lawyers in problem-solving courts are expected to abandon the adversarial approach and function as team members with a shared mission. Those changes required the prosecution to redefine their duties and relationships in the procedure. Yet the therapeutic role of the prosecutor has been understudied. This presentation will provide an analysis of the unique behaviours, work ethics, and practices of the prosecutor in community courts and their contribution to improving the prosecutors function in a more therapeutic way. This understanding can contribute to improving the efficiency of the process in community courts and even influence their role in the traditional courts.

Recognizing Victims' Voices During Parole: A TJ Analysis of the Use of Impact Statements in Parole Proceedings

Annette Van der Merwe, *University of Limpopo* (annette.vandermerwe@ul.ac.za)

In order to prevent any procedural irregularity during parole applications, an offender should be provided with the victim impact statement, as well as an opportunity to react to the views expressed in such document. Moreover, it should form part of the documentation provided to the Parole Board and Minister of Justice and Correctional Services when taking their decisions (*Minister of Justice and Correctional Services v Walus* [2017] 4 All SA 1 (SCA)). This judgment dealt with the parole application of Janusz Walus (who killed the ANC leader, Chris Hani during 1993), and referred the matter back to the relevant Minister in order to follow the proper procedure, as set out above. After publicly announcing his belief that victims should no longer be at the periphery of parole decisions and that those victims concerned should be afforded the opportunity to have their say, the Minister, once more, denied Walus parole and indicated that a further profile should be submitted within one year. His decision was based, inter alia, on Walus's lack of remorse, as well as, the testimony of Hani's wife. This presentation examines this matter, as well as the legal framework and practice of using victim impact statements for parole purposes, and reflects on its use from a TJ perspective.

228. Therapeutic Jurisprudence: The Fulcrum in Juvenile Resentencing

Some Mother's Child Has Gone Astray: A Therapeutic Jurisprudence Analysis of Juvenile Sentencing Decision-Making

Michael L. Perlin, *New York Law School* (michael.perlin@nyls.edu)

There is a robust body of evidence that tells us that the juvenile brain is not fully developed by age 18, and this evidence should and does raise important questions about the sentencing of juveniles

in criminal cases. This evidence, though, must be considered in the context of public opinion (about certain juvenile crimes that have been subject to saturation publicity) in the context of judges' decision-making (where such judges do not want to be perceived as "soft on crime"). The conflict between what we now know and what (false) "ordinary common sense" demands (in the way of enhanced punishments) flies squarely in the face of therapeutic jurisprudence precepts. If the legal process is to seek to maximize psychological well-being and if it is to coincide with an "ethic of care," then, it is necessary for those involved in the criminal justice system to speak publicly about this topic, and to "call out" those – be they elected politicians, editorial writers and commentators in the conservative media, or judges – who urge retributive and punitive sentences for adolescents and children.

Ethical Considerations in Juvenile Resentencing

Naomi M. Weinstein, *Mental Hygiene Legal Service, New York, USA*
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Representing juveniles in any proceeding including sentencing raises specific ethical issues regarding capacity and client autonomy. Raising the issue of competency over a client's objection, consulting the parents or guardians of a juvenile, and accounting for the cognitive and developmental limitations of a juvenile, can complicate the attorney-client relationship. Further, the result of the sentencing procedure can affect the level of education and potential treatment that a juvenile receives and have serious long-lasting consequences. Too often juveniles are prevented from receiving a meaningful education while awaiting disposition and after being sentenced, contrary to federal law. Therapeutic jurisprudence, in promoting the enhancement of the therapeutic potential of legal rules, procedures, and lawyer roles, supports focusing on the ability of the child to engage in the decision-making process rather than whether the child is making the "correct" decision. TJ also supports an ethic of care and emphasizes the role of dignity entitled to all juveniles facing detention.

Understanding Juvenile Brain Development as a Basis for Mitigation: A Therapeutic Jurisprudence Approach

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Through the emergence and continued popularity of brain science in the legal world, judges, attorneys, and advocates have become more familiar with research into adolescent brain development. After being cited several times in United States Supreme Court opinions, the field of neuroscience has become a staple in many proceedings. In particular, neuroscience and the ways in which brain development can be measured and discussed bears relevance in mitigation, most often taking place during the sentencing or punishment phase of a trial. Given the unique landscape of the adolescent brain, experts and attorneys need to be familiar not just with the basic science surrounding brain development, but how it uniquely applies to the juvenile offender in their case. A therapeutic jurisprudence approach to preparing a mitigation case, finding an appropriate expert, and explaining what might seem to be foreign concepts to a client can be

particularly beneficial at this stage of a proceeding. This presentation will discuss basic neuroscience, and how TJ-oriented practitioners can present effective mitigation for their juvenile clients.

Mitigation Strategies in Juvenile Resentencing

Rosalie Bolin, *Mitigation Specialist, Tampa/St. Petersburg, USA* (csirbolin@gmail.com)

The importance of mitigation investigation flows from the constitutional requirement that there be an individualized determination in determining an individual's sentence. Juveniles in the United States no longer are faced with the possibility of life without parole or a death sentence. The judge determining the sentence is required to consider not only the circumstances of the offence, but also all aspects of the client's life and personal attributes. Strategies which incorporate therapeutic jurisprudence are critical aspects in promoting fair outcomes which balance punishment with rehabilitation. This presentation focuses on the role of the mitigation specialist's role in developing and providing evidence for presentation in juvenile resentencing cases. Relatedly, the mitigation specialist plays a key role in promoting and developing the use of therapeutic jurisprudence in interfacing with key experts who can influence all phases of litigation, from indictment to a legal conclusion. Mitigating factors which the Court can consider will be addressed.

229. TJ Approaches to Drugs and Addiction

Fraud, Abuse, and Opioids

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In the context of the opioid crisis, mental health law scholars have paid significant attention to opioid prescribing patterns, prescription drug monitoring programs, needle exchange programs, safe injection sites, naloxone availability, medication assisted treatment versus mutual support groups, drug safety labelling, Medicaid funding for residential addiction treatment, integrated treatment for co-occurring mental disorders, drug court effectiveness, pharmaceutical company risk evaluation and management strategies, and litigation against pharmaceutical manufacturers. Less attention has been paid, however, to health care fraud and abuse involving opioids. This presentation will fill this gap by analyzing recent government enforcement actions involving opioids and the federal False Claims Act (FCA), the Anti-Kickback Statute (AKS), and the Stark Law. In particular, this presentation will focus on recent FCA settlements involving: (1) Allegedly excessive or improper opioid prescriptions; (2) the failure of pharmacies to maintain accurate opioid prescription records; and (3) the filling by pharmacies of incomplete opioid prescriptions, opioid prescriptions lacking valid DEA numbers, and opioid prescriptions that are beyond the ordering physician's scope of practice. This presentation will also highlight recent AKS cases involving the payment of illegal remuneration in exchange for opioid prescriptions, drug treatment,

and drug testing services. A conclusion will address the role of fraud and abuse enforcement in the management of the opioid crisis.

Addiction Identities: Law, Literature, and Film

Jeanne Frazier Price, *University of Nevada, Las Vegas William S. Boyd School of Law* (jeanne.price@unlv.edu)

Literature and film have long histories in depicting addiction, its treatment, the mental health care professionals who work with affected individuals, and the criminal, civil, and other legal processes that are imposed on those individuals. Those portrayals are often sensitive and careful examinations of what it means to be addicted. While characterizations and images of addiction in popular media have evolved as our understanding of addiction has changed, the law has not kept up. Addiction continues to be defined and, in fact, stigmatized in the language of legislation through the use of words that inevitably have pejorative associations. This presentation will show how literature and film depict addiction and how those characterizations have positively changed over time. It will suggest that literature and film may often serve therapeutic and educational purposes in their depiction of individuals who are addicted to substances or behaviours. By contrast, our statutes – which effectively define a group of people as addicts, alcoholics, or abusers and subject them to civil or criminal processes – fail to reflect medical developments in the understanding of addiction and, in fact, counteract the largely positive improvements in the depictions of addiction in literature and film. Therapeutic jurisprudence might support a reexamination of the law's categorization of addictive behaviours.

Reducing Harm to Patients Associated with Opioids Through Therapeutic Jurisprudence

Kelly Dineen, *Creighton University* (kellydineen2@creighton.edu)

The current opioid crisis has awakened many fears in the general public, as well as health care providers and policymakers. Many of initial and ongoing legal and practice responses, however, focus primarily on perceived threats rather than on evidence-based realities. Threats such as the disproportionate dangers of some opioids, compounded risks of combining opioids and other substances, the increased rates of suicide, and safe storage needs were almost universally ignored. Instead, policies focused primarily on long term prescription opioid use as well as prescriber and patient surveillance. In turn, provider fears and desire to avoid patients who take therapeutic opioids or even those who might have increased dramatically over the last several years. Patients who are associated with opioids—such as patients with chronic pain conditions, opioid use disorders, or both—are now facing increased stigma, avoidance, and undertreatment by providers. This presentation will suggest a classification system for addressing issues around opioid misprescribing, use this classification system to examine the evidence of opioid related harms in each category, and suggest policies targeted to reducing those harms. It is hoped that utilizing the classification system will decrease provider avoidance and reduce further harms to patients in need of care and treatment for chronic pain, opioid use disorders, and related conditions.

A Tale of Two Epidemics: Examining Legal Responses to Drug Use During Pregnancy

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Reducing drug use during pregnancy has been an important medical and public health goal due to both perceived and actual negative health consequences of such use on a pregnant woman and her fetus. In the United States, the legal responses to drug use during pregnancy has been different during the current opioid epidemic, where a harm reduction model has largely been used, compared with the approach used during the war on drugs, where the legal enforcement was largely punitive and focused upon minority communities. This presentation provides a description of how the law has dealt with drug using pregnant women in each of these epidemics and examines the therapeutic and nontherapeutic consequences of these legal interventions. The goal of the law in the case of drug use during pregnancy should be to improve the health of the fetus and the pregnant woman, with a goal towards treatment and prenatal care. Fear of prosecution reduces the likelihood that a pregnant woman will seek prenatal care. This presentation focuses on principles of therapeutic jurisprudence and public health law to demonstrate best legal practices when approaching how the law should best handle drug use during pregnancy.

Studying Substance Use-Related Treatment and Stigma in a State Court System

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In the United States, the most frequent trigger for people who use drugs (PWUD) beginning Medication Assisted Treatment (MAT) is their involvement with the state criminal justice system. What treatments are available to an individual in any particular court setting varies widely, and may be influenced by such factors as what services and resources are available in a community, the philosophical beliefs of court personnel, or successful detailing efforts by drug and device manufacturers. Maximization of the adoption of evidence-based practices related to substance use disorder recovery requires understanding the knowledge, attitudes, beliefs, values, and practices of those administering these court systems related to MAT. This presentation will discuss the challenges PWUD face accessing the full range of available therapies in one state's court systems. It also will describe the results found from several recent surveys taken by the research team of hundreds of court personnel in one state's courts concerning their knowledge, attitudes, beliefs, and practices related to Medication-Assisted Treatment.

230. TJ for Justice-Involved Veterans

Social Support and Coping Self-Efficacy: Differential Effects on Mental Health Among Veterans with and Without Arrest Histories

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Mental health and trauma exposure are pressing issues for justice-involved veterans. Little research has examined the protective factors that buffer or reduce the effect of trauma and psychiatric symptoms for this population. The current project explores differences in mental health and trauma exposure among veterans with and without arrest histories and the direct and indirect effects of social support and coping self-efficacy (CSE) on mental health. It is hypothesized that CSE will mediate the relationship between social support and mental health while criminal justice status will moderate the direct effect. A pre-experimental, cross-sectional, and exploratory design is used to test hypotheses. Justice-involved veterans reported more psychiatric and trauma symptoms but less social support and CSE compared to veterans without arrests. Mediation models functioned as hypothesized for psychiatric but not trauma symptoms. Results build knowledge on the different ways social support and CSE protect or buffer psychiatric symptoms among justice-involved veterans.

Pausing in the Wake of Rapid Adoption: A Call to Critically Examine the Veterans Treatment Court Concept

Julie Baldwin, *American University* (baldwin.juliemarie@gmail.com)

Veterans treatment courts have become the fastest growing specialized court in the United States, second only to drug courts. While initial efforts have explored certain elements of veterans treatment courts, the veterans treatment court concept itself has yet to be critically examined. This work calls attention to the need for critical discussions and evaluations of the veterans treatment court concept, specifically its underlying assumptions and ongoing policies and practices. First, several assumptions on which the veterans treatment court model exists are discerned and analyzed in conjunction with the related discourse and criticism available to assess their validity and potential effects. Next, veterans treatment court ongoing policies and practices grounded in these assumptions are examined to investigate their potentially discriminatory nature and effects. Finally, the state of empirical knowledge on veterans treatment courts is reviewed, revealing its infancy. Highlighting key findings, the conclusion provides recommendations and guidance for future consideration, practice, and research.

Perceptions of Procedural Justice and Legal Legitimacy Within the Veterans Treatment Court Context: A Qualitative Study

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Veterans treatment courts (VTCs) are a new and rapidly disseminating intervention. Research into their efficacy and functioning is still in the formative stage and attempts to draw upon existing theories of justice in this novel context are limited. VTCs aim to reduce recidivism and incarceration of justice-involved veterans through the provision of behavioural health treatment and social services. Although informed by the drug and mental health court models and research bases, the VTC context introduces veteran identity and military culture. While other problem-solving courts attempt to reduce the stigma associated with substance use and other behavioural health disorders, VTCs can reconnect participants with a positively-esteemed social status. Social identity is a key construct in theories of procedural justice and legal legitimacy—both of which have proven useful in applied criminal justice contexts. Yet, research into how veteran identity interacts with perception of justice is virtually nonexistent. The present study attempts to address this gap. VTC participants are asked to complete open-ended survey questions regarding perceptions of procedural justice and legal legitimacy within the VTC context. Data will be analyzed through open coding and identification of emerging themes. Implications for practice and further research will be discussed.

Restorative Justice Paradigms in Tribal Communities: A New Model for Veterans Treatment Courts

Kristen Huskey, *University of Arizona* (khuskey@email.arizona.edu)

By 2019 there will be close to 3.5 million veterans in the post-9/11 cohort alone, in the United States. Many leave the service with mental health injuries, such as post-traumatic stress disorder, traumatic brain injury, depression, acute anxiety, and substance abuse problems. These conditions have been linked to criminal conduct. Veterans Treatment Courts (VTCs) aim to address a unique subpopulation of defendants who may benefit from treatment tailored to their particular social and psychological needs and common military conduct. VTCs, of which there are more than 350 in the US, have generally followed the Therapeutic Jurisprudence model. However, Restorative Justice, with its origins deriving from indigenous cultures, is a theory of justice unexplored in the context of justice-involved veterans. Restorative Justice focuses on the community as the force driving the restoration of the victim, the prevention of future harm by the offender, and the reintegration of the offender back into society. As such, it may be exceptionally suited for veterans whose military culture is one of community and “the tribe.” A revealing subpopulation may be Native American military veterans. How are their underlying mental health issues treated? How are they supported in assimilating back into their communities? How are they faring in the tribal criminal justice systems?

Veterans Jail Diversion and Peer Navigation

Stephanie Hartwell, *Wayne State University* (steffi.hartwell@wayne.edu)

Recently there has been increased attention to the mental health of veterans due to the high rates of suicide and trauma. Veterans with compounded trauma often interface with the criminal justice system. This study examines the impact of a jail diversion program on veterans functioning in the community overtime and from the perspective of the peer navigator. The jail diversion program

utilized a post adjudication pre-sentence model of diversion identifying and linking veterans to specialized community-based services and peer navigation. Post booking referrals came from three courts that diverted them to a specialized case management and peer support program in place at each location. This evaluation measures the impact of the program using data collected with male and female veterans from OEF/OIF arrested for non-violent or violent crimes suffering from PTSD, other trauma-related disorders at baseline, six months and 12 months. Primary results suggest that the intensive peer navigation improves functioning, reduces PTSD, and symptomatology for a group of veterans who served an average six tours of duty.

231. TJ, Testimony, and Witnesses

TJ, Child Testimony, and Relevant Legal and Psychological Evidence

Barbara Sturgis, *University of Nebraska, Lincoln* (bsturgis1@unl.edu)

TJ pursues legal rules, procedures, and roles that promote the well-being of those affected without violating other important values embodied in law. In the context of child sex abuse cases, this draws attention to approaches to child interviews and to testimony by children or by relevant professional witnesses that maximize the probability of accurate testimony and outcomes while minimizing the stress on the child. These goals would be advanced by developing interviewing techniques and court rules of examination and cross-examination informed by relevant research that enable interviewers to integrate the following goals: 1. Elicit accurate information from the child while minimizing the risk of misleading information; 2. Elicit that information in a manner that minimizes the stress on the child; 3. Enhance the ability of judges to admit and evaluate relevant testimony that provides accurate verdicts. This presentation will integrate psychological research and legal standards regarding child interviewing and testimony designed to advance the ability of courts to regulate testimony in a manner consistent with these goals. It will also provide judges and attorneys with relevant information regarding their efforts to seek, accurately evaluate, and apply relevant clinical testimony.

Friends of Justice (Amicus Justitiae)

Dale J. Dewhurst, *Athabasca University* (daled@athabascau.ca)

Expert witnesses are often important to legal proceedings. Expert evidence can educate the Court and parties and correct ordinary (often-flawed) “common sense”. The premise that judges are to decide cases only upon what the parties put before them hampers access to justice for disadvantaged parties who: (i) Are self-represented and do not understand the need for an expert; and/or (ii) who cannot afford expert witnesses. It also ignores the fact that judges have deep background knowledge they cannot disregard (“blank slate” analogies are unrealistic). Accordingly, it would be advantageous to consult with an Amicus Justitia (AJ) to provide relevant leading-edge science. Consider cases where parties do not offer expert evidence or offer two perspectives both of which the judge knows to be inferior. One recourse is for the judge to proceed

based upon personal knowledge, often not expressly revealed. Another is to give particular evidence less weight, often with the criteria for this determination not expressly disclosed. If the case had the support of an AJ, the AJ could help clarify the case conceptualization and decision criteria. These contributions would reduce demand for disadvantaged parties to pay for expert witnesses and promote access to justice.

Whose Trial is it Anyway? The Perceptions of Young Sexual Assault Victims in the Criminal Process

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The continuing growth in reported child sexual abuse cases has highlighted questions about the interests of victimized children involved in criminal justice process. Very little is known about the way these youths actually perceive their involvement in the criminal process. The scant knowledge about victimized children revolves around their testimony; it is typically concerned with their reliability as witnesses and does not include the child's subjective narrative and meanings. In this sense, the focus and methods of most studies are similar to the inherent problem within the criminal process, namely the reduction of the victim's voice and his subjective experience. The current study uses the therapeutic jurisprudence framework to examine the experiences of young victims of sexual abuse involved in criminal trials against their abusers. To this goal, in-depth interviews were carried out with 15 youths aged 14-22 about their experiences throughout the criminal process and the therapeutic and anti-therapeutic elements in it. A complex picture emerges that includes both hope and despair, a search for control, loneliness, and support networks. These themes will be described, and their contribution to our understanding of the ways victimized youth experience the criminal process will be discussed. Practical and theoretical conclusions will be considered.

Rapport-Building as a Therapeutic Agent in a Police Investigative Interview

Jonathan Patrick Vallano, *University of Pittsburgh at Greensburg* (jov15@pitt.edu)

Rapport—or the connection between two communicating individuals comprised of genuine liking, trust, and respect—is considered a key component of a successful investigative interview. Specifically, rapport fits nicely within the therapeutic jurisprudence framework as a humane interviewing technique that promotes positive investigatory outcomes with criminal eyewitnesses and suspects. This presentation will specifically address how building rapport with criminal interviewees benefits investigatory process and outcome. Regarding eyewitnesses, rapport is often defined as a “therapeutic alliance” involving trust and respect between police interviewer and eyewitness, which research indicates can lower interviewee anxiety, increase communication, and (sometimes) enhance eyewitness memory recall. Regarding suspects, rapport is more aptly defined as a “working alliance” involving a professional relationship of mutual respect which research indicates can increase true (but not false) confessions. Yet with suspects, rapport can also

be used by investigators for pernicious purposes that contradict basic TJ principles. Specifically, rapport can be used as a non-genuine “means to an end” to coerce individuals in an attempt to procure incriminating—yet possibly incorrect—information from suspects. This presentation will conclude by emphasizing how rapport can serve as a therapeutic agent that generally promotes procedural and distributive justice with eyewitnesses and suspects, while also considering potential negative consequences of non-genuine, “pseudo rapport.”

232. Victims, Offenders, and Therapeutic Jurisprudence

Victim Assistance as Crime Prevention

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Government run compensation schemes for victims of crime are an important source of assistance for victims, who otherwise may have difficulties accessing professional support. These programs often adhere to a criminal justice philosophy whereby they restrict access to a select group of victims. For example, they may exclude victims with a criminal record, even if they were not involved in criminal activity at the time of their victimization. Some limit compensation for re-victimization and often programs limit compensation to the consequences of a particular victimization, thus ignoring the cumulative effects of victimization. However, such exclusion criteria may be dysfunctional and contribute to re-victimization. Research on multiple victimization, and more recently poly-victimization, shows that individuals who have been victimized in the past are at risk of being re-victimized in the future, the effects of multiple victimizations are cumulative, and people who have experienced poly-victimization may themselves commit offences. This presentation examines how previous victimization puts individuals at risk of re-victimization and considers the importance of victim assistance as a means to empower victims, reduce their risk of future victimization, and prevent crime.

Honour-Based Violence: Strengthening Laws to Assist Victims

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Honour-Based Violence (HBV) embodies a problem that is obscure, poorly understood, and still largely unspoken. Furthermore, these types of violence are difficult to address for fear of socially stigmatizing some immigrant communities. The lack of a common understanding of the definition and the terminology to be used to describe the problem raises questions about prevention and intervention in an HBV environment. Indeed, in this context, more complex issues surrounding the intervention emerge not only when it comes to identifying and supporting victims, but also in denouncing the aggressors when it comes to family members. The widely publicized Shafia case has particularly shaken Quebec and Canadian societies and triggered a collective awareness on measures to be taken to prevent situations of HBV and to protect victims of such acts. In the years following the Shafia case, laws were adopted both at the federal and at the provincial levels to

protect HBV victims. This presentation will reflect on the possible effects of these new legal measures aimed at combating HBV and helping victims.

Therapeutic Jurisprudence for Victims of Domestic and Sexual Violence

Marie-Marthe Cousineau, *Université de Montréal* (mm.cousineau@umontreal.ca)

In Quebec, no less than a quarter of calls to the police involve cases of domestic violence. However, very few of cases are brought before the courts, and when they do, very few lead to a guilty plea or a guilty verdict. For victims of sexual assault, the situation is even more problematic because very few assaults are even reported to the police. There is a strong assumption shared by the victims of these types of crimes, in majority women, that they will not be taken seriously, that their integrity will be questioned, and that their safety will be compromised if they appeal to the police and maintain their complaint in court. Research conducted by researchers and partners in Trajetvi, a research and action partnership funded by the Social Sciences and Humanities Research Council of Canada, shows that, on the contrary, intervention by the police and courts can empower women and contribute to their security, provided that authorities properly handle these cases. This presentation will discuss proposals for specialized judicial intervention and the training of criminal actors in order to adequately support these victims through the judicial process, as far as they choose to pursue it.

Defence Lawyers and Therapeutic or Managerial Models in Criminal Court

Marianne Quirouette, *Université d'Ottawa* (mquiroue@uottawa.ca)

Criminal defence lawyers (duty counsel, legal aid, or private) play an important part shaping discourse and practice in lower criminal courts; yet little research has examined how they work with clients "who are always bumping into sharp legal things" (Wexler, 1970, p.88). This research addresses this gap, exploring how therapeutic or managerial justice models enable them to support disadvantaged clients by pushing forward arguments, using evidence, and shaping case outcomes. It documents the practices of defence lawyers, who represent clients facing often complex socio-legal issues and negotiate the practical implications and legal relevance of poverty and overlapping forms of social disadvantage (like systemic racism, homelessness or substance use issues, records-based exclusions). This is important for sentencing, but is especially important to study the front end of the criminal justice system, with bail release or therapeutic diversions, where non-convicted and marginalized accused are heavily regulated and where carceral power can be unbridled. Based on court observation, fieldwork and interviews, this presentation will share analysis of defence lawyers' logics and practices, enhancing understandings of judicial process and problem-solving in lower criminal courts.

Vicissitudes of Shame and Guilt in the Process of Desistance

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Results from a number of studies have brought new light on the many complex changes that inmates experience as they go through a process that brings about changes not only in their way of seeing themselves, of seeing others and of seeing the world, but also in their way of being, of behaving, and more importantly, in their personal identity. The focus of this study is to better understand the affective vicissitudes that characterize the process of change in men who, after having served decades long prison terms, successfully reintegrated mainstream society. The presentation will focus on specific aspects of the process of change these men went through in the course of their rehabilitation. In particular, the manner in which these men dealt both with affects of shame, often associated with experiences of victimization in childhood, as well as with those of guilt, more commonly related to harm done to others through their criminal activity.

233. Vulnerability in the Criminal Justice System: The Relationship Between Law and Medicine

The Therapeutic Benefits of Restorative Justice as an Alternative Method of Sentencing Offenders

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Restorative Justice conferencing has been adopted by various jurisdictions, such as Northern Ireland and New Zealand, as a method for arriving at a consensual outcome which forms the basis of the offender's sentence. This usually involves a meeting between the offender, victim, and community members, which is facilitated by a co-ordinator. The outcome reached should be freely agreed to by all parties and is then put before the relevant court or prosecution service, who have the final say on the matter and can verify the outcome as the offender's sentence (or not). This presentation will argue that the state has tended to gradually increase its influence, whilst less and less true decision-making power is given to lay participants. This is problematic, as the empowerment of lay participants in the decision-making process is an important benefit of Restorative Justice, having positive implications for mental health and wellbeing. Unfortunately, it is too often sidelined in pursuit of more traditional criminal justice objectives, such as consistency and proportionality. It will be argued that the benefits which empowerment of lay participants can bring are greater than often acknowledged; and also that the ideals of consistency and proportionality are more problematic than commonly perceived.

Victims Who Kill: Some Challenges in Sentencing Situationally Vulnerable Offenders

Nicola Wake, *Northumbria University* (nicola.wake@live.co.uk)

The changes made to substantive law in the context of loss of control (E&W), and the notion of situational vulnerability have, as yet, had little impact in relation to sentencing guidelines. The Sentencing Council issued a Consultation on Sentencing in Manslaughter Cases in 2017, and definitive guidance on sentencing in cases involving domestic abuse in 2018. Both make limited reference to the impact of domestic abuse (and/or situational vulnerability) on a victim of abuse who kills. In some instances, the current Sentencing Guideline Council on Manslaughter by Reason of Provocation, that pre-dated the implementation of the loss of control defence by nearly five years, pays greater attention to situational vulnerability. The domestic abuse guidelines, although commendable, focus on situations where the offender has perpetrated the abuse, and do not address the situation where a victim of domestic abuse and/or coercive and controlling behaviour commits an offence in response to that abuse. Recognizing situational vulnerability, the impact of mental ill health, in addition to relationship power imbalances during sentencing is important if the sentencing guidelines are to align with the rationale underpinning the development of loss of control.

The Stability of Character and the Use of Childhood Behaviours as Bad Character Evidence

Emma Louise Engleby, *Northumbria University* (emma.ingleby@northumbria.ac.uk)

The UK Court of Appeal has allowed the use of childhood behaviours as predictors of future offending where the defendant is charged with an historic offence. This is usually admitted as bad character evidence (BCE), and this in itself raises a number of issues. BCE can be admitted to demonstrate a propensity towards specific offending in certain circumstances. The admission of childhood bad character to show propensity requires that we accept the assertion that our character (as it manifests during childhood) remains constant, and that offending behaviours do not usually desist. This presentation will engage with empirical studies based in neuroscience and criminology to assess whether childhood behaviours can support a propensity inference. These studies show that character alone may not be enough to provide a foundation for a predictive exercise, even when the defendant is a fully developed adult. Further, admitting childhood behaviours as bad character suggests a lack of regard for the vulnerability of children and their cognitive development.

Diminished Responsibility: The Importance of Medical Evidence

Sara Lambert, *Northumbria University* (sara.lambert@northumbria.ac.uk)

The partial defence of diminished responsibility, if accepted by the jury, reduces a defendant's criminal liability from murder to manslaughter. In order for this to be successfully pleaded, the defendant must prove, on the balance of probabilities, that he was "suffering from an abnormality of mental functioning" which arose from a recognized medical condition, and this substantially impaired his ability to understand the nature of his conduct, form a rational judgement or exercise self-control. Further, the abnormality of mental functioning must provide an explanation for D's acts or omissions (pursuant to section 2 of the Homicide Act 1957 (as amended by s52 Coroners and Justice Act 2009)). This presentation explores the nature of medical expert evidence in this

type of case. It argues that the absence of clear guidance as to what will be ‘sufficient’ to raise the defence and what level of impairment will be regarded as ‘substantial’ creates the risk that the defence will not be applied consistently by experts or the courts.

Diminished Responsibility in England and Wales

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Recognizing the need for ‘modernization’ of the laws in relation to Homicide to accommodate advances in psychiatric medicine, Parliament altered the terminology of the defence of diminished responsibility by amending the Homicide Act 1957 (HA 1957) via s.52 of the Coroners and Justice Act (CAJA) 2009. ‘Essentially’ s.2 now prescribes a four-stage test in which ‘most, if not all, of the aspects of the new provisions’ relate ‘entirely to psychiatric matters’ (Brennan at [51]). This medicalization of the law has arguably gone further than merely ‘modernizing’ the HA 1957. This presentation aims to examine case law post ratification of the new law of diminished responsibility. It proposes the revision of the HA 1957, by virtue of the introduced definitive elements that a defendant must prove were linked to a mental ‘abnormality’, and thereupon provides an ‘explanation’ for his homicidal acts, has subtly altered the application of the defence.

French Language Sessions

234. Criminalité

Prévenir la criminalité avec une approche centrée sur les compétences et la résilience des familles

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Le projet Ensemble pour prévenir! s'appuie sur un partenariat sociocommunautaire pour la prévention de la criminalité dans des quartiers défavorisés de la région de Trois-Rivières. Il met en application 1) le *Communities that Care* (CTC), qui propose un processus organisé pour la planification et la gestion des activités de prévention de la criminalité à l'échelle d'une collectivité, et 2) le *Strengthening Families Program* (SFP), qui vise à renforcer les dimensions communicationnelle, relationnelle et disciplinaire du lien parent-adolescent. Cette présentation décrit les fondements et le fonctionnement de ces programmes que ces acteurs ont appliqués dans leur communauté, avec les caractéristiques des familles y ayant participé. Ces informations mettent en perspective les résultats prometteurs d'une recherche évaluative s'appuyant sur des entretiens ayant été réalisés notamment auprès d'une vingtaine de parents et d'une douzaine d'animateurs. Leurs témoignages portent à réfléchir sur les retombées d'une approche sociocommunautaire centrée sur la résilience des familles.

235. Don d'organes

Autonomie et vulnérabilité dans le cas du refus des familles de donneurs décédés ayant consenti au don d'organes

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Le principe d'autonomie, que souligne le respect des volontés du donneur décédé par l'expression de son consentement au don de ses organes, est le critère éthique communément valorisé jusqu'à se voir inscrit dans les lois et les politiques relatives au prélèvement d'organes. Cependant, les pourcentages élevés de refus des familles de donneurs décédés ayant préalablement consenti au prélèvement d'organes au Canada et en France semblent démontrer que le principe d'autonomie auquel nos sociétés occidentales accordent une grande importance n'a pas nécessairement la préséance lorsque les familles se trouvent face à la question d'entériner la décision de leurs proches décédés. Nous posons l'hypothèse que le statut même du corps, oscillant entre corps-objet et corps-sujet, est ce qui tisse la trame des politiques de prélèvement actuelles et s'interpose entre l'altruisme du don et le déni de l'autonomie du donneur par la famille. En effet, en illustrant notre propos par des exemples québécois et français, nous nous interrogerons quant à savoir si leur vulnérabilité face au statut du corps pourrait, si prise en compte au plan éthique, servir de complément au principe d'autonomie dans l'encadrement des familles face au don consenti et ainsi diminuer le taux de refus des familles.

236. Hospitalisations non volontaires

Décision de justice et hospitalisations non volontaires : les conclusions des experts psychiatres sont-elles suivies ?

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En Suisse, depuis la révision du Code civil en 2013, les hospitalisations contraintes sont nommées placements à des fins d'assistance (PAFA). Dans le canton de Genève, une personne peut être placée dans une institution appropriée lorsque, en raison de troubles psychiques, d'une déficience mentale ou d'un grave état d'abandon, l'assistance ou le traitement nécessaires ne peuvent lui être fournis d'une autre manière. Toute personne en PAFA peut formuler un recours auprès du Tribunal de protection de l'adulte et de l'enfant (TPAE) contre le placement ordonné par un médecin, la décision de maintien ou le rejet d'une demande de sortie par l'institution. L'administration d'un traitement sans consentement ou les mesures de contraintes peuvent également faire l'objet d'un recours. Quel que soit le recours formulé, le TPAE ordonne systématiquement la réalisation d'une expertise psychiatrique. Chaque année, l'Unité de psychiatrie légale réalise environ 150 expertises de ce type. Nous détaillerons ces chiffres. Nous avons cherché à déterminer dans quels cas les conclusions des expertises psychiatriques étaient suivies ou non par la Justice. Nous exposerons ces résultats.

Recours contre les décisions d'hospitalisations non volontaires: étude prospective sur 200 cas

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En Europe, suite à des modifications législatives dans de nombreux pays, les décisions d'hospitalisations non volontaires (HNV) peuvent donner lieu à des recours auprès d'un tribunal. À Genève, seulement 10% des patients en HNV font recours contre leur placement. Le but de cette étude est de déterminer les facteurs motivant les recours ou le renoncement à ceux-ci. Une étude prospective sur une année est organisée de façon à analyser les facteurs à l'œuvre dans un échantillon d'environ 100 patients ayant fait recours contre leur HNV comparativement à un groupe de 100 patients n'ayant pas fait recours. L'étude pilote sur les 10 premiers cas montre un taux élevé de participation. Les facteurs pris en compte sont les situations sociales des patients, la perception du respect de leurs droits, la nature de la maladie, la conscience de la maladie et les traitements en cours. Peu d'études portent sur la question des recours des patients vis-à-vis des décisions d'HNV. Les facteurs en cause sont multiples et l'étude en cours déterminera les rôles respectifs des facteurs liés à la personne et de ceux liés aux conditions de l'hospitalisation.

L'urgence psychiatrique: évaluation et hospitalisation contrainte

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F. Glowacz, *Université de Liège*

Les soins psychiatriques nécessitent parfois l'application d'une mesure de protection à l'égard d'un patient. Une procédure d'urgence peut être activée par le procureur du Roi, qui peut décider d'hospitaliser une personne sous contrainte dans un service psychiatrique, sur base de l'avis écrit d'un médecin. La présente étude comporte donc plusieurs objectifs : une investigation du profil des patients concernés, l'application pratique de ce type de mesure et une évaluation des critères liés à la prise de décision d'une hospitalisation contrainte. Cette étude a été réalisée dans un service hospitalier d'urgences médico-psycho-sociales en Belgique via une analyse de dossiers sur une année. Elle fournit une description détaillée des patients concernés (n=238, âge moyen de 39.99 ans, 59.66% d'hommes) par la procédure d'urgence et son application pratique, ainsi que la mise en évidence de facteurs liés à la prise de décision d'une hospitalisation contrainte. Ce travail offre un état des lieux concernant la procédure urgente (évaluation psychiatrique et hospitalisation contrainte) et fournit une base de réflexion quant aux procédures et pratiques psychiatriques.

237. La législation sur la santé mentale

Entre droit criminel et psychiatrie: la valse des régimes de vérité dans le traitement des plaintes pour tentatives de suicide au Québec au tournant du 20e siècle

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En 1892, date de la création du premier Code criminel canadien, la tentative de suicide est un crime et ce, jusqu'à sa décriminalisation en 1972. Du droit criminel à la psychiatrie, le déplacement de la réaction sociale à la tentative suicidaire aurait en quelque sorte été « officialisé » par ce retrait de l'article de loi. Nous verrons néanmoins dans notre présentation qu'il n'y a pas eu, pour les tentatives de suicide, d'abord prise en charge pénale et seulement ensuite, encadrement médical. En effet, au tournant du 20e siècle, le droit criminel cohabite déjà depuis un moment avec cet autre régime de vérité qu'est la psychiatrie. L'analyse de 163 plaintes pour tentatives de suicide à Montréal entre 1908 et 1919 montre qu'il faut être prudent avant de diagnostiquer qu'un type de régulation prend la place d'un autre. En effet, un verdict d'aliénation mentale ou une prise en charge médicale sans procès d'un individu aux tendances suicidaires ne sortent pas de facto le dossier judiciaire du rayon d'action du droit criminel. Il serait davantage question d'une réorganisation, voire d'un renouvellement partiel de ce type de droit quant aux options qu'il mobilise pour traiter des plaintes relatives aux tentatives de suicide.

238. Le bien-être mental au travail

Travail et vieillissement: des risques spécifiques pour la santé mentale?

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Avec le vieillissement de la population, il s'avère particulièrement pertinent et important d'identifier si et comment la profession, le secteur économique et les conditions de travail s'associent aux symptômes de dépression des employés de 50 ans et plus afin de garantir de meilleur état de santé et éviter les retraites prématurées. Les données proviennent de l'étude SALVEO, qui ont été recueillies entre 2009-2012 auprès de 63 établissements, 2162 travailleurs québécois (Canada), dont 506 employés âgés de 50 ans et plus, et 75 gestionnaires des ressources humaines. En contrôlant pour le genre, l'âge, le statut matrimonial et les problèmes de santé chroniques, les demandes psychologiques (charge de travail, rythme de travail, demandes conflictuelles), le soutien des collègues, la supervision abusive et l'insécurité s'associent significativement aux symptômes de dépression. Les résultats suggèrent que la profession et le secteur économique ne sont pas en soi des déterminants majeurs pour comprendre les variations des symptômes de dépression des travailleurs de 50 ans et plus. Les conditions de travail associées aux demandes du travail, aux relations sociales et aux gratifications ont une importance beaucoup plus grande. Les implications pour l'intervention auprès de cette population seront discutées.

239. Le psychiatre expert m'a soigné

Le psychiatre expert : entre justice et thérapie

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La doctrine veut que l'éthique, la justice et la relation thérapeutique exigent que les rôles de psychiatre expert et psychiatre traitant ne soient pas assumés par le même médecin. Certains affirment même que ces deux rôles sont incompatibles. Et pourtant, il arrive souvent que le médecin traitant ait à éclairer la cour au sujet de son patient et plus souvent encore, que le médecin expert soit obligé de donner des soins à la personne qu'il doit évaluer. Entre autres, il y a les situations d'urgence, lors desquelles le médecin, quelle que soit à la base la raison pour laquelle il voit le patient, se doit d'intervenir de façon thérapeutique; il y a les dispositions du code criminel canadien, qui permettent de donner à une personne à évaluer des médicaments, même contre son gré; il y a la relation thérapeutique, qui s'installe malgré ou grâce au cadre contraignant mis en place par le tribunal; il y a aussi les adolescents avec lesquels la relation à l'expert adulte est encore plus complexe, et peut-être plus riche. Cette présentation a pour but de faire le point et de donner de nouveaux points de repère sur le sujet.

Expertise psychiatrique et relation thérapeutique

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Il n'y a pas d'évaluation psychiatrique sans relation thérapeutique. Même lorsqu'il est expert, le psychiatre ne peut échapper totalement à son rôle de thérapeute, de soignant. Pour qu'une évaluation soit juste, il faut que la personne à évaluer accepte de se livrer avec franchise et confiance. Un rapport superficiel, tendu ou même hostile entre l'expert et la personne à évaluer limitera la cueillette de données, biaisera l'évaluation et en faussera les conclusions. Qui dit relation dit échange. Au-delà de l'objectif concret de l'évaluation – souvent de nature pécuniaire au civil – la personne expertisée a d'autres attentes envers le médecin évaluateur: compréhension, empathie, réconfort, conseil, solutions et miracles... Le présentateur énoncera les principes qui le guide dans la relation avec les personnes évaluées aux fins d'expertise et ses repères éthiques en la matière. Il illustrera à l'aide d'exemples les avantages que peuvent tirer les patients de l'expertise, mais également les pièges et limites que comporte ce type de relations.

De l'expertise à la thérapie

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Cette présentation portera sur l'expertise au civil qui, le plus souvent, n'implique qu'une rencontre entre la personne à évaluer et le psychiatre. Une rencontre qui, lorsqu'une relation thérapeutique parvient à s'établir entre l'expert et le patient, peut être particulièrement fructueuse. Fructueuse pour celui qui demande l'expertise – souvent l'assureur, l'employeur ou un organisme public – qui comprendra mieux la situation et prendra des mesures appropriées pour rétablir la situation; pour le patient (l'expertisé) qui aura pu s'exprimer, qui aura reçu de l'empathie et pour lequel un cadre thérapeutique sera suggéré; pour la société, alors qu'une bonne évaluation permettra de réduire les coûts sociaux; et pour l'expert... qui ne se sentira pas réduit au rôle de mercenaire. À la fin de l'entretien d'évaluation, les personnes expertisées demandent souvent à l'expert comment faire pour s'améliorer. La réponse à cette question peut tenir en cinq clés qui seront détaillées dans cette présentation.

240. Méditations philosophiques

Morale, loi, justice : sœurs ennemies et/ou incestueuses

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Si, d'un point de vue abstrait, théorique et idéologique, les notions de morale (consensus social), de loi (consensus politique) et de justice (institution et/ou valeur) se distinguent assez aisément, il convient de souligner que la morale et la loi sont nées de la même matrice, partagent leur principe consensuel et sont séparées par des frontières floues. Qu'elles affirment leurs différences et leur imperméabilité réciproque n'exclut pas de collusion. Dans une telle dynamique consanguine, la justice-institution pourrait jouer le rôle du tiers ordonnateur qui métisse les impératifs de fond

(morale) et de forme (loi), en vue de la plus grande équité. Mais il faudrait alors qu'elle se pose comme instance éthique, ce qui est incompatible avec le formalisme procédural inhérent à l'application de la loi. Dans sa confrontation à l'institution justice, le justiciable continuera donc à éprouver, quelquefois au moins, le pénible sentiment d'être ignoré, méprisé en tant qu'être moral dont l'aspiration au bien et à l'équité n'est pas reconnue. Ce constat, hélas banal, pourrait inviter à réfléchir à la responsabilité, à la formation et au contrôle des personnes qui appliquent la loi.

241. Mieux comprendre les enjeux psychosociaux d'auteurs de violence intrafamiliale : de la clinique à la recherche

Le filicide masculin : quels sont les motivations et les enjeux psychiques de ces hommes ?

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Le filicide se définit par l'homicide d'un ou plusieurs de ses enfants. Au Québec, il y a en moyenne quatre hommes et trois femmes auteurs d'un filicide par année. Il y aurait différents sous-groupes d'auteurs d'un filicide en fonction de la motivation à commettre le délit. La rupture amoureuse et les disputes entourant la garde des enfants qui perdurent dans le temps s'avèrent deux facteurs de risque importants. Nous proposons, dans cette présentation, des résultats d'une étude portant sur la motivation d'hommes auteurs d'un filicide à partir de l'analyse de 40 dossiers – répertoriés au bureau du Coroner en Chef à Québec. Les résultats indiquent que les hommes motivés par les représailles et la rupture sont plus à risque de se suicider à la suite du filicide et que les hommes qui commettent un abus physique fatal tentent d'éviter les conséquences judiciaires. À la suite d'une discussion de ces résultats, deux cas cliniques seront présentés afin d'explorer en détail les enjeux psychiques de ces hommes, tels que l'incapacité à élaborer la perte, la rage et les enjeux narcissiques.

Homicide conjugal et violence conjugale: réalités distinctes ou semblables ?

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L'homicide conjugal représente environ la moitié des homicides intrafamiliaux. Ce crime est parfois considéré comme le point culminant d'une trajectoire de violence conjugale ayant augmenté en sévérité, bien que certaines études montrent l'absence de violence conjugale avant l'homicide. Les études démontrent que certains facteurs peuvent contribuer à l'augmentation du risque d'homicide conjugal. La présente étude vise à présenter le fonctionnement intrapsychique de trois hommes auteurs de violence conjugale en fonction des antécédents de violence conjugale.

Un entretien et des tests ont été administrés aux participants. Les variables étudiées incluent le déclencheur de l'homicide et les enjeux intrapsychiques. Les résultats indiquent la présence de différences et de similitudes entre les trois profils. Les auteurs d'homicide conjugal sont plus susceptibles d'avoir vécu une rupture amoureuse récente et semblent prédisposés au surcontrôle et à l'évitement des conflits, alors que les auteurs de violence conjugale présentent davantage d'impulsivité. La présentation inclura d'autres variables associées aux affects et aux relations interpersonnelles. Une meilleure compréhension des auteurs de violence conjugale permet de fournir des outils cliniques relatifs à la prévention et à l'intervention auprès de cette clientèle.

Mieux comprendre les enjeux psychosociaux d'hommes auteurs d'un parricide

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Le parricide se définit par l'homicide de son père, de sa mère ou des deux. On compte en moyenne trois parricides masculins par année sur le territoire de la province de Québec. Les auteurs d'un parricide sont porteurs d'une maladie psychotique et ils prennent leur médication de manière irrégulière. Au moment du passage à l'acte, les hallucinations seraient déclenchées par un commentaire anodin du ou des parents victimes. Ceux-ci présenteraient fréquemment des antécédents de violence non judiciairisés contre les parents. Toutefois, certaines études soulignent deux sous-groupes de parricides (60% psychotiques et 40% non psychotiques). L'objectif premier de la présente étude est de comparer ces deux groupes d'auteurs d'un parricide – reconnus non criminellement responsable (NCRTMG) et criminellement responsable (CR). Une analyse de dossiers psychiatriques et judiciaires a permis cette analyse. Les résultats préliminaires indiquent que les variables qui distinguent les deux groupes significativement sur le plan statistique sont l'auto-dénonciation, la présence d'un trouble mental grave et l'irrégularité dans la prise de médicaments pour le groupe NCRTMG. Nous discuterons de ces résultats et illustrerons ceux-ci par deux vignettes cliniques.

La persévérance au changement, un enjeu pour les bénéficiaires et pour les intervenants des services spécialisés dans la responsabilisation des auteurs de violences conjugales

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En Belgique, une femme sur sept a été confrontée à au moins un acte de violence commis par son (ex-) partenaire au cours des douze derniers mois. Une association belge sans but lucratif propose un programme d'accompagnement des auteurs de violences conjugales et intrafamiliales depuis près de 20 ans. Les programmes développés visent la responsabilisation par le groupe de parole. Ces programmes sont majoritairement dispensés sous contrainte judiciaire afin de provoquer une

prise de conscience et favoriser l'émergence d'une demande d'aide psychologique. L'étude nationale belge sur les taux de récidives pénales en matière de violences conjugales évalue ceux-ci à 38%. Ces taux baisseraient à 21% si la sanction pénale est associée à un suivi psychosocial; 75% des abandons surviennent en phase préalable tandis qu'une fois intégré dans un groupe de responsabilisation, l'usager persévère davantage. Le pourcentage d'abandon prématuré du suivi psychologique chez les auteurs de violence conjugale varie entre 40 et 70 %. L'exposé visera à rappeler le cadre légal belge. Ensuite, une description des hommes rencontrés dans ces programmes spécialisés sera présentée, de même que les enjeux de la persévérance au changement. Une vignette clinique illustrera l'importance du suivi à long terme.

Influence de la prise en charge sur les traits psychopathologiques des auteurs de violence conjugale

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Adélaïde Blavier, *Université de Liège*

L'objectif de cette présentation est d'analyser certaines caractéristiques du fonctionnement psychologique d'auteurs de violence conjugale ainsi que les changements intrapsychiques apportés par une prise en charge en groupe de responsabilisation. Certains auteurs indiquent la présence d'alexithymie et d'affects dépressifs chez les auteurs de violence conjugale. Ainsi, centrée sur trois dimensions psychologiques, l'alexithymie, la dépression et l'impulsivité, notre étude longitudinale montre qu'avant la prise en charge, malgré une grande hétérogénéité, l'alexithymie et la dépression sont présentes chez un grand nombre de participants. Après la prise en charge, l'alexithymie est la variable qui diminue le plus par rapport à la dépression et l'impulsivité. Ces résultats suggèrent que l'effet de la prise en charge serait plus marqué au niveau des compétences sensibles à la psychoéducation, notamment les compétences sociales et l'alexithymie. Par contre, les variables liées aux affects dépressifs seraient moins sensibles et plus difficiles à élaborer directement dans les groupes de responsabilisation. Ces variables émotionnelles peuvent cependant être affectées dans un second temps par les changements opérés sur les autres dimensions. Lors de l'exposé, nous discuterons du rôle de ces différentes variables (affectives et comportementales) sur la prise en charge d'hommes auteurs de violence conjugale.

Spanish Language Sessions

242. Derechos Humanos: Una Visión desde la Perspectiva de la Violencia Política y la Salud Mental en América Latina

Perspectiva Ética y Geopolítica de la Valoración de la Violencia Política

Fernando Díaz Colorado, *Universidad Santo Tomas*

El objetivo de este ensayo es hacer una presentación de los fundamentos epistemológicos y conceptuales de la etnopsicología y la psicología geopolítica clínica desde los postulados de F. Sironi, que sitúan la dinámica de la violencia política como un ejercicio intencional de los victimarios que pretende no solo atemorizar y someter sino destruir el tejido social y la riqueza cultura de las víctimas. Desde esta perspectiva se plantea el ejercicio clínico como el ejercicio psicojurídico y forense orientado por la perspectiva geopolítica que implica contemplar entre otros aspectos: la historia colectiva de la violencia, la perspectiva cultural, la dimensión política, la intencionalidad, y la naturaleza de la barbarie, como criterios fundamentales de valoración del daño y la constitución del trauma. De esta manera se señala como evitar el maltrato teórico que acontece cuando solo se trabaja con la historia individual del trauma dejando de lado la perspectiva política y cultural del impacto de lo colectivo sobre la víctima. Esta reflexión invita a la contemplación de una ética de la actuación del psicólogo más cercana a la dimensión traumática que el sufrimiento de las víctimas plantea.

Diagnóstico Situacional en Salud Mental

Patricio Cristobal Rey, *Universidad de Buenos Aires*

En esta presentación abordaremos cómo los determinantes sociales como pobreza, sexo, edad, conflictos y desastres, enfermedades físicas graves y factores familiares y ambientales impactan sobre la salud mental y condicionan la creciente complejidad de los trastornos mentales y la asistencia psiquiátrica cotidiana. Muchos de estos factores son modificables y, por lo tanto, son objetivos potenciales para las medidas de prevención y promoción. La alta comorbilidad entre los trastornos mentales y sus interrelaciones con las enfermedades físicas y problemas sociales, destacan la necesidad de crear políticas de salud pública integradas, dirigidas a conjuntos de problemas relacionados, determinantes comunes, etapas tempranas en las trayectorias de problemas múltiples y poblaciones en diferentes riesgos. Finalmente, propondremos la creación del Diagnóstico Situacional en Salud Mental como herramienta integradora de los determinantes sociales al diagnóstico en psiquiatría, posibilitando la detección de casos vulnerables, la prevención en Salud Mental a través de intervenciones en los itinerarios de vida de dichos casos y la creación de estrategias terapéuticas multidimensionales.

La Bienestar Mental y la Espiritualidad de Mujeres Privadas de Libertad en Chile : Un Estudio de Métodos Mixtos

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Liz Grant, *University of Edinburgh*

Douglas Blackwood, *University of Edinburgh*

Rubén Alvarado, *Universidad de Chile*

Los trastornos mentales afectan aproximadamente una cuarta parte (26.6 %) de la población penal chilena. Una cárcel saludable es la que no sólo identifica y trata el trastorno mental, sino que también reduce el riesgo de estos y promueve el bienestar mental. La OMS señala que la salud mental en la cárcel y la promoción del bienestar en este grupo de población es una tarea esencial. La Escala del Bienestar Mental de Warwick-Edimburgo se ha validado por uso en una población chilena. Esta presentación describe los métodos cuantitativos y los resultados de una investigación del bienestar mental y la espiritualidad de 96 mujeres en una cárcel en Chile. También, discute los temas cualitativos obtenidos por grupos de focus y entrevistas con las mujeres y profesionales trabajando en la cárcel. El estudio muestra las implicaciones por los servicios de la salud mental en las cárceles femeninas y las estrategias de la promoción de salud mental.