

PRATO

2023

Tuscany,
Italy

25-28 Sept

Stronger Trajectories, Safer Communities:
Improving welfare, mental health and legal responses to crime



Centre for Forensic
Behavioural Science



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Behavioural Science



PRATO 2023

Stronger Trajectories, Safer Communities:
Improving welfare, mental health and legal
responses to crime

Monash University Prato Centre
25 September - 28 September 2023

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Forensicare



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DISCLAIMER: At the time of publication, all information contained in this booklet is correct; however, the organising committee, its sponsors and its agents cannot be held responsible for any changes to the final structure or content of the program, or any other general or specific information published here.

WELCOME

Crime and its impacts are far reaching. Punitive and other carceral responses, including the criminalisation of young people have broad social, legal, economic and health consequences. Media and public discourse are often reactionary, emphasising law and order responses, but most crimes are rooted in broader social circumstances.

This international conference seeks to bring together policy contributors, lawyers, clinicians, legal decision makers, advocates, and researchers to work together and learn from each other to explore and describe, from a cross-disciplinary perspective, legal, welfare, clinical and strategic responses to addressing, intervening and preventing criminal behaviour.

We look forward to welcoming you to Prato.

Rosemary Sheehan and Michael Daffern

Conference Convenors

IMPORTANT INFORMATION

PRESENTERS

Presenters using data projectors are asked to load their presentations onto the computer in the room where they will be presenting in a break prior to the presentation. If you need help with this, please see the technician or ask at the Registration Desk. Presenters are asked to convene at the front of the appropriate room with the Chair of their session a few minutes before the start of the session.

NAME BADGES / TICKETS

Admission to all sessions and catering is by the official conference name badge – please wear it at all times when at the conference. Tickets are necessary for non-delegates at the Forensicare welcome reception and conference dinner.

SOCIAL PROGRAM

The Forensicare Welcome Reception will be held at Interludio il Ristorante from 5.30pm at Via Pomeri, 64. Entry to the welcome reception is included in the registration fee, all delegates are invited to attend. If you require an additional ticket for a guest, please ask at the registration desk. The venue is a 10-minute walk from the conference venue, we will walk as a group directly from the conference centre to the welcome reception venue.

Delegates will enjoy the stunning surroundings of the Villa Medicea 'La Ferdinanda' at Artimino for the Conference Dinner on Tuesday 26 September. Ferdinando I De' Medici took residency of this magnificent villa with his whole court in 1594. Today, the villa provides a tranquil setting and superb catering for special functions. Delegates will be transported from the Monash University Prato Centre to the venue via bus. Dinner is included in the registration fee, if you require a ticket for a guest (cost is AU\$145 per person) please ask at the registration desk, late bookings may be possible.

Please assemble on the street in front of the Monash Centre at 5.15pm SHARP. The group will then walk to the bus departure point (a very short walk).

SPECIAL DIETARY REQUIREMENTS

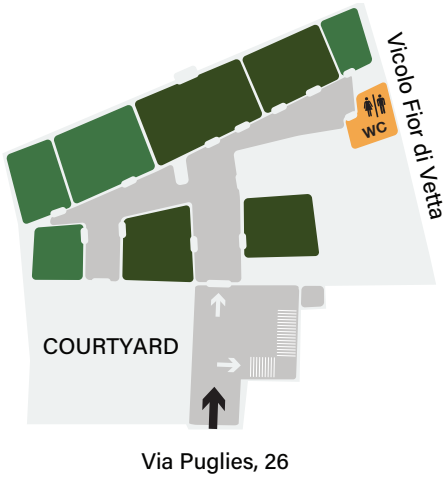
There will be ample vegetarian and gluten free options for all lunches, these will be found on the main catering tables. At the dinner, those who provided dietary information will need to identify yourself to catering staff.

INTERNET ACCESS

Instructions for accessing wi-fi are available at the registration desk. Delegates are welcome to use the desk top computers in the computer lab. Photocopying and printing can be arranged on a user-pays basis.

MONASH PRATO CENTRE FLOOR PLAN

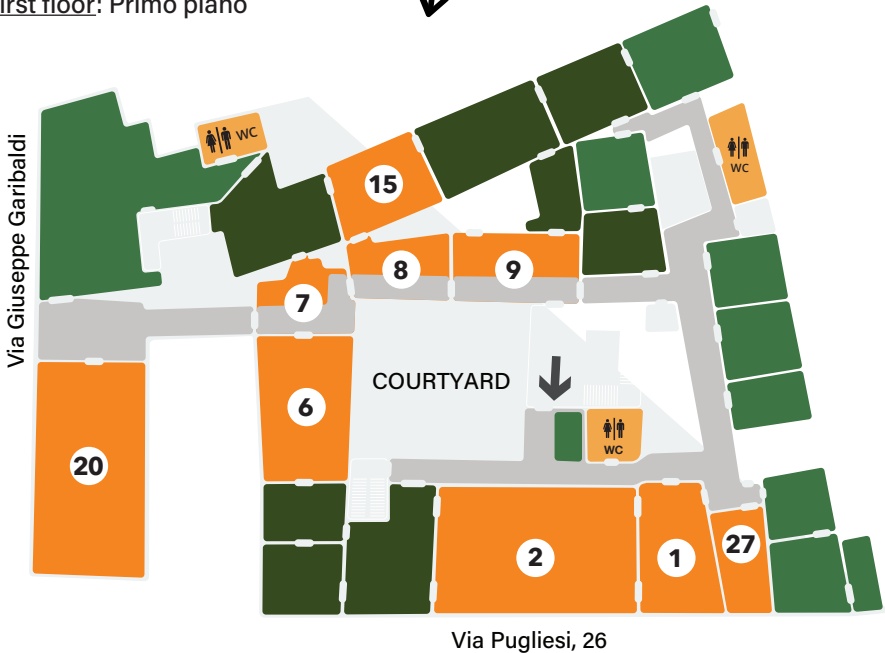
Ground floor: Piano terra



KEY ROOMS

- 1 Sala Caminetto
(Registration desk)
- 2 Salone Grotto
- 6 Sala Veneziana
- 7 Espresso bar
- 8 Sala Biliardo
(Catering)
- 9 Sala Specchi
(Catering)
- 15 Sala Giochi
- 20 Terrace
- 27 Computer lab

First floor: Primo piano



THE PROGRAM

MONDAY

SEPTEMBER 25

8.30am - 9.00am	Registration
9.00am - 9.30am	Welcome and conference opening <i>Professor Michael Daffern</i>
9.30am - 10.30am	Keynote Address: Pernilla Leviner <i>Chair: Michael Daffern</i>
10.30am - 11.00am	Morning tea
11.00am - 12.30pm	Morning parallel sessions 1A, 1B and 1C
12.30pm - 1.30pm	Lunch
1.30pm - 3.00pm	Afternoon parallel sessions 2A, 2B and 2C
3.00pm - 3.30pm	Afternoon tea
3.30pm - 4.30pm	Keynote Address: Lawrence Jones <i>Chair: Professor Michael Daffern</i>
4.30pm - 5.00pm	Forensicare Lived Experience video
5.30pm - 7.30pm	Forensicare welcome reception

MONDAY

MORNING PARALLEL SESSIONS 1A - 1C

SESSION 1A SALONE GROTTO	SESSION 1B SALA VENEZIANA	SESSION 1C SALA GIOCHI
<p>Symposium Criminal justice involvement of 10-13 year old children: understanding social and offending characteristics, assessing criminal responsibility & approaching system reform.</p>	<p>Symposium Child murder by parents: motive, mental illness, and public perception.</p>	<p>Round Table Co-designing and co-facilitating prevention and management of aggression training in a forensic mental health setting.</p>
<p>Chair: <i>Susan Baidawi</i></p>	<p>Chair: <i>Susan Hatters Friedman</i></p>	<p>11am Chairs:</p>
<p>11.00am Early versus late contact with the youth justice system: Opportunities for prevention and diversion <i>Catia Malvaso et al.</i></p> <p>10-13-year-old children with alleged offending: characteristics, outcomes and avenues for system reform <i>Susan Baidawi et al.</i></p> <p>Seriously wrong or mere naughtiness? An analysis of psychological assessment reports of doli incapax in relation to children under 14 years charged with offending. <i>Nina Papalia et al.</i></p>	<p>11.00am Child murder by parents <i>Susan Hatters Friedman</i></p> <p>Filicide, neonaticide, and mental illness <i>Renee Sorrentino</i></p> <p>Public perceptions and child murder by parents <i>Andrew Howie</i></p>	<p>Brittany McVeagh Hannah Jackson</p>

MONDAY

AFTERNOON PARALLEL SESSIONS 2A - 2C

SESSION 2A SALONE GROTTO	SESSION 2B SALA VENEZIANA	SESSION 2C SALA GIOCHI
Papers Understanding crime and criminal behaviour.	Round Table Risky knowledge: Co- production in criminal justice settings.	Papers Managing risk and consumer safety.
Chair: Janet Ruffles	2.00pm	Chair: Margaret Nixon
2.00pm The reason for delinquency lies in childhood trauma: A series of meta-analysis <i>Evelyn Heynen</i>	Chairs: Diana Johns Catherine Flynn Maggie Hall Claire Spivakovsky Shelley Turner	2.00pm Developing Entrustable Professional Activities to enhance application of the Dynamic Appraisal of Situational Aggression risk assessment instrument and the Aggression Prevention Protocol <i>Tess Maguire et al.</i>
2.30pm Schema coping: Understanding its assessment and role in aggression <i>Angelika Senn et al.</i>		2.30pm Risk management dilemmas: A decision-making matrix in an era of recovery and rights <i>Sofie Parle et al.</i>
3.00pm Does it actually work? Validation and utility of the Risk of Sexual Violence Protocol in an Australian community forensic setting <i>Melisa Wood et al.</i>		3.00pm Advancing use of coercion reduction programs in mental health services: A systematic review of implementation tools <i>Tella Lantta et al.</i>

TUESDAY

SEPTEMBER 26

9.00am - 10.00am	Keynote Address: Neil Campbell <i>Chair: Rachael Fullam</i>
10.00am - 10.30am	Morning tea
10.30am - 12.30pm	Morning parallel sessions 3A, 3B and 3C
12.30pm - 1.30pm	Lunch
1.30pm - 3.00pm	Afternoon parallel sessions 4A, 4B and 4C
3.00pm - 3.30pm	Afternoon tea
3.30pm - 4.30pm	Keynote Address: Wendy Sinclair <i>Chair: Michael Daffern</i>
4.30pm - 5.15pm	Free time
5.15pm	Walk from Monash Centre to bus departure point
5.30pm	Bus to La Ferdinanda, Artimino
6.00pm - 10.00pm	Conference dinner

TUESDAY

MORNING PARALLEL SESSIONS 3A - 3C

SESSION 3A <i>SALONE GROTTO</i>	SESSION 3B <i>SALA VENEZIANA</i>	SESSION 3C <i>SALA GIOCHI</i>
Papers Novel prevention and intervention practices.	Round Table The potential for an Australian-First Specialist Infant Court to change the developmental trajectories of infants and very young children in out of home care.	Papers Working together to improve forensic systems and practice
Chair: <i>Nina Papalia</i>	10.30am Chairs: Matthew Wilson Nicole Milburn	Chair: <i>Tess Maguire</i>
10.30am The Safer Living Centre: a case study for reintegration of people with sexual convictions <i>Nicholas Blagden & Eve Penford</i>		10.30am The impact of a seclusion reduction intervention in secure forensic psychiatric units <i>Fiona Whitecross</i>
11.10am Dialectical Behavior Therapy (DBT) for juvenile justice settings <i>Michele Galletta</i>		11.00am Navigating systemic barriers for forensic disability clients: A multi-disciplinary approach <i>Victoria Athanasiadis & Melissa Smoker</i>
11.50am 'Well miss, someone is going to get me': The development of an evidence-based model to address the drivers of serious youth violence in a diverse cohort of young people <i>Lisa Warren & Michael Alday</i>		11.30am Global forensic social work education: A cross-national comparison of education models in ten countries <i>Dimitra Lattas</i>
		12:00pm Dementia in Victorian prisons <i>Ella Kofoed et al.</i>

TUESDAY

AFTERNOON PARALLEL SESSIONS 4A - 4C

SESSION 4A <i>SALONE GROTTO</i>	SESSION 4B <i>SALA VENEZIANA</i>	SESSION 4C <i>SALA GIOCHI</i>
<p>Papers</p> <p>Advances in understanding and intervening in youth justice.</p>	<p>Symposium</p> <p>From hidden pregnancies to delusions of pregnancy: Diagnosis and risks of infanticide.</p>	<p>Round Table</p> <p>Responding to serious crime: Moving from punitive and siloed responses towards a collaborative and client-centred approach.</p>
<p>Chair:</p> <p><i>Nina Papalia</i></p>	<p>Chair:</p> <p><i>Susan Hatters Friedman</i></p>	<p>1.30pm</p>
<p>1.30pm</p> <p>Use of latent class analysis to identify risk, need, and specific responsivity among adolescents with justice involvement</p> <p><i>Keith Cruise & Anthony Fortuna</i></p>	<p>1.30pm</p> <p>The pathologies of false and hidden pregnancies</p> <p><i>Andrew Howie</i></p>	<p>Chairs:</p> <p><i>Stacey Politis</i> <i>Grace Moore</i></p>
<p>2.00pm</p> <p>The Embedded Youth Outreach Program at Victoria Police: a collaborative mobile response model</p> <p><i>Katherine Danylak & Tracie Alborough</i></p>	<p>Denial and concealment of pregnancy: Forensic implications</p> <p><i>Renee Sorrentino</i></p>	
<p>2.30pm</p> <p>Evaluation of the Embedded Youth Outreach Program</p> <p><i>Rachael Fullam et al.</i></p>	<p>False pregnancies: Forensic implications</p> <p><i>Susan Hatters Friedman</i></p>	

WEDNESDAY

SEPTEMBER 27

9.00am - 11.00am Morning parallel sessions 5A and 5B

11am - 11.30am Morning tea

11.30am - 12.30pm Keynote Address: Matthew Wilson
Chair: Troy McEwan

12.30pm - 1.30pm Lunch

1.30pm - 3.00pm Afternoon parallel sessions 6A and 6B

3.00pm - 3.30pm Afternoon tea

3.30pm - 4.00pm Plenary Panel and conference close
Chair: Michael Daffern

WEDNESDAY

MORNING PARALLEL SESSIONS 5A - 5B

SESSION 5A <i>SALONE GROTTO</i>	SESSION 5B <i>SALA VENEZIANA</i>
Papers Assessment and intervention to prevent problem behaviours.	Papers Understanding and preventing family violence.
Chair: <i>Benjamin Spivak</i>	Chair: <i>Michael Trood</i>
9.00am Fixated Threat: a maturing paradigm for intervention and diversion <i>Justin Barry-Walsh</i>	9.00am Forgotten Victims: The role of intimate partner violence in the homicide of collaterals <i>Mindy Mechanic</i>
9.30am Developing a short-term DBT-based intervention for high-risk offenders: Identifying key components for successful treatment <i>Barry Rosenfeld et al.</i>	9.30am Killing your children to hurt your partner: Motivations for revenge filicide <i>Melanie Moen & Christiaan Bezuidenhout</i>
10.00am Forensic neuroscience and neurotechnology in practice: Ethical and Legal issues <i>Josanne van Dongen</i>	10.00am RISKSAM: A model for risk management of domestic violence, stalking, and honor-based violence and oppression <i>Susanne Strand</i>
10.30am Evaluating a cognitive skills program among forensic mental health inpatients <i>Han-Mari Cronje et al.</i>	10.30am The predictive validity of the Spousal Assault Risk Assessment Guide V2 and V3 <i>Troy McEwan et al.</i>

WEDNESDAY

AFTERNOON PARALLEL SESSIONS 6A - 6B

SESSION 6A <i>SALONE GROTTTO</i>	SESSION 6B <i>SALA VENEZIANA</i>
Papers Family violence, maltreatment and child welfare.	Papers Diversion and decarceration approaches.
Chair: <i>Troy McEwan</i>	Chair: <i>Rachael Fullam</i>
1.30pm Enhancing understanding and prevention of crisis mental health presentations following police-reported family violence victimization and perpetration <i>Benjamin Spivak et al.</i>	1.30pm Conceptualising the relationship between perceptions of fairness and cultural wellbeing amongst culturally diverse court users <i>Sinead Cloonan-Thomas et al.</i>
2.00pm The needle in the haystack: Predicting extreme family violence <i>Michael Trood et al.</i>	2.00pm Challenging the narrative and landscape that enables educational disadvantage for cross-over children. Goldfields Education, a successful model of learning, the outrageous change we need <i>Emily Nester & Woody Boyce</i>
2.30pm Childhood maltreatment and psychopathic traits in a general population: The mediating role of emotion regulation <i>Sofie Parle & Haruka Kitamura</i>	2.30pm Public expectations of retribution: Implications for restorative practice in child protection <i>Stacey Politis et al.</i>

THURSDAY WORKSHOPS

SEPTEMBER 28

9.00am - 12.30pm

Workshops 1 and 2

Workshop 1: Lawrence Jones

Workshop 2: Benjamin Spivak

10.40am - 11.00am

Morning tea

11.00am - 12.30pm

Workshops 1 and 2 (second half)

1.00pm - 2.40pm

Workshops 3

Workshop 3: Troy McEwan, Michele

Galietta, Alan Underwood

2.20pm - 2.40pm

Afternoon tea

2.40pm - 4.30pm

Workshops 3 (second half)

THURSDAY

WORKSHOP 1

Title: Working with trauma-offending links in clinical practice

Speaker: Lawrence Jones

Time: 9.00am - 12.30pm

Room: Sala Veneziana

There is increasing recognition that trauma of different kinds is ubiquitous in the backgrounds of people who have offended. Historically there has been a clinical focus on the mental health consequences of different kinds of trauma and adversity, but the relationships with propensity to offend has been a more recent development.

In this workshop, practitioners will be invited to explore the range of different ways in which traumatic experiences can impact on 'risk processes' with a view to thinking about how to intervene with these. In addition, consideration will be given to resilience and positive post-traumatic outcomes with a view to thinking about strengths-based working.

Attendees will explore:

- links between trauma-derived impacts on fear-based systems and offending
- exploration of cumulative impact of experiences of oppressive experiences such as micro-aggressions linked with being part of a minoritised community
- links between adverse experiences involving exposure to sexual offending, violent abuse, neglect involving lack of boundaries, emotional abuse, relational ruptures on sexuality, violence as coping, use of dominance behaviours to achieve safety and attachment
- altered states and emotional processes linked with both trauma and offending
- the impact of trauma-related dissociation and altered states of consciousness in different ways on offending processes and felt agency.

THURSDAY

WORKSHOP 2

Title: Answering the big questions in forensic psychology – A workshop on causal inference with observational data

Speaker: Benjamin Spivak

Time: 9.00am - 12.30pm

Room: Sala Giochi

Clinical services and clinicians often want to understand the effectiveness of their interventions on offending behaviour or learn about the link between mental health problems and outcomes like offending. Answering these questions has historically been either impossible or very difficult to answer due to the presence of confounding factors, for example, something that influences both selection into treatment and re-offending (e.g. motivation).

This workshop will introduce researchers to a framework for establishing causal inference and a suite of methods that can be utilised to draw causal inferences where RCTs are not feasible or ethical. The workshop requires no background in statistics or methodology. The workshop will cover:

- models of causation and treatment effects
- understanding causal relationships through directed acyclic graphs
- when to control and not to control for variables in establishing a causal relationship
- instrumental variable designs
- difference-in-difference designs
- regression discontinuity designs.

THURSDAY

WORKSHOP 3

Title: Treating stalking - Principles and practice guidance for clinicians

Speaker: Troy McEwan, Michele Galletta, and Alan Underwood

Time: 1.00pm - 4.30pm

Room: Sala Veneziana

Psychologists, psychiatrists and other helping professionals working at the intersection of law and mental health are often asked to assess and treat people who stalk. However, there is very limited evidence to inform treatment and what exists can be difficult to find and integrate.

This workshop draws on recent work by the facilitators to develop a principle-based approach to treating stalking with the goal of reducing harm and ultimately stopping the behaviour. Participants will be introduced to a cognitive behavioural approach to treating people who stalk and guided through 10 principles of stalking treatment based on the presenters' experience and research with people who stalk over the past two decades.

The workshop will focus on:

- key assessment strategies to inform treatment
- the role of risk assessment and management in stalking treatment
- treatment planning and specific strategies for common treatment needs
- structuring and managing the treatment relationship to maintain focus and safety.

KEYNOTES

Kotahi anō te kaupapa; ko te oranga o te iwi

There is but one purpose to our work; the wellness and the wellbeing of the people

Neil Campbell

General Manager Rautaki Maori - Ara Poutama Aotearoa, Department of Corrections

In many jurisdictions around the globe, the disproportionate number of indigenous people who experience the negative impacts of the justice system is an issue we share. Often times, high rates of indigenous offending and incarceration have a direct correlation with the impacts of colonisation, historic trauma and abject failure within respective social sector agencies such as Education, Health, Mental Health and Housing.

Historically, most cultures had successful ways of addressing the needs of the “village” and those most vulnerable, or most likely to experience or create issues within those communities. Canada, Australia and indeed Aotearoa New Zealand, have been exploring different approaches to address the offending and reoffending rates of our indigenous populations.

Ara Poutama Aotearoa, the New Zealand Department of Corrections, has gone a step further and instituted a central strategy that has been entirely designed and developed from the indigenous worldview. Such a move provides an opportunity to incorporate indigenous innovations and transform how we address the needs of those in our care and who we are required to manage, as a result of their offending behaviour. The Hōkai Rangi Strategy has six priority outcome areas that have really reshaped our Corrections system with the understanding that what works for Maori in our care, will be equally successful with all cultural groupings in our care.

History has shown us that distinctly western approaches often don't work for the indigenous and wider Polynesian populations that we manage. This strategy has also helped to enable our organisation to move from an “offender-centric” model of care to a “whānau-centric” model of care. This ensures a greater emphasis on the inclusion and involvement of family, extended family and positive support mechanisms within the person's social sphere, through every step of their journey with us.

In order to do this, a significant cultural capability uplift investment is required to navigate us through the corridors of cultural awareness, cultural responsiveness and ultimately, to a place where we can demonstrate cultural effectiveness.

What have been the challenges and lessons learnt from this journey?

How do we maximise indigenous knowledge and best practice to ensure the wellness and wellbeing of the people?

Trauma responsive and informed care in forensic settings: Working with unique personal and culturally embedded histories in poorly resourced contexts

Lawrence Jones

Head of Psychology, Rampton Hospital

Trauma informed care has been increasingly recognised as a potentially important area to focus on when working with people who have offended. This paper will explore some of the ways in which this link has been identified and elaborate on a range of downstream consequences of adverse experiences that can increase the risk of offending. In the past the focus has been on mental health problems typically linked with fear and 'PTSD' or 'complex PTSD'. In addition to these, consideration needs to be given to trauma impacts on need for power/dominance, sexual interests, attachment, substance use, connection and interest in violence when working with forensic populations.

Cultural meanings given to different kinds of trauma and adversity related experiences will be highlighted; what sense do people make of having 'intrusive thoughts' about things that they typically would want to avoid; how do people understand the ways in which felt-agency or lack of emotion and numbing can follow on from different kinds of trauma and adversity. Intrusive experiences like flashbacks and re-living as well as altered states such as dissociation will be highlighted. Implications for trauma informed and responsive care will be drawn out stressing the significance of contexts in relapse and resilience processes. Finally, the need for more work on standards, guidelines and research will be underlined. In particular, recognition of the potential for iatrogenic interventions will be discussed and approaches to avoiding these suggested.

From welfare support to control and punishment – shifts in child protection laws and policies in Sweden in the 2020's

Pernilla Leviner

Director of the Stockholm Centre for the Rights of the Child, Stockholm University

In recent years Sweden has seen new challenges with increased consequences of gang criminality and youth offending, often blamed on migration and an overall failure to integrate immigrants. The political response to this has been proposals aiming at holding children and young people, but also their parents accountable through punishment, coercion and control. Curfews, no-go zones, surveillance, measures without consent, and a general tough-on-crime agenda is the new political solution. This is a clear shift from the ideas behind the Swedish social democratic welfare state and the child protection system, emphasizing since many decades support and universal preventive services. In the debate about how to combat gang criminality, fundamental rights for children are forgotten or made invisible, and the rhetoric is that children who can be linked to criminal gangs shall primarily be seen as criminals, not as children with rights. This at the same time as Sweden has incorporated the UN child convention, and advertising the country as the most child-friendly in the world. In this presentation, the shifts and challenges will be described and analysed from a legal perspective, with the aim to problematize the political agenda in light of both children's rights and the constitutional law governing the Swedish welfare state.

Strengthening prison oversight: The role of the Chief Inspector of Prisons Scotland

Wendy Sinclair

His Majesty's Chief Inspector of Prisons for Scotland

The Chief Inspector of Prisons Scotland plays a pivotal role in ensuring accountability and promoting human rights within the Scottish prison system as well as chairing the UK National Preventive Mechanism (NPM).

The presentation aims to shed light on the essential functions and challenges faced by the Chief Inspector of Prisons Scotland, offering a comprehensive overview of their role in strengthening prison oversight and the link to the work of the NPM. Drawing upon recent experiences and developments in Scottish prisons, this talk will explore three main areas:

1. **Independent Inspection, Monitoring and Evaluation:** The presentation will highlight the Chief Inspector's crucial responsibility in conducting rigorous inspections, monitoring and evaluations of prisons across Scotland. It will emphasize the importance of independence, transparency, and collaboration with relevant stakeholders in promoting effective prison management and the safeguarding of human rights.
2. **Promoting Rehabilitation and Reintegration:** Addressing the need for holistic prison reform, this segment will delve into the Chief Inspector's efforts to promote rehabilitation and reintegration programs within the Scottish prison system. It will explore the challenges faced in providing adequate rehabilitation and support for prisoners, while ensuring the effective reintegration of individuals into society upon release.
3. **Ensuring Accountability and Human Rights:** Focusing on the Chief Inspector's role within OPCAT and the NPM as an advocate for accountability and human rights, this section will examine strategies employed to address systemic issues with those deprived of their liberty, such as overcrowding within prisons and the paucity of mental health provision. It will discuss the collaborative initiatives with other oversight bodies, governmental organizations, and civil society to promote a culture of respect for human rights and dignity within the prison and other detained environments.

The presentation will conclude by highlighting the critical impact of the Chief Inspector of Prisons Scotland's work and the NPM in fostering a fair, just, and humane system. By sharing insights, lessons learned, and best practices, this session aims to inspire international collaboration and encourage the exchange of ideas and experiences among attendees to further enhance oversight globally.

Changing intergenerational trajectories through the Family Drug Treatment Court.

Matthew Wilson

Statewide Program Manager – Family Drug Treatment Court. Children's Court of Victoria

Sitting within the Family Division of the Children's Court of Victoria, the Family Drug Treatment Court (FDTC) commenced in 2014 and remains the only court of its kind in Australia. The FDTC works with parents whose children have been removed by Child Protection due to parental alcohol or other drugs use. Through providing intensive court-based clinical case management, regular judicial monitoring, and cohesive cross-sectoral relationships, the FDTC seeks to assist parents to engage in addiction recovery, with the ultimate aim of safe and sustainable reunification of parents to their children. Independent evaluations of the FDTC indicate significant advantages in the solution-focused FDTC approach compared with traditional adversarial court processes, including significantly higher rates of reunification, and reunifications that are sustained for longer periods in the post-court period.

Navigating systemic barriers for forensic disability clients: A multi-disciplinary approach.

Victoria Athanasiadis¹ and Melissa Smoker¹

¹Complex Psychology Pty Ltd, Melbourne, Australia

Email: victoria.athanasiadis@complexpsychology.com.au

People with a disability entering the forensic system are frequently afflicted by a history of generational trauma and child protection involvement, compounded by enduring poor mental health, substance misuse, poor informal supports, and ongoing justice involvement. In a climate of high demand and limited funding, specialist service providers tend to fall into a pattern of responding to repeated crises, leaving the complex, multiple needs of the individual unaddressed and contributing to the enduring cycle of re-offending.

The current presentation explores how a multi-disciplinary therapeutic (MDT) approach to support can impact the life trajectory of individuals with a disability within the justice system as illustrated by two case studies.

Marcus*, a 45-year-old male, and Fiona*, a 20-year-old female, both present with complex diagnostic pictures and a background of childhood trauma. Their high support needs are further complicated by engagement in criminal behaviour. Despite both receiving early assessment and intervention, Marcus and Fiona's trajectories have significantly differed. Whilst Marcus alternated between forensic and mental health facilities for a decade where his presentation deteriorated, and his cycle of criminal behaviour continued, Fiona's criminal behaviour declined as her engagement with multi-disciplinary supports was facilitated when she was a young adult.

Based upon a Victorian system, participants from all jurisdictions can benefit from this symposium aimed at promoting the positive effects an MDT approach can have on all clients, not only those with a disability diagnosis currently circling the justice system.

**Pseudonym.*

Fixated Threat: a maturing paradigm for intervention and diversion

Dr Justin Barry-Walsh¹

Clinical Lead and Forensic Psychiatrist Fixated Threat Assessment Centre New Zealand¹

Email: bwfp01@gmail.com

Fixated Threat Assessment Centres (FTACs) are a recent development emerging out of

stalking and threat assessment research. The prototypical service, combining police and mental health, established in the United Kingdom in 2006 was initially focused on those communicating in concerning ways with the UK Royal family and expanded to cover Parliament. Services were later established elsewhere including Australasia and Europe. Over time the remit of these services and the approach has broadened to encompass lone actor terrorism and more broadly Lone Actor Grievance Fueled Violence (LAGFV.)

These services have a track record in providing a structured approach to the identification of people who because of their difficulties (commonly mental illness) will benefit from interventions to reduce their risk of and actual harm to others and often more importantly, reduce the distress they are experiencing. The dual police/mental health staffing facilitates nuanced and targeted diversion when offending occurs.

This presentation will move beyond a review of the model to consider the future of these services. This will include some of the problems that bedevil FTACs (inevitably including resourcing) and where the boundaries of the services should lie. It will consider the need for a review of the model, including both the dual agency approach and the extension into countering violent extremism. These issues will be interrogated through the lens of the core purpose of these services: to improve outcomes for the people referred and to reduce harm in an evidence based and ethical way.

Conceptualising the relationship between perceptions of fairness and cultural wellbeing amongst culturally diverse court users

Sinead Cloonan-Thomas¹, Professor Stephane Shepherd², Associate Professor Diane Sivasubramaniam³, Dr Justin Trouson⁴ and Akuch Anyieth⁵

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Culturally and linguistically diverse people are over-represented at each level of the Victorian criminal justice system, including the court system. The qualitative experiences of culturally diverse court users in Victoria are not well understood. This gap in the research literature represents a barrier to understanding how courts can better respond to the needs of culturally diverse court users. Furthermore, the relationship between fairness and wellbeing within the justice system is a largely under-researched area. This study seeks to explore court user experiences and conceptualisations of fairness, wellbeing, and cultural needs across different cultural groups in Victoria, specifically Aboriginal and Torres Strait Islanders and African Australians. This study will utilise a qualitative approach and involve in-depth interviews with court users from these cultural groups. The interviews will focus on three main areas: (1) court experiences; (2) the relationship between procedural fairness and wellbeing; (3) cultural needs. The results of this study will have practical relevance for legal practitioners working with culturally diverse court users and will have broader implications for how the Victorian court system can work more effectively with

culturally diverse court users to deliver fair outcomes and enhance user wellbeing.

Evaluating a cognitive skills program among forensic mental health inpatients

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Cognitive skills programs have been used among forensic mental health (FMH) inpatients to help address their recidivism. Whilst success has been demonstrated in reducing violent attitudes, little is known about the impact of these programs on FMH inpatients' cognitive functioning, quality of life and social functioning. These outcomes are important to investigate given 1) the high probability of FMH inpatients experiencing cognitive impairments, 2) the increased focus on recovery principles, which includes improving inpatients' life satisfaction, and 3) the aim of FMH services to help inpatients function independently. The current study utilised a single-case series design to evaluate the effectiveness of a cognitive skills program (namely Thinking Minds) among FMH inpatients at a secure forensic hospital in Melbourne (Australia). Pre- and post-treatment measures were compared for five inpatients. Visual analysis demonstrated that all inpatients' global cognitive functioning improved after completing the program. The majority of inpatients believed their cognitive (3/5) and social functioning (3/5) improved over time. Two inpatients believed their quality of life improved after completing the program. The data has suggested that cognitive skills programs, such as Thinking Minds, may have wider benefits for FMH inpatients beyond reducing their recidivism rates. This is impactful as FMH services typically aim to not only keep society safe, but also care for inpatients by helping them improve other areas of their life. There is a need for future research to replicate these findings among larger sample sizes.

Use of latent class analysis to identify risk, need, and specific responsivity among adolescents with justice involvement

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Within juvenile justice settings, there has been increased attention to utilization of risk/needs assessment tools (RNAs) and enhancing trauma-informed services (Purtle, 2020; Zettler, 2021). Although there have been significant efforts to understand treatment needs of adolescents with system involvement (ASI), minimal guidance has been provided

regarding the utilization of trauma screening information alongside RNA information. Improving integration is a potential strategy to inform: effective mental health triage, case planning, and system responses that promote enhancing strengths and risk reduction. This paper will report results of a latent class analysis utilizing trauma screening (Child Trauma Screen) and Youth Level of Service-Case Management Inventory (YLS/CMI) indicators reflecting active trauma reactions and dynamic delinquency risk factors. Data were obtained from a large scale field implementation project of ASI on community supervision/probation ($N = 1,221$). The resulting four class solution, representing a hybrid severity model, has clear implications for identifying ASI who may benefit from a trauma-specific interventions as a matched intervention to promote delinquency risk reduction. The high delinquency needs/high trauma reactions class ($n = 120, 10.6\%$) reflected highest delinquency risk, greatest load of active trauma reactions, substantial lifetime histories of traumatic event exposure, and overall mental health load. Results revealed an unexpected class reflecting specific delinquency needs (education, substance abuse, personality/behavior) and specific arousal trauma reactions ($n = 165, 14.6\%$) suggesting targeted self-regulation needs and need for focused intervention approaches. Intervention approaches matched to class membership will be highlighted to promote evidence-informed approaches to intervention planning for ASI.

Forensic neuroscience and neurotechnology in practice: Ethical and Legal issues

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Research on forensic neuroscience is rapidly increasing, and scholars now have begun to study the possibilities for implementing these insights in forensic clinical practice. For instance, previous research has shown that neurobiological correlates add to violence risk prediction and that interventions using neurotechnology, such as neuromodulation, are promising. This presentation will give an overview of the current state-of-the-art and will present the outcomes of a qualitative study on the ethical and legal issues arising from using neurotechnology in forensic practice. In the qualitative study, a literature review is used to formulate questions and guide discussions using focus groups with experts in ethics, law, and forensic clinical practice and people with lived experiences. Using co-creation, guidelines and policy are formulated for future forensic neuroscience and neurotechnological implementation in forensic clinical practice.

The Embedded Youth Outreach Program at Victoria Police: A collaborative mobile response model

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The Embedded Youth Outreach Program (EYOP) is an innovative Victoria Police led program designed to meet the needs of young people who come to the attention of police. The program is a collaboration between police and youth workers from the not-for-profit sector. The aim of EYOP is to reduce long-term involvement in the criminal justice system by engaging with the young person and their family, assessing their needs and referring them to appropriate youth-specific supports.

This presentation will provide an overview of the EYOP service operating model and the complexities of service delivery. The key elements of the partnership arrangement will be explored including the linking of skills across the two different disciplines.

Evaluation of the Embedded Youth Outreach Program

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The Embedded Youth Outreach Program (EYOP) is an innovative Victoria Police led program designed to meet the needs of young people with whom the police come into contact. The program is a collaborative initiative which sees a police officer paired with a youth worker for attendance at scene. The program aims to reduce long-term involvement in the criminal justice system by engaging with the young person and their family, assessing their needs and referring them to youth-specific supports.

The EYOP was piloted across two Melbourne metropolitan sites over 2018-2020. A concurrent evaluation was conducted by the Centre for Forensic Behavioural Science at Swinburne University of Technology. Although the program was understandably complex to roll out and evaluate, several promising findings emerged from the EYOP pilot period. Data will be presented that provide initial evidence that EYOP intervention has an impact on short term offending in young people and provides value for money. Emerging findings from a longer-term evaluation of the program across the period 2021-2025 will also be presented.

Dialectical Behavior Therapy (DBT) for juvenile justice settings

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Youth in the criminal justice system have significantly more adverse child experiences compared to youth in the general population (Baglivio et. al, 2014). Research indicates a cumulative effect with the most victimized youth having the highest risk for criminality and other negative outcomes (Aebi, Linhart, Thun-Hohenstein, Bessier, & Plattner, 2015). This population is characterized by extremely high rates of emotion dysregulation, substance abuse, PTSD, and other mental health problems. Thus, the most complex youth often present to systems that are the least well equipped to treat them. Dialectical Behavior Therapy (DBT) is a promising model for criminally-involved youth because of its potential to reduce violence and self-harm in institutions, as well as to reduce recidivism (Tomlinson, 2018; Nyamathi et. al, 2018). DBT's focus on anchoring treatment to a meaningful "life worth living" has broad appeal for changing the trajectory of criminally-involved youth. Perhaps most important however, is the power of the model to transform culture in justice-related institutions. As agencies seek to reduce or eliminate room confinement, DBT offers effective therapeutic tools to stabilize environments while providing youth valuable skills which are essential for successfully re-entry into the community. The state of Connecticut has adopted comprehensive DBT as the overarching model in their system. The author is the primary consultant on the project. This presentation will review DBT models in juvenile justice, summarize the research to date, and present preliminary outcomes of the three-year implementation in Connecticut including dramatic reductions in the use of restraints in facilities across the state.

The reason for delinquency lies in childhood trauma – a series of meta-analysis

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Behavioral problems of delinquent youth are multidimensional and very complex to understand. As early as the 1940s, John Bowlby saw the importance of a secure attachment relationship on the child's functioning. In his work with criminal juveniles, he discovered that they often had a lack of emotional connection with their mother and could not empathize with others (lack of empathy). Today, there is vast empirical evidence showing that juvenile delinquency is associated with delays in moral development, including moral judgment, attachment, trauma, empathy, and self-conscious emotions (guilt and shame).

More than 80 years after Bowlby published his work, many unanswered questions still remain on the relationships of underlying factors in the development of delinquent behavior. In order to form a stronger and more comprehensive picture that can serve as a basis for future research, we will present the results of a series of meta-analyses on the effects of attachment, trauma and empathy on the development of delinquent behavior in

adolescents (and different moderators e.g. gender, age, SES, behavioral problems).

Finally, we present the results of a comprehensive synthesis of studies examining the effectiveness of interventions that target moral development of juvenile delinquents to reduce criminal offense recidivism and how these interventions can potentially address.

Dementia in Victorian prisons

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The ageing of Australia's prison population poses issues for the management of prisoners with age related conditions such as dementia. Prisoners with dementia face a progressive decline, leaving them vulnerable and posing increased challenges for custodial staff. Two studies were conducted to examine the issue of dementia in Victorian prisons. Study I aimed to estimate the current prevalence of dementia in a sample of older Victorian prisoners, examined quality of life for this cohort, and explored the utility of a brief dementia screening tool for future use by corrective services. A sample of 114 prisoners (> 50yrs) were recruited for the study from three Victorian prison sites. Findings suggest an estimated prevalence rate almost 10 times greater than in the community. Study II used an online survey to measure knowledge of prison staff to detect and support prisoners with dementia. Results revealed knowledge gaps and highlighted areas for future training needs. Taken together, the two studies provided a comprehensive, contextual review of dementia in the Victorian prison system. The impact of dementia in the prison system is a concerning issue and poses novel challenges. Understanding the scope of dementia in this setting is crucial for ensuring appropriate care and support.

Advancing use of coercion reduction programs in mental health services: A systematic review of implementation tools

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Coercive practices in mental health care can infringe upon human rights, necessitating urgent global action to eliminate them. However, inconsistencies in clinical practice, fragmented research on effectiveness, and limited understanding of barriers and facilitators hinder real-world transformation of services. The aim of COST Action FOSTREN is to establish a network of researchers and practitioners dedicated to reducing coercion in mental health care. FOSTREN's Work Groups, including an implementation science focus, seek to integrate international expertise from various stakeholders for effective implementation of successful coercion reduction initiatives.

We conducted a systematic review to examine the tools employed by studies in implementing programs aimed at reducing coercion in mental health settings and the reported implementation outcomes. A comprehensive search was conducted across multiple databases, resulting in the inclusion of eight studies (nine papers). The identified coercion reduction programs utilized holistic approaches, risk assessment methods, staff training, and sensory modulation interventions. All of them were conducted in inpatient settings. Eight different implementation tools were identified, but none of the studies reported all sought implementation outcomes.

The most frequently reported outcomes were acceptability and adaptation, while no studies provided data on implementation costs. Overall, the quality of the studies assessed was relatively low. The review highlights the underutilization of systematic implementation tools when embedding coercion reduction interventions in routine mental health care. Further research, incorporating the perspectives of service users and carers, is needed to address this gap and determine the costs and resources required for implementing complex interventions with implementation tool guidance.

Global forensic social work education: A cross-national comparison of education models in ten countries

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Forensic social work is often described as the intersection between social work and the legal and criminal justice systems. It is a sociolegal practice which combines social work ethics, knowledge of the law, evidence-based practice, transdisciplinary knowledge and multidisciplinary collaboration. But forensic social work education and training is heterogeneous in terms of duration, content, and locality. Unlike qualifying social work education, specialist social work education is relatively unregulated, and often depends on the individual countries' credentialing and licencing processes. This paper aims to provide an overview and compare the approaches of ten different countries to forensic social work education. This review uses countries from the World Prison Brief Ten-Country Prisons Project: the United States, Brazil, England, Netherlands, Hungary, Kenya, South Africa, Thailand, India, and Australia. It aims to understand education models across diverse contexts and encourage further reflection on forensic social work pedagogy. Findings revealed that there is little consensus on what constitutes competence and quality in forensic social work education. Moreover, current modelling is drawn from Eurocentric epistemologies and has a duty to incorporate and celebrate First Nations, non-western and culturally inclusive paradigms. This paper aims to contribute through its consideration of how education experiences are nationally subjective. By discussing and contrasting different education models, practitioners will be encouraged to think critically about their knowledge bases, professional experiences, and future educational interests. It aims to encourage inclusivity and diversify practice by acknowledging and promoting cultural forms of knowledge in the forensic arena.

Developing Entrustable Professional Activities to enhance application of the Dynamic Appraisal of Situational Aggression risk assessment instrument and the Aggression Prevention Protocol

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The Dynamic Appraisal of Situational Aggression (DASA) is an instrument designed to assess risk of imminent inpatient aggression, and the Aggression Prevention Protocol (APP) was designed to structure nursing intervention according to the level of risk assessed by the DASA, (together known as the DASA+APP). Two studies testing the DASA+APP produced reductions in aggression and use of restrictive interventions, however a barrier to implementation is training. A recent study investigated approaches used in prevention of aggression training, to determine the best way to educate nurses in use of the DASA+APP. One recommendation was to include built-in assessment

following training to ensure learners have acquired adequate levels of competence to deliver the interventions outlined in the APP. Competency standard frameworks break down tasks and roles into detailed subcategories, resulting in loss of practical value. A more meaningful assessment is to determine a person's ability to integrate multiple competencies to provide optimal consumer care. Entrustable Professional Activities (EPAs) are a way of defining and assessing complex clinical interventions (Croft et al., 2020; Lau et al., 2020). This presentation will discuss the development of APP EPA's, via a series of focus groups with expert prevention of aggression trainers. Results from this study suggest the EPAs are a suitable assessment method, and can be used to assess clinicians readiness to transition between learning and professional practice of the DASA+APP. The EPAs were seen to fill a current practice gap and may also assist practice by providing consistency and enhancing documentation.

The predictive validity of the Spousal Assault Risk Assessment Guide V2 and V3

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The Spousal Assault Risk Assessment Guide (SARA) is a set of structured assessment guidelines developed to assist with intimate partner violence (IPV) risk assessment. Version 2 (V2) has never been validated in Australia, and a new version (version 3, V3) was published in 2015, which is yet to be comprehensively validated. This presentation will discuss recent Australian research investigating the validity of the SARA V2 and V3 in two separate samples of men convicted of offences against a current or former partner. The SARA-V2 was evaluated in a field trial involving 225 men incarcerated for serious offending involving an intimate partner. It showed moderate ability to discriminate between IPV recidivists (24.19%) and non-recidivists at 12-mths follow-up (AUC = 0.69), but there was no difference in survival time or hazard ratios between risk categories. The SARA-V3 was administered from file in a sample of 125 men (predominantly ex-partners) originally assessed in a community forensic setting. The ability of summary risk ratings to discriminate between IPV recidivists (18.40%) and non-recidivists at 12-mths follow-up was no better than chance (AUC = 0.51). There were no significant differences in survival time or hazard ratios between risk groups. The findings do provide evidence regarding the validity of the SARA V2 in particular for use with Australian men who have offended in the context of intimate partner abuse. Further research into the SARA V3 is warranted given the absence of supporting research findings to date.

Forgotten victims: The role of intimate partner violence in the homicide of collaterals

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Femicide, the killing of women, often by a current/former intimate partner is a serious social problem facing women globally (Dawson & Carrigan, 2021; Weil et al., 2018) and a form of gender-based violence (GBV) (Dawson & Carrigan, 2021). While the topic of femicide has gained scholarly traction (e.g. Dawson & Carrigan, 2021; Weil et al., 2018) and media attention, less frequently acknowledged and studied are the victims of collateral homicides, i.e., the intentional and unwitting homicide of a friends, family, new partners, or of acquaintances and professionals (e.g., law enforcement) perceived as instrumental in extricating abused women from the stranglehold of current or former abusive partnerships (Dobash & Dobash, 2012; Graham et al., 2018; Meyer & Post, 2013; Sheehan et al., 2014; Smith, et al, 2014). In one large sample of nearly 4500 IPV-related homicides in 16 different U.S. states, 20% of homicide victims were collateral victims (CHV), v. 80% of partner-victims. Nearly half were family members, with 38% being children under age 11; and 48% children under 17, highlighting the risk of IPV-related homicide of children. New intimate partners (27%), friends/acquaintances (19.5%), strangers (3.5%) and police officers (1.2%) were also targets. Motives vary, but include revenge, coercive control, and accidents. Last, research highlights IPV as a risk factor in mass-shootings, particularly gender-based mass shootings (Silva et al. 2021; Yardley & Richards, 2023). The goal of this presentation is to explore IPV-specific individual and contextual risk factors for homicide of both known and unknown collateral victims in varied relational contexts to the offender.

Killing your children to hurt your partner: Motivations for revenge filicide

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The aim of the study was to investigate the offense characteristics and motivations for revenge filicides. Revenge filicide is an act where one parent kills their own offspring for retribution to hurt and upset the other parent. The cases of twenty revenge filicide murderers (14 male and 6 female) were qualitatively analysed to determine the motivations and offense characteristics of revenge filicide offenders. Themes such as a loss of social identity due to rejection; extreme rage type anger; external locus of control; sadism; a desire to cause pain and a need to inflict harm will be highlighted in this presentation. The initial emotional response may escalate from mild anger to a level of narcissistic rage

which eventually culminates in the murdering of the child to punish and hurt the other parent and to restore control.

Challenging the narrative and landscape that enables educational disadvantage for cross-over children. Goldfields Education, a successful model of learning, the outrageous change we need.

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Children in the Justice System are largely the most vulnerable children with comorbidities, disabilities, mental health and trauma in the country. (Human Rights Commission 2020) The Youth Justice Review by Armitage and Ogloff (2017) talks to the very poor level of educational attainment, read and writing skills and intergenerational unemployment, educational or community inclusion.

Leveraging off a robust evidence base to demonstrate effective outcomes in Youth Crime Prevention and improved educational engagement, has inspired an exciting new model of education model. Innovative Justice transforming the way we view, deliver and capture the process of learning. Targeted at children and young people involved in both Child Protection and Youth Justice with systematic barriers to inclusion in education and successful experiences and working closely in partnership. With a strong value on evaluation, data analysis, research and lived experience feedback we will have significant learnings in the model to disseminate and inspire the audience.

Sure, to provoke rich interest and following discussion, challenging the way we understand these children, their education and our collective responsibility to this critical issue.

Risk management dilemmas: A decision-making matrix in an era of recovery and rights

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Decision-making is a complex process, especially when working with vulnerable clients involved in the justice system. The involvement of a large care team in decision-making creates additional challenges, particularly when there is a potential risk to the self or others. In such cases, those working with clients may preference a more restrictive

approach, which can be detrimental to the client's recovery. Therefore, it is crucial to achieve a balance between promotive, recovery-focused decisions and preventative risk management strategies.

This paper presents a decision-making model that aims to address risk management dilemmas in a balanced manner, while providing staff with a clear rationale for their decision making. The six-step process, developed from a paper written by Andrew Carroll and Bernadette McSherry, *Risk Management in the Era of Recovery and Rights* (Carroll & McSherry, 2021), is presented in a visual format to assist the reader with a specific problem or scenario related to a decision around a client's risk. The model encourages practitioners to consider both preventative and promotive outcomes in a systematic manner, ensuring that decisions are evidence-based and focused on the client's recovery.

The paper concludes that this model provides a useful framework for decision-making when working with vulnerable clients involved in the justice system. By promoting a balance between preventative and promotive approaches, it enables practitioners to make decisions that are based on evidence and focused on the client's recovery. Ultimately, this model aims to improve the quality of decision-making and enhance the wellbeing of vulnerable clients.

Childhood maltreatment and psychopathic traits in a general population: The mediating role of emotion regulation

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Childhood maltreatment costs the Australian economy over \$9.1 billion annually, reflecting its deleterious physical, social, and psychological outcomes. In some cases, trauma can lead to dark personality traits with a trajectory of aggressive, violent, and socially aversive behaviour. The most serious of these traits is psychopathy; however, no effective interventions are currently available to attenuate its development nor reduce its impact in adulthood. This is attributed, in part, to insufficient understanding of its aetiology. The present research examined six components of emotion dysregulation (i.e., limited access to emotion regulation strategies; nonacceptance of emotional responses; impulse control difficulties; difficulties engaging in goal-directed behaviour; lack of emotional awareness; lack of emotional clarity) as potential mediators between childhood maltreatment severity and primary versus secondary psychopathic traits. Using an online survey, 1074 individuals (49.7 percent female, $M = 28.38$ years, $SD = 8.34$) from a general population sample completed measures for childhood maltreatment, psychopathic traits, negative affect, emotion regulation, dark triad traits, and vulnerable dark triad traits. Parallel mediation analysis using bootstrapping revealed that the six components of emotion dysregulation fully mediated the relationship between maltreatment and primary psychopathic traits. The relationship between maltreatment and secondary psychopathic traits was partially mediated through five components of emotion dysregulation (all except

difficulties engaging in goal-directed behaviour). This provides preliminary evidence that emotion regulation may play a role in the development and maintenance of subclinical psychopathy. Future research is needed to explore whether intervention targeting emotion regulation may improve outcomes for individuals with trauma and psychopathic traits.

The Safer Living Centre: a case study for reintegration of people with sexual convictions

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Re-entry into the community is a particularly challenging time for people with sexual convictions against children. Although there are multiple support services available in prison, this support is greatly reduced when the individual is released, and the stigma attached to sexual offences can create a hostile environment for re-entry, leading to isolation, shame, depression and anxiety. Further, the risk-based support system and the absence of a proactive and positive approach to rehabilitation and reintegration can contribute to recidivism.

The Safer Living Centre is the only rehabilitation centre in the UK which offers specialised and continued support for individuals to lead pro-social, offence-free lives after a sexual conviction. The aim of the Safer Living Centre is to provide hope, promote well-being and support individuals to develop pro-social skills, assist them to lead positive, offence-free lives, and reduce recidivism. The Centre offers classes and advice to develop skills, provide support from staff and peers, and other therapeutic and recreational activities such as cookery, meditation, pet therapy, and games clubs.

Since its inception, researchers have collected psychometric and qualitative data to evaluate service users' progress at the centre, and better understand their lived experience. Preliminary results suggest significant increases in wellbeing and hope, and reductions in shame, depression, and anxiety.

This presentation will discuss the unique challenges faced in the development of the Safer Living Centre, an overview of recent data, and the implications for service user reintegration and potential to lead an offence-free and meaningful life.

Public expectations of retribution: Implications for restorative practice in child protection

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Many child protection systems have shifted their practice towards including restorative principles when responding to child maltreatment; however, research suggests lay people expect retribution against individuals who perpetrate child maltreatment. If there is tension between the restorative goals of child protection practitioners and retributive expectations of lay people, this would contribute to poor public perceptions of child protection services. In two experimental studies, we investigated the effects of restorative and non-restorative factors on lay people's justice reasoning about a child protection scenario using a 2 (punishment sufficiency: high, low) x 2 (restorative potential: high, low) x 2 (adverse outcome: known, unknown) between-groups experimental design (Study 1 $N=143$; Study 2 $N=168$). Consistent effects of restorative potential were observed, indicating people's evaluations of child protection practice adhered to restorative principles. However, the effects of restorative potential on evaluation of outcomes were partially mediated by retributive concerns, demonstrating a subtle discrepancy between the restorative frameworks of child protection and the retributive expectations of lay people. Knowledge of an adverse outcome also influenced evaluations, demonstrating that hindsight bias undermines support for restorative principles in practice. Findings of these studies are discussed in terms of their implications for child protection practitioners.

Developing a short-term DBT-based intervention for high-risk offenders: Identifying key components for successful treatment

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The appeal of Dialectical Behavior Therapy (DBT) in correctional and forensic settings has grown rapidly over the past two decades. The basis for this appeal is perhaps obvious, given the importance of impulsivity and emotion regulation deficits in fueling violent and criminal behavior, both of which are central elements of DBT. However, much of this research has focused on women or juvenile offenders, or those with specific diagnoses (e.g., substance abuse, borderline personality disorder). Notably absent from this literature has been a focus on more "typical" offender populations, such as repeat offenders who often satisfy diagnostic criteria for antisocial personality disorder. Drawing on prior research, we developed a 12-week intervention focused on the treatment needs of offenders participating in a voluntary re-entry program. The program was developed specifically for those offenders deemed to be at high risk for renewed criminal behavior and incarceration, based primarily on the extent of their incarceration history. Participation in the DBT program is required of all re-entry program participants. This presentation will provide a brief overview of the treatment program, along with preliminary outcome data from our first 5 cohorts of clients that have completed the entire reentry program. The

intervention is delivered weekly by trained Psychology graduate students and supervised by two experienced clinicians. A primary focus of this presentation will be on the specific elements of the program (e.g., skills taught and practiced) that clinicians have identified as particularly useful.

Schema coping: Understanding its assessment and role in aggression

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According to schema therapy (ST) theory, coping describes the way that an individual responds to the activation of underlying early maladaptive schema (Young, Klosko, & Weishaar, 2003). Schema coping is one of the three major constructs in ST and comprises of coping styles, which include schema overcompensation, schema surrender, and schema avoidance, and coping responses, which are specific behaviours relevant to each coping style (e.g., mistreats others as a way to overcompensate for feelings of being abused themselves). Schema coping is thought to perpetuate underlying schemas and is therefore relevant to the therapeutic process. ST has gained popularity for a range of clinical problems, particularly personality pathology (e.g., Basile, Tenore, & Mancini, 2018b; Dadomo et al., 2016; Luck, Waller, Meyer, Ussher, & Lacey, 2005; Pugh, 2015; van Wijk-Herbrink, Broers, Roelofs, & Bernstein, 2017). It has also received some attention in the treatment of offenders with personality problems. The overarching aim of this research is to explore the role of schema coping in relation to aggression. Unlike schema modes and early maladaptive schema, schema coping is under-researched and methods for assessing schema coping are under-developed. Thus, this research first focused on understanding how to best assess schema coping. This was achieved by exploring associations between assessment tools as well as examining the factor structure and aspects of construct validity of these measures. Subsequently, associations between schema coping and aggression are being investigated.

Enhancing understanding and prevention of crisis mental health presentations following police-reported family violence victimization and perpetration

Ben Spivak¹, Nina Papalia¹, Melanie Simmons¹, Michael Trood¹, Troy McEwan¹

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The landmark Royal Commission (Inquiry) into Victoria's Mental Health System highlighted that a whole-of-government, multi-systems approach to mental health is required, rather than narrowly viewing mental health as a healthcare issue. While a large body of empirical literature suggests that family violence (FV) is a social determinant of poor mental health, there are critical evidence gaps regarding rates and risk factors for mental-health-related emergency department (ED) presentations among children, adolescents, and adults with police involvement for FV. People presenting to emergency departments (EDs) for mental-health-related problems, like self-harm, substance abuse, and other crises, are at increased risk of repeat presentations, suicide, and other deaths. This presentation will report on a data linkage study which examined the prevalence and predictors of mental-health-related ED presentation among 2990 police-reported FV perpetrators and victims. The findings suggest important sex differences in the association between police recorded FV involvement and mental health related ED presentations. Aligning with calls for 'whole-of-government', multi-agency responses to mental health, we identify opportunities for justice, health, and other agencies to help prevent serious mental-health-related harms associated with FV.

RISKSAM – A model for risk management of domestic violence, stalking, and honor-based violence and oppression

Susanne Strand^{1,2}

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Prevention of domestic violence, defined according to the Istanbul Convention (2011) as any form of physical, sexual, psychological, or economic harm or suffering perpetrated by a current or former partner, represents a significant societal challenge. Such violence causes a major strain on both victims and society, where resources provided to reduce violence show low effect since both rates of prevalence and recidivism remains high and quality of life remains low for victims and their children, specifically in rural areas. The work to prevent such violence needs an effective risk management, which currently is not the case. The risk management conducted by social service in collaboration with the police is problematic since it is done with different perspectives in an unstructured way. The RISKSAM is a structured risk management model developed to improve collaboration within and between agencies. The RISKSAM will provide the link between the conducted risk assessment and the suggested risk management.

This presentation will introduce the RISKSAM, a framework designed to facilitate collaboration and communication about risk and risk management within and between organizations. The overall aim is to improve and implement a sustainable and evidence-based model, the RISKSAM, and to evaluate the effects of working with this model in terms of violence reduction, cost-effective collaboration, and quality of life for victims, in

cases of domestic violence, stalking and honor-based violence and oppression, with both a rural and child perspective. The first phase of the six-year research program validating the RISKSAM will be described with preliminary results.

The needle in the haystack: Predicting extreme family violence

Michael D. Trood^{1,2}, Benjamin L. Spivak^{1,2}, James R. P. Ogloff^{1,2}, Troy E. McEwan^{1,2}

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Preventing family violence (FV) has become a priority for numerous police services in the past two decades. However, the overwhelming number of FV reports presents a challenge to developing and implementing effective responses. While all FV is unacceptable, there is an impetus to predict and prevent severe and near lethal FV. Risk assessment instruments are one approach the Police can utilise to determine which cases require more intensive management, but their utility for predicting extreme FV within representative populations has seldom been tested.

This talk presents the results of a collaboration between Victoria Police and the Centre for Forensic Behavioural Science, Swinburne University of Technology, to examine the ability of front-line risk assessments at predicting extreme FV. This presentation will cover the challenges involved in predicting extreme FV, the extent to which key risk factors identified in the research literature can successfully predict near lethal FV, and possible avenues for an improved approach. The talk will finish with implications for policing services and a summary of what has been learnt through this research collaboration.

'Well miss, someone is going to get me': The development of an evidence-based model to address the drivers of serious youth violence in a diverse cohort of young people.

Lisa Warren¹ and Michael Alday²

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The *Stable Bases Model* for youth at risk of perpetrating violence will be presented. The model was developed in collaboration with frontline youth services to address the drivers of serious youth violence among a diverse cohort of young people living in an urban setting. The model was developed in response to a growing level of concern in Melbourne following several incidents where young people were seriously injured or killed by peers.

While low in number, these incidents were highly impactful for the communities in which they occurred. The impact, disbelief and sometimes outrage had been extensively reported in the media, adding to the pressure on frontline services to effectively intervene.

The *Stable Bases Model* was the result of extensive consultation and a literature review. The model drew upon local and international policy and research, expert academic opinion, and multiple stakeholder experiences of situations where young people had used knives and other weapons to seriously injure or kill. The model knits together the findings into a cohesive, evidence-based, intervention model. The model echoes global reform that shifted youth justice services from a punitive era to one where the law accommodates high-risk youth developing their capacity to achieve the next steps in their personal development, while prioritising public safety. The *Stable Bases Model* focuses on **how** services can facilitate at-risk young people developing an aspirational self-view as they undertake the key developmental task of adolescence – moving from childhood to adulthood by creating an adult sense of self.

The impact of a seclusion reduction intervention in secure forensic psychiatric units

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Within mental health settings seclusion remains prevalent and can be psychologically and physically traumatising for consumers and staff alike. Seclusion is a safety intervention to manage high risk behaviours of concern. Aggression is particularly prevalent within Forensic Mental health services, as is the use of seclusion. The Victorian Royal Commission into Mental Health Services recommended immediate attempts to reduce seclusion and aims for the elimination of restrictive practices within 10 years. Forensicare commenced a 12-week intervention named the 'SPRINT', which was designed around the six core strategies for reducing seclusion and restraint. The methodology was used to collect, measure, and analyse quantitative data from all consumers admitted at the time of each data collection; from CMI databases and consumer medical records. The team collected and analysed data from 12 weeks before the intervention and the 12 weeks during the intervention. - Data showed an average seclusion rate per 1000 bed days of 36.6 initially which decreased to 15.6 when the intervention concluded. Data highlighted an average seclusion duration of 31:07 initially, which decreased to 22:60 when the intervention concluded. Data showed an average total number of seclusions of 89 initially, which decreased to 43 when the intervention concluded. The barriers, challenges, lessons learnt, and successes of the intervention will be explored.

Does it actually work? Validation and utility of the Risk of Sexual Violence Protocol in an Australian community forensic setting

Melisa Wood^{1,2}, Michael R. Davis², and Beatrice C. Raymond^{2,3}

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Despite its original publication 20 years ago and the recent release of a second edition, there is very little international validation of the Risk for Sexual Violence Protocol (RSVP: Hart et al., 2003). Its earlier parallel form, the Sexual Violence Risk – 20 (SVR-20: Boer, Hart, Kropp & Webster, 1997; also now in its second edition), has had considerably more research attention and is considered to have good reliability and validity in its relationship with sexual recidivism. Given that they are considered parallel forms, the empirical support for the SVR-20 is often cited as indicative support for the RSVP. Much of this research is based on North American and European samples, and there is no existing published research on the applicability of either tool to the Australian context. As such, the current study examined the reliability and validity of the RSVP in a sample of 115 adult male sexual offenders referred for assessment to a community forensic mental health service in Melbourne, Australia. Using a retrospective follow-up design, 21 percent of participants were charged with further sexual offences over a mean follow up period of 8.29 years ($SD = 5.94$). Both case prioritisation ratings and lifetime total scores on the RSVP were moderate-to-highly related to sexual recidivism ($AUC = .68$ and $.74$); and both added incremental predictive validity to the results of the Static-99R. Such results are comparable to those found in other jurisdictions. The implications and limitations of these results are discussed, along with recommendations for future research and practice.

ROUNDTABLES

Risky knowledge: Co- production in criminal justice settings

Diana Johns¹, Catherine Flynn², Shelley Turner³, Maggie Hall⁴

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²*Department of Social Work, Monash University, Caulfield East, Australia*

³*Chief Social Worker, Forensicare (Victorian Institute of Forensic Mental Health), Thomas Embling Hospital, Fairfield, Australia*

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This roundtable will engage critically with the concepts of *risk* and *risk management*, drawing on lessons from our new book, *Co-production and Criminal Justice*. Increasingly used in criminal justice policymaking, research, program design and delivery, co-production holds a promise: that people whose lives are entangled in the criminal legal system are valued as participants and partners, helping to shape how the system works. But how realistic is it to imagine criminal justice 'service users' participating, partnering, sharing genuine decision-making power with those explicitly holding power over them? Through a series of practical case studies, we reflect on what people *do* when they co-produce knowledge in forensic and criminal justice contexts. We consider how and where risk arises for people involved in the co-production, co-design or co-delivery of forensic or criminal justice research, programs, policies and practices. The case studies illustrate how such projects are variously shaped and constrained by the omnipresence of risk and risk-management thinking, including about how to do co-production and with whom. In this context, we consider the implications of this overarching logic in terms of participation, partnership, and decision-making power. We reflect on the possibility for co-production to facilitate meaningful engagement with people whose lives are entangled in criminal justice and related systems. We weigh this against the potential for reinforcing existing hierarchies, logics and structures that maintain the workings of the criminal justice system, and ask what are the risks of this engagement for people bearing the stigma of criminalisation?

Co-designing and co-facilitating prevention and management of aggression training in a forensic mental health setting

Brittany McVeagh¹, Hannah Jackson²

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The Forensicare Lived Experience team partners with clinicians to codesign and cofacilitate prevention and management of aggression training. This training is delivered to all clinicians that commence with Forensicare. This approach is innovative because there has historically been assumptions that Lived Experience involvement in this type of training will be retraumatising. We address this, as well as other common misconceptions including the perceived fragility of the Lived Experience Workforce and clinicians' natural reaction to want to protect the wellbeing of others.

Drawing on anecdotal feedback from the Lived Experience workforce at other services, we're often asked why Lived Experience is involved in this training, to which we respond, why not?

We deliver this through an interactive workshop, bringing together abstract charters and frameworks to improve outcomes through the consideration of various perspectives including consumers, carers and clinicians. With a solution focused approach, we explore some of the complexities to each perspective, linking it back to translation into practice.

Guided by trauma informed principles, our intention is to decrease the opportunities of trauma for everyone involved. This is achieved through challenging the status quo and reinforcing the importance of treating our consumers as humans rather than a risk category.

Through robust conversations with those who have experienced restrictive practices firsthand, we are encouraging reflection of practice and the detrimental impact of restrictive practices. What we hope to have achieved through these workshops is the creation of a safer environment for all.

Responding to serious crime: Moving from punitive and siloed responses towards a collaborative and client-centred approach

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Young people who present with multiple and complex needs and who commit serious crime are often involved with multiple systems and services. Due to systemic pressures, services designed to support young people may engage in siloed, non-collaborative practice – commonly to the detriment of the individual and their care. This is often the experience of young people referred to the Multiple and Complex Needs Initiative (MACNI): A funding initiative reserved for Victoria's most complex, high-risk, and vulnerable individuals. In this roundtable, we will discuss the capacity of the MACNI program to support better outcomes for young offenders of serious crime and the systems that surround them. We will use a real case example of Anna*, a 22-year-old woman whose personality disorder was considered a key factor in her offending. Using Anna's case, we will explore the challenges of working within siloed and sometimes punitive

systems, and illustrate the successes of collaborative and client-centred care when responding to young offenders with complex needs namely, increased client involvement, effective cross sector response to presenting issues and a reduction in serious crime. Although MACNI is a Victorian-based initiative, this discussion will be generalisable to those working with complex clients engaging in serious crimes and who interface with similar service systems.

**Pseudonym.*

The potential for an Australian-First Specialist Infant Court to change the developmental trajectories of infants and very young children in out of home care.

Matthew Wilson¹ and Dr Nicole Milburn²

¹2020 Churchill Fellow, Winston Churchill Trust (Australia) and Children's Court of Victoria

²Clinical Psychologist in private practice and Chair of the Tweddle Foundation

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Child protection jurisdictions throughout Australia (and internationally) are perpetually described as being in crisis, with yearly increases in reports, substantiation of harm, and entry into care. First Nations children are significantly over-represented in every measure.

Infants (0-3) are significantly over-represented in all aspects of child protection and care. When infants enter out-of-home care, they stay for longer and spend more of their childhood in out-of-home care than children who enter out-of-home care at an older age.

Infants' entry into out of home care can compound the harms associated with the adverse events responsible for that entry. National and International literature indicates that infants in out-of-home care are more likely to experience developmental delays, adverse physical health, and attachment problems, and are more likely to experience adverse longer-term outcomes than other children.

Australia's adversarial court system can unwittingly compound the problem by pitting infants needs against parents' rights.

Solution-focused Specialist Infant Courts, through embedding infant mental health and early childhood developmental expertise into care and protection court processes, together with expert case coordination, achieve significantly better outcomes for infants and their families than traditional adversarial justice approaches. Infants are reunified or stabilized earlier and are less likely to suffer further abuse and neglect. The team approach is more likely to preserve family relationships.

This presentation will explore the structure and operations of Specialist Infant Courts and generate discussion about ways to restructure systems to change changing developmental trajectories for our most vulnerable children and their families.

SYMPOSIA

Criminal justice involvement of 10-13 year old children: understanding social and offending characteristics, assessing criminal responsibility & approaching system reform

Convenor: Susan Baidawi

Criminal Justice Research Consortium, Department of Social Work, Monash University

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Children who experience early contact with the criminal justice system are a high priority group for policy and practice reform. This symposium brings together Australian forensic psychology and social work scholars who present findings of contemporary research focusing on the criminal justice involvement of children aged 10-13 years. The presentations outline key characteristics and offending profiles of children with early criminal justice system involvement, the assessment of criminal responsibility in this cohort, alongside judicial, clinical, legal and social welfare recommendations for reforming systems responses to this group of children.

Abstract 1: Early versus late contact with the youth justice system: Opportunities for prevention and diversion

Catia Malvaso^{1,2}, Michaela Magann¹, Pedro Henrique Ribeiro Santiago², Alicia Montgomerie², Paul Delfabbro¹, Andrew Day³, Rhiannon Pilkington², and John Lynch^{2,4}

¹ *School of Psychology, The University of Adelaide, South Australia, Australia*

² *School of Public Health, BetterStart Child Health and Development Research Group The University of Adelaide, South Australia, Australia*

³ *School of Social and Political Sciences, The University of Melbourne, Victoria, Australia*

⁴ *Population Health Sciences, University of Bristol, Bristol, United Kingdom*

Children who have 'early contact' with the youth justice (YJ) system are a group of significant policy interest. Understanding the circumstances which proceed or co-occur with early YJ contact is needed to develop and target preventive investments. This study uses whole-of-population administrative data drawn from the SA Better Evidence Better Outcomes Linked Data (BEBOLD) platform to examine differences between children who have early (i.e., between the ages of 10 and 13 years) versus late (i.e., at age 14 or older) YJ contact, relative to the general population. Children born 1991-2022 were followed from birth to age 18 (N=249,995). Compared to the late contact group, children with early contact: had more serious YJ contact (e.g., 91% versus 59% ever experienced custody); were more disadvantaged at birth (e.g., 66% versus 45% born into jobless families); had more serious child protection contact by age 10 (e.g., 26% versus 12% experienced out-of-

home care); and experienced more mental health-related hospitalisations from ages 12-18 (e.g., 43% versus 34%). Relative to the general population, both groups were characterised by significant social and economic disadvantage, child protection contact and mental health challenges. The need for investment in early prevention to divert children from the justice system is clear.

Abstract 2: 10–13-year-old children with alleged offending: characteristics, outcomes and avenues for system reform

Dr Susan Baidawi¹, Dr Nina Papalia², Professor Rosemary Sheehan¹ and Rubini Ball¹

¹*Criminal Justice Research Consortium, Department of Social Work, Monash University*

²*Centre for Forensic Behavioural Science, Swinburne University of Technology and Forensicare*

This paper presents selected findings of an Australian Institute of Criminology-funded study conducted in partnership with the Children's Court of Victoria, Australia. The research investigated the characteristics, offending, police and court outcomes, and criminal justice trajectories of 10–13-year-old children with alleged offending, alongside key stakeholders' views of the strengths and limitations of current responses to this group of children. **Methods:** A retrospective follow-up study with a statewide sample of 1,369 children aged 10-13 years with alleged offending in 2017 was conducted, alongside qualitative consultations with 47 judicial, clinical, legal and social welfare participants. **Results:** There were relatively few 10–11-year-olds among the study sample, and most alleged offending involved property offences. Three quarters of children had no prior police charges, though half had a previous intervention order, largely as protected persons. One-half children (56%) were cautioned by police, 25% had police contact other than a caution, 18% of children's matters proceeded to Court, with an outcome not involving Youth Justice supervision, while 2% had a Court outcome involving Youth Justice supervision. After their index matter, 49% of children had no alleged offending in the following 24 months. Respondents suggested that current system strengths included the strong focus on diversion but criticised the absence of an integrated service response for children with early offending behaviours. There was strong support for raising the minimum age of criminal responsibility (currently 10 years), alongside suggestions for more holistic and therapeutic responses to younger children with offending behaviour.

Abstract 3: Seriously wrong or mere naughtiness? An analysis of psychological assessment reports of doli incapax in relation to children under 14 years charged with offending.

Dr Nina Papalia¹, Dr Susan Baidawi², Dr Lisa Forrester³, Professor Rosemary Sheehan²

¹*Centre for Forensic Behavioural Science, Swinburne University of Technology and Forensicare*

²*Criminal Justice Research Consortium, Department of Social Work, Monash University*

³*Children's Court Clinic, Court Services Victoria*

Doli incapax operates as a rebuttable presumption by which children between the ages of 10 and 14 years are presumed to be incapable of understanding the difference between naughty behaviour and criminal acts that are seriously wrong. The presumption is available in all Australian states and territories and asserts that where a child is unable to comprehend this distinction at the time of the offence, they should not be held criminally responsible for their actions. Courts may seek an expert assessment of a child to assist them in determining whether the presumption is rebutted. Although several complexities associated with *doli incapax* assessments are recognised, little is known empirically about how clinicians approach these assessments, including domains considered and the factors informing their opinions and recommendations. This research aimed to help address this gap through a retrospective case file analysis of 80 *doli incapax* assessment reports completed by psychologists in 2018-19 at the Children's Court Clinic, an independent statewide service that conducts expert assessments of children and families for the Children's Court of Victoria. We also sought to describe the characteristics and support needs of children undergoing *doli incapax* assessments. Findings from the case file analysis were further contextualized through consultations with a separate sample of clinicians about the strengths and limitations of *doli incapax* processes. Implications of these findings for policy and practice will be discussed.

Child murder by parents: Motive, mental illness, and public perception

Convenor: Susan Hatters Friedman¹

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Filicide and neonaticide are often tied to severe depression or psychosis in the minds of the public. However, many cases of child homicide are related to substance misuse, personality and parenting difficulties and not severe mental illness. This panel will make use of up-to-date world literature about mental health, filicide, and neonaticide (including our own research), as well as our clinical and forensic experience.

Abstract 1: Child murder by parents

Dr Susan Hatters Friedman

Filicide (murder of the child by the parent) and neonaticide (murder of the infant in the first day of life) are often tied to severe depression or psychosis in the minds of the public. However, many cases of child homicide are related to substance misuse, personality and parenting difficulties and not severe mental illness. Dr. Friedman will detail the five motives described by Resnick in his 1969 review of the world literature. She will also discuss more recent research by panel members regarding these motives. She'll discuss various recent legal cases internationally, and why having an understanding based on motive is important both in helping juries understand the cases and in prevention efforts.

Abstract 2: Filicide, neonaticide, and mental illness

Dr Renee Sorrentino

Neonaticide and filicide may occur in the context of parental mental illness. However, parents have multiple different rationales behind homicide which may not be related to psychosis or mood disorder. Dr. Sorrentino will discuss the intersection of mental illness with neonaticide and with filicide. She'll also describe various adjudicated cases internationally, and the intersection with mental illness.

Abstract 3: Public perceptions and child murder by parents

Dr Andrew Howie

Mothers and fathers who kill their children are perceived differently in the eyes of the public, and professionals. Recent research considers how parents who kill are presented in the media when they have killed their child. Public perceptions of mothers relates to various factors. As well, additional recent research considers perceptions of parents who have killed by professionals based on gender. Dr. Howie will discuss public perception of neonaticide and filicide offenders, including research about reporting of these crimes and considering how mothers and fathers are perceived differently.

From hidden pregnancies to delusions of pregnancy: Diagnosis and risks of infanticide

Convenor: Susan Hatters Friedman¹

¹Case Western Reserve University

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False pregnancy and hidden pregnancy are both pathologies in the recognition and behaviours related to the pregnant state of relevance to forensic evaluations. Both the reporting of pregnancy when one is not pregnant (which may be delusional or not) and the denial or concealment of true pregnancies may lead to clinical consultation within obstetrics, as well as forensic evaluations. Denial of pregnancy may occur due to psychosis, but more often is due to affective denial or pervasive denial. More purposeful concealment of pregnancy may occur after an initial period of denial. These apparently opposite pathologies are both seen in forensic evaluations, particularly after violence and homicides. False pregnancies occur for various reasons, but because pregnancy is a time-limited condition, may end in kidnapping by Caesarean, with homicide of the actual mother or infant. Denial and concealment of pregnancy necessarily end after a period of months, with the delivery of an infant. Neonaticide, as well as child abuse or neglect are potential outcomes in cases of hidden pregnancies. Recommendations for mental health professionals engaging with these populations of women during their pregnancy—real or unreal—as well as forensic psychiatrists after offending are made.

Abstract 1: The pathologies of false and hidden pregnancies

Dr Andrew Howie

False pregnancy and hidden pregnancy are both pathologies related to the pregnant state with relevance to forensic evaluations. Both the reporting of pregnancy when one is not pregnant (which may be delusional or not) and the denial or concealment of true pregnancies may lead to clinical consultation within obstetrics, as well as forensic evaluations. Dr. Howie will situate the importance of understanding these phenomena.

Abstract 2: Denial and concealment of pregnancy: Forensic implications

Dr Renee Sorrentino

Denial of pregnancy may occur due to psychosis, but more often is due to affective denial or pervasive denial. More purposeful concealment of pregnancy may occur after an initial period of denial. These apparently opposite pathologies are both seen in forensic evaluations, particularly after violence and homicides. Dr. Sorrentino will discuss the denial and concealment of pregnancy and the forensic implications.

Abstract 3: False pregnancies: Forensic implications

Dr Susan Hatters Friedman

False pregnancies occur for various reasons, but because pregnancy is a time-limited condition, may end in kidnapping by Caesarean, with homicide of the actual mother or infant. Denial and concealment of pregnancy necessarily end after a period of months, with the delivery of an infant. Neonaticide, as well as child abuse or neglect, are potential outcomes in cases of hidden pregnancies. Dr. Friedman will discuss false pregnancies and forensic implications.

Recommendations for mental health professionals engaging with these populations of women during their pregnancy—real or unreal—, as well as forensic psychiatrists after offending, are outlined in each section.

VIDEO PRESENTATION

'Ask Us Anything': Embedding Lived Experience at Forensicare

Short presentation and video

Brittany McVeagh

Brittany McVeagh, Senior Peer Worker, presents a 15-minute video featuring the Forensicare Lived Experience team designed to support the embedding of Lived Experience at Forensicare, the primary statewide provider of adult forensic mental health services in Victoria, Australia.

PRESENTERS

Tracie Alborough

Tracie Alborough (BPsySc, GDipAdolHlthWelf, GCertDevTrauma) is the Team Leader from Youth Support and Advocacy Service (YSAS) and delivering services to the Embedded Youth Outreach Program in Melbourne's West in partnership with Victoria Police. Tracie has over 25 years' experience working in the community and human services sectors. She has a lived experience similar to many of the young people she works with on a daily basis and this continues to drive her passion for the work. Tracie has been a strong advocate for young people, working for better outcomes for their future. Through her advocacy she has ensured that the voice of children and young people is represented at local, state and international levels.

Michael Alday

Michael is a lawyer with a professional background in corporate governance, compliance, and risk management. He holds a juris doctorate and MBA specialising in strategic management where he has previously worked with multinational corporations, such as Fuji Xerox. Michael's wealth of experience has created a unique opportunity to reconsider care team coordination and service delivery in complex cases from a legal and project management perspective, including working with Prince II, Kanban and PMBOK methodologies.

Victoria Athanasiadis

Victoria is a Senior Occupational Therapist at Complex Psychology in Melbourne, Australia. Victoria has experience working in public and private settings. She has experience working with youth and adults with complex diagnostic pictures, including physical, neurological, and psychosocial disability.

Victoria acknowledges that each client has a unique occupational identity and is passionate about utilising a person-centred approach to support their ability to re-engage in social and community settings, minimise risk, manage behaviours of concern, and develop a strong sense of self to improve their overall quality of life.

Susan Baidawi

Dr Susan Baidawi is a Senior Lecturer in the Department of Social Work at Monash University and co-director of the Monash Criminal Justice Research Consortium. Her research is at the nexus of social welfare and criminal justice systems, particularly focusing 'crossover' youth involved in child protection and youth justice systems, and vulnerable adult prisoners. Dr Baidawi's applied research has informed policy and practice reform in child and family welfare and criminal justice systems across Australia. She is an

Early Career Research Fellow of the Australian Research Council and was awarded the 2022 Monash University Vice-Chancellor's Award for an Early Career Researcher.

Justin Barry-Walsh

Dr Justin Barry-Walsh is a forensic psychiatrist based in Wellington New Zealand. He has worked in threat assessment for a decade, published several papers in the area and co-authored two surveys of harassment of MPs in New Zealand. He is the Clinical Lead for the Fixated Threat Assessment Centre New Zealand based at Police National Headquarters. He has other strings to his bow.

Christiaan Bezuidenhout

Christiaan Bezuidenhout is a full professor in the Department of Social Work and Criminology, University of Pretoria UP, where he teaches psychocriminology, criminal justice and contemporary criminology at undergraduate and postgraduate level. Psychocriminology, criminal justice (policing) and youth misbehaviour are some of his research foci. He holds a C2 research rating from the National Research Foundation in South Africa. During his academic career, Christiaan has published numerous scientific articles in peer-reviewed journals and has authored chapters in several books. He has also acted as editor-in-chief for various scholarly works. He has been actively involved in various community engagement projects focusing on the management of crime and risk assessment. For this he was awarded the 2019/2020 University of Pretoria Institutional Community Engagement Award.

Hayden Browning

Hayden is a Behaviour Support Practitioner at ACSO, working at the intersection of intellectual disability and the criminal justice system. Hayden has experience supporting clients subject to compulsory treatment and is passionate about the effective balance of quality-of-life and risk management.

Woody Boyce

Dr. Woody Boyce completed his PhD at Federation University contributing to the knowledge base of Out of Home Care practices and their effects on children and young people's readiness to learn. A Bachelor of Arts (Hons) and holds extensive experience across the sector of Out of Home Care, Multiple and Complex Needs and senior leadership positions in the Not for Profit and academic teaching sector. Dr Boyce is committed and passionate to improve the educational disadvantage of children in the out of home care and justice system.

Neil Campbell (Keynote)

Neil Campbell is of Ngāti Porou and Te Whānau A Apanui descent. He has worked for Ara Poutama Aotearoa, New Zealand Department of Corrections for the past 28 years and held many operational positions. He is the former Director Maori for the department, and General Manager Cultural Capability. Neil currently holds the national position of General Manager Rautaki Maori. Maori Strategy, Partnerships and Outcomes. Neil is driven by culture in its many contexts, and works closely with other jurisdictions on matters of cultural identity and effective ways of working with indigenous peoples within the Criminal Justice system

Vanessa Challinor

Vanessa is a Senior Behaviour Support Practitioner and a Psychologist at ACSO. She works with clients that have complex needs and are involved or are at risk of being involved in the criminal justice system. Vanessa is passionate about evidence-based practices, human rights, facilitating change and creating a safer community. Vanessa also works as a psychologist in private practice.

Sinead Cloonan-Thomas

Sinead Cloonan-Thomas is a current doctoral research candidate completing the Doctor of Psychology (Clinical and Forensic Psychology) at Swinburne University of Technology. Her current research has a focus on exploring court experiences and procedural justice across different cultural groups. She has previously conducted research in collaboration with the Centre for Forensic Behavioural Science with a focus on stalking and intimate partner violence in an adolescent population. Sinead is a provisional psychologist and has experience in both clinical and forensic psychological practice.

Han-Mari Cronje

Han-Mari Cronje is currently completing her Doctorate in Clinical and Forensic Psychology at Swinburne University of Technology. Her research broadly focuses on better understanding and addressing the experience of cognitive impairments among forensic mental health inpatients. In particular, she has a keen interest in investigating whether a cognitive skills program, Thinking Minds, can improve FMH inpatients' cognition, functioning and quality of life during their stay at a secure psychiatric hospital.

Keith Cruise

Keith Cruise, is Professor of Psychology in the Department of Psychology at Fordham University and Co-Director of the Center for Trauma Recovery and Juvenile Justice (CTRJJ). Dr. Cruise has over 20 years of experience balancing research and direct clinical services addressing the interaction of adolescent's mental health and delinquency needs. Through direct service, research, program evaluation, technical assistance and training, Dr. Cruise promotes greater acknowledgement and integration of trauma-informed

practices within adolescent and adult legal systems as a method of enhancing self-regulation, improving service delivery, and promoting strengths enhancement as well as public safety.

Katherine Danylak

Katherine Danylak (BA, Advanced Dip ESOL, M.Ed, M.PubPolicy & Man.) is the project manager of the Embedded Youth Outreach Program (EYOP) at Victoria Police. Katherine's career in public sector management has crossed the fields of education, health and policing. Katherine's management of projects including stakeholder engagement processes have crossed the boundaries of government, not for profit sector, industry and community and are currently contributing to Victoria Police's early intervention youth crime prevention strategies.

Michael Davis

Dr Michael Davis is a Consultant Forensic Clinical Psychologist in full-time practice. He has adjunct appointments at Swinburne, Monash, and Melbourne Universities. His practice is divided between forensic assessment (particularly of risk, sexual deviance, and personality disorder), and providing behavioural investigative advice to police agencies. He has assisted police in several countries across three continents and is the only mental health professional in Australia to be elected to membership of the International Criminal Investigative Analysis Fellowship. He also serves as an Instructor to the Behavioral Analysis Unit of the FBI and is a co-author of Version 2 of the RSVP.

Josanne van Dongen

Josanne van Dongen, PhD is currently working as an associate professor of forensic psychology, and more specifically forensic neuroscience at the Erasmus University Rotterdam. She is the founder and director of the SAFER Lab, a lab in which Social, Affective, Forensic and Electrophysiological Research is conducted to promote a *safer* society.

Catherine Flynn

Dr Catherine Flynn is Associate Professor in Social Work in the Faculty of Nursing, Medicine and Health Sciences at Monash University. Her area of expertise is criminal justice and social work, with a particular focus on the implications for children and families of justice policies and interventions.

Rachael Fullam

Associate Professor Fullam B.Sc.(Hons) (Psyc), PhD, provides project oversight and management across all contracted consultation, evaluation and research projects at the

Centre for Forensic Behavioural Science. She has expertise in qualitative and quantitative evaluation of interventions and services across health and correctional settings and holds specialist knowledge in forensic behavioural science. She regularly designs and manages evaluations of new services, interventions and training programs.

Susan Hatters Friedman

Dr. Friedman is a forensic and reproductive psychiatrist. She is immediate past President of the American Academy of Psychiatry and the Law (AAPL) and has served as Chair of the Law and Psychiatry committee at the Group for Advancement of Psychiatry (GAP). Her research has primarily focused on the interface of women's mental health and forensic psychiatry, including notably child murder by mothers. Dr. Friedman also serves as the Deputy Editor of the Journal of the American Academy of Psychiatry and the Law.

Michele Galietta

Dr. Michele Galietta is Associate Professor of Psychology at John Jay College of Criminal Justice, City University of New York where she served as Director of the Clinical Psychology Ph.D. Program from 2005-2013. Dr. Galietta is a researcher and clinician specializing in the application, adaptation and dissemination of empirically-supported risk tools and treatments in civil, forensic, and correctional settings for youth and adults.

Maggie Hall

Dr Maggie Hall is a Lecturer in the School of Social Sciences at Western Sydney University. She is a criminologist, former criminal lawyer and social worker. Her work foregrounds the experience of the subjects of criminal justice. Her monograph *The Lived Sentence* (2017) is part of the *Prisons* series published by Palgrave MacMillan.

Evelyn Heynen

Dr. Evelyn Heynen is an assistant professor in clinical child and youth psychology at the department of Clinical psychology at the Open university of the Netherlands. In her teaching work she mainly focuses on the development of adolescents and the complexity of developmental problems leading into pathways of crime. In her research her focus is on different meta-analysis to explain criminal behavior of adolescents in more detail. She has a strong focus on moral development, empathy and living group climate in residential youth care. Her research is conducted in the Netherlands, Germany and Belgium.

Andrew Howie

Dr Andrew Howie is a consultant psychiatrist working in Auckland New Zealand, in the public system, and in private practice. He is an Honorary Senior Lecturer in the Department of psychological medicine at the University of Auckland. He is former clinical director of the far west mental health and addiction services in New South Wales,

Australia, clinical director of Whitiki Maurea Maori mental health and addiction services in Waitemata in Auckland, former chair of the Royal Australian and New Zealand College of Psychiatrists Rural section of Rural Psychiatry, and currently New Zealand representative on the RANZCP Section of Philosophy and Humanities committee.

Hannah Jackson

Hannah Jackson is the Forensicare Clinical Nurse Consultant with over 11 years of working within the forensic mental health system. Her role consists of portfolios and projects that address gaps in practice including the development and implementation of training programs. Hannah is enthusiastic about improving the experience of consumers through systemic advocacy and education.

Diana Johns

Dr Diana Johns is Associate Professor in Criminology in the School of Social and Political Sciences at the University of Melbourne, where she researches and teaches across the domains of prisons and punishment, children/young people and the criminal legal system, and criminal justice knowledge production. Her book *Being and Becoming an Ex-Prisoner* was published by Routledge in 2018.

Lawrence Jones (Keynote)

Lawrence Jones is Head of Psychology for Rampton Hospital one of England's three high-security psychiatric hospitals, and is past Chair of the British Psychological Society Division of Forensic Psychology. His work focuses on developing and supporting trauma focused psychological interventions across the range of services (Mental Health, Personality Disorder, Intellectual Disabilities, Women's and D/deaf) in Rampton Hospital, recognising the role of complex trauma in all of these areas. He initiated conferences on trauma informed care and interventions in forensic settings, has co-edited books on Trauma informed care in forensic settings and on forensic assessment and the problems and biases associated with measuring offending behaviour using conviction or reconviction. He is Honorary Associate (clinical) Professor at Nottingham University, teaching into the Forensic doctorate at Nottingham, Sheffield and Leicester Clinical doctoral programmes. He has worked in Wormwood Scrubs prison and a prison based therapeutic community where he introduced an early version of schema therapy and dialectical behaviour therapy into therapeutic communities in prisons and continues in practice and research his focus on trauma informed care and interventions in forensic settings.

Tella Lantta

Tella Lantta is a Senior Researcher and Adjunct Professor at the Department of Nursing Science, University of Turku, Finland. She is a registered nurse with work experience in mental health inpatient settings. Her research focuses on various aspects of mental health

care, especially implementation science, reducing coercion in care, and violence risk assessment and management. Tella is currently Scientific Communication Manager for COST Action FOSTREN (Fostering and Strengthening Approaches to Reducing Coercion in European Mental Health Services), on which part this presentation is. She is also a board member of the European Violence in Psychiatry Research Group (EViPRG).

Dimitra Lattas

Dimi is an associate lecturer at the University of Sunshine Coast. Her research focuses on forensic social work and, specifically, forensic social work education. Her work is interested in forensic social work pedagogy and developing educational practices that support student learning and professional expectations. This includes curriculum design, simulation, and technology. Dimi is also a board member for *It's Sunny Somewhere*. A charity which uses a holistic outdoor activity model to support young people who are at risk of coming in contact with the justice system.

Pernilla Leviner (Keynote)

Pernilla Leviner is Professor in public Law at the Faculty of Law, Stockholm University, Sweden. Her research interests lie within and across the fields of public and family law – more specifically child law and social welfare law. It deals with different aspects of the relation between the state, the family and the individual, including children's rights often focusing on the responsibility and role of public authorities. Pernilla Leviner is the Director of the Stockholm Centre for the Rights of the Child, Stockholm University, a research centre dealing with child law and children's rights with a strong focus on interdisciplinary perspectives. She is the general editor of the Stockholm Studies in Child Law and Children's Rights, published by Brill Nijhoff and also the editor of the Nordic Journal of Social Welfare Law.

Tess Maguire

Dr Tess Maguire is a Senior Lecturer in Forensic Mental Health Nursing. She has a joint appointment with the Centre for Forensic Behavioural Science Swinburne University of Technology, and the Victorian Institute of Forensic Mental Health (Forensicare). Her research has focused on forensic mental health nursing practice, including risk assessment and nursing interventions (DASA + APP) to reduce aggression, and use of restrictive interventions.

Catia Malvaso

Dr Catia Malvaso is a Senior Research Fellow in the School of Psychology and in BetterStart Child Health and Development Research in the School of Public Health at the University of Adelaide. Her research is informed by an interdisciplinary perspective spanning psychology, public health and criminology. She leads a program of research

which aims to identify prevention and early investment opportunities to disrupt pathways from maltreatment to offending behaviour.

Troy McEwan

Troy is a Professor of Clinical and Forensic Psychology and a practicing clinical and forensic psychologist at the Victorian Institute of Forensic Mental Health (Forensicare) in Melbourne, Australia. She has a longstanding interest in understanding, assessing and managing stalking, and regularly trains and works with forensic mental health and criminal justice staff to improve stalking responses. She has authored over 60 peer-reviewed publications on stalking, family violence, sexual offending and firesetting, is co-author of two widely used guidelines for assessing stalking risks, and lead author of the book *Treating Stalking*, published by Wiley in 2023.

Brittany McVeagh

Brittany McVeagh is the Senior Peer Worker at Forensicare and has 6 years experience working in the forensic mental health system. She uses her own experiences of mental illness to inform peer practice within the confines of coercive practice. Brittany challenges power imbalances and is passionate about post-traumatic growth and empowerment.

Mindy Mechanic

Dr. Mindy Mechanic is trauma-focused forensic psychologist and Professor Emeritus of Psychology at CSU-Fullerton. Her work focuses on the consequences of trauma/victimization, particularly intimate partner violence (IPV), sexual assault, and stalking. Her National Institute of Justice (NIJ) funded research explored the influence of women's ethnocultural context on responses to IPV and sexual violence. Dr. Mechanic works as a legal consultant and expert witness in criminal (civilian and military), civil, and family law cases involving interpersonal violence, e.g., battered women's criminal defense cases; prosecutions for sexual assault, IPV, and stalking; family law cases involving coercive control/IPV and civil cases for trauma-related psychological injuries.

Nicole Milburn

Dr Nicole Milburn is a Clinical Psychologist, currently in private practice, who has been working with infants, children and young people involved with Child Protection Services for 25 years. She is the current Chair of the Tweddle Foundation, which has been leading the advocacy for a solution-focused approach to babies and toddlers in Victoria, Australia. She is also the current Chair of the Australian Association for Infant Mental Health and passionate about advocating for the needs of vulnerable babies and toddlers and their families and getting it right in the first three years of life.

Melanie Moen

Melanie Moen is a senior lecturer in the Department of Educational Psychology at the University of Stellenbosch. She completed her PhD in Educational Psychology and is a registered psychologist. Her PhD study was an in-depth analysis of family murder committed by children. Her master's degree focussed on the mother-child interaction patterns within the prison environment. Her research focus areas are family murder, youth violence and childhood adversity. She has published 29 articles in national and international accredited journals as well as a mono scholarly book titled Portraits of Pain: Children who kill family members. She has experience in working with parents and children in private practice, as well as in the education system. She is a C2 rated researcher with the South African National Research Foundation.

Grace Moore

Grace Moore is an Occupational Therapist and Senior Clinician at Complex Psychology in Melbourne, Australia. She has a special interest in the area of forensic disability and is skilled in working with complex and high-risk clients including those with co-occurring diagnoses of intellectual disability (ID), acquired brain injury (ABI), autism spectrum disorder (ASD) and severe mental illness. Grace has prior experience working in public and private settings including, mental health and secure forensic placements.

Emily Nester

Senior Manager for Youth Crime Prevention at Berry Street with sixteen years in the field of Youth work, Youth Justice, Sexual & Criminal Exploitation and Flexible Education. Graduate Diploma in Criminology and Complex Developmental Trauma. Extensive experience managing and leading projects with Multi-Agency Partnerships in the field of Youth Crime Prevention. Interested and a keen activist to see reduced victimization, criminalization of young people, improved educational and life opportunities for particularly cross-over children between Youth Justice and Child Protection. A leading pioneer in designing, developing, testing and trailing various models of prevention, diversion and intervention with children in or at risk of entering the Justice system.

Margaret Nixon

Dr Margaret Nixon has worked across many large research projects in both health and forensic research areas. She has extensive experience in conducting interviews with vulnerable populations (i.e. individuals with dementia, mental illness and histories of trauma). She is a lecturer in forensic behavioural science at the Centre for Forensic Behavioural Science, Swinburne University of Technology, and has particular expertise in the management of sensitive information, data linkage methodologies, qualitative research and service evaluations. Her research interests include cognitive impairment on offending populations, intellectual disability, dual disability, prison-based interventions and the intersection between offending and victimisation.

Nina Papalia

Dr Nina Papalia is a Senior Lecturer at the Centre for Forensic Behavioural Science, Swinburne University of Technology and Forensicare, and a registered clinical forensic psychologist. She is also a current Australian Research Council Discovery Early Career Researcher Award Fellow. She conducts clinically informed and policy relevant research that focusses on improving mental health and intervention services for young people in the child protection and justice systems and on the prevention of violence and offending.

Sofie Parle

Sofie is a Behaviour Support Practitioner and the Senior Manager of Clinical Services at ACSO, leading a team of clinicians who deliver positive behaviour support to forensic clients who present with cognitive impairment, high-risk offending and challenging behaviours. Sofie is also involved in academic research, investigating developmental trauma, psychopathy and personality disorders. Sofie is passionate about empowering and delivering evidence-based, trauma-informed care to disenfranchised individuals, and has spent her career working in complex mental health, cognitive/neurodevelopmental disability, addiction, and the forensic sector.

Eve Penford

Eve Penford is a researcher in criminology at the University of Derby (UK). Her current research investigates prevention initiatives for people with sexual interests in minors throughout Europe, and intervention efficacy in UK prisons. Previously, she worked for the Sexual Offences, Crime and Misconduct Research Unit at Nottingham Trent University. She has a Masters in Forensic Psychology, and studied at both Swinburne University of Technology and Monash University (Australia). She has presented her research in Australia, Italy, USA and the UK. Her research interests lie in trajectories of offending behaviour, violent and sexual offences, antisocial personalities and trauma, and empathy.

Stacey Politis

Stacey Politis is a Provisional Psychologist and PhD Candidate (Clinical Psychology) at Swinburne University. Her research interests include social and clinical psychology, including the motivations driving people in highly emotive contexts with applications in child protection and jury decision-making. Her PhD applies the psychology of procedural justice to the child protection context, with an aim of understanding public perceptions of this service and improving the ability of practitioners to engage in safe and effective practice. Stacey has also previously worked as a child protection practitioner and currently works with adults presenting with personality disorder and other complex needs.

Bea Raymond

Ms Bea Raymond is a registered forensic psychologist and a member of various associations such as Association for Treatment of Sexual Abusers (ATSA) Fellow and Australian and New Zealand Association for Treatment of Sexual Abuse (ANZATSA). She is currently a PhD Candidate in Philosophy at the Centre for Forensic Behavioural Science, Swinburne University of Technology, and her thesis topic focuses on aged men who sexually offend and the reliability of common risk assessment tools with this population. Since 2008 she has worked in private practice completing risk assessments with men who have convictions for serious sexual and violent offences.

Barry Rosenfeld

Dr. Rosenfeld is a Professor of Psychology at Fordham University, where he co-directs the Forensic Psychology Concentration. He is the current President of the American Psychology-Law Society and past President of the International Association of Forensic Mental Health Services. His research focuses on a wide range of topics relevant to forensic mental health including treatment of individuals involved in the criminal legal system, assessment of psycho-legal issues (e.g., violence risk, malingering) and the impact of linguistic and cultural diversity on forensic assessment.

Angelika Senn

Angelika Senn is a Clinical Psychology PhD student with the Centre for Forensic Behavioural Science (CFBS), Melbourne. She completed her Bachelor of Criminology and Psychology as well as Honours at RMIT University and participated in projects such as the Inside-Out Prison exchange program and a prison-based Think Tank. This contributed to her interest in offender rehabilitation and furthering our understanding of aggression. Angelika will be presenting research that she has undertaken as part of her PhD thesis, supervised by Michael Daffern, Ashley Dunne, and Denny Meyer. She will speak about schema coping and its role in aggression.

Wendy Sinclair (Keynote)

As His Majesty's Chief Inspector of Prisons for Scotland Wendy is required to inspect and monitor the 15 prisons across Scotland in order to establish the treatment of, and the conditions for prisoners and to report publicly on the findings. She also has responsibility for the inspection of the treatment of and conditions for prisoners under escort and in the 49 Court Custody units across Scotland. Wendy's career in justice has been built on a background in Criminology, Education and Healthcare management, holding both a Bachelor in Education, and a Master's degree in Criminology and Management Wendy's from Cambridge University. She has worked across the broader fields of Immigration, Prisons, Education, Prisoner Transport and Health which experience and expertise enable her to contribute through prisons to a safer community.

Wendy is committed to a holistic approach to reducing reoffending that recognises the

influences of trauma, low levels of education, employment and community experiences. Her work in rehabilitation and reintegration saw her awarded, amongst other awards, the Lord Justice Woolf award for Resettlement and the Business in the Community award for HMP Kilmarnock's partnership work to support families of substance misusers. As part of her role she contributes to the UK's response to its international obligations under the UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment (OPCAT), and importantly is Chair of the UK National Preventive Mechanism Steering Group, of which HMIPS is a key member. As Chief Inspector of Prisons for Scotland Wendy is committed to driving better public services alongside the justice sector.

Diane Sivasubramaniam

Diane Sivasubramaniam is Deputy Chair of Psychological Sciences at Swinburne University, Director of the Social Psychology of Innovation (SPI) Research Group at Swinburne, and co-leader of the Public Interest Technology Research Program in Swinburne's Social Innovation Research Institute. Diane was awarded her PhD from the University of New South Wales in 2006. Before moving to Swinburne University, she completed Postdoctoral Fellowships at John Jay College of Criminal Justice and Barnard College, Columbia University, and was an Assistant Professor at Ontario Tech University in Canada. Diane's research examines the psychology of justice, with applications in juries, interrogations, and law enforcement technologies.

Melissa Smoker

Melissa is a psychologist at Complex Psychology, Melbourne, Australia. Melissa provides services to complex clients as a specialist support coordinator, positive behaviour support clinician, and provides psychological specific work including assessment and therapy. Melissa has experience working with individuals across the lifespan with multiple and complex needs including neurological and psychosocial disability and a range of mental health disorders across a variety of settings including forensic, educational, and private practice. Melissa believes in being flexible in her approach to the unique, individual needs of each client to support their ability to engage meaningfully in their world.

Ben Spivak

Dr Benjamin Spivak holds a Bachelor of Arts (Honours) and a Ph.D. from Monash University. Benjamin convenes a number of courses in the Graduate Diploma in Forensic Behavioural Sciences and conducts research on the topics of jury and judicial decision-making, violence risk assessment, cross-cultural disparities in crime and health outcomes, psychometrics and research methodology.

Claire Spivakovsky

Dr Claire Spivakovsky is a Senior Lecturer in Criminology in the School of Social and Political Sciences at the University of Melbourne. Her work focuses on the violent,

restrictive, and coercive practices that are used to segregate and control people with disability in the community.

Renee Sorrentino

Dr. Sorrentino is the medical director at the Institution for Sexual Wellness and Assistant Professor in Psychiatry at Harvard Medical School. Dr. Sorrentino is a Forensic Psychiatrist with expertise in the evaluation and treatment of individuals with paraphilias. Dr. Sorrentino currently serves as Secretary of the American Academy of Psychiatry and the Law.

Susanne Strand

Susanne Strand is an Associate professor of Criminology at Örebro University, Sweden, where she is the dean of the Faculty of Humanities and Social Sciences. She is also research leader for the Centre of Violence Studies (CVS), and an adjunct at the Centre for Forensic Behavioural Science at Swinburne University of Technology, Melbourne, Australia. Her research focus on risk assessment and risk management of interpersonal violence in different contexts. Her current research concerns risk management for intimate partner violence, stalking and honor-based violence and oppression. The longitudinal research program RISKSAM (2019-2025) is conducted in collaboration with police and social service.

Michael Trood

Dr Michael Trood is a Research Fellow at Swinburne University's Centre for Forensic Behavioral Science and Forensicare. Michael's research interests are crime statistics, family violence, and criminal justice interventions aimed at reducing offending. He has over four years of experience in the social sector, most recently working with young offenders with multiple and complex needs.

Shelley Turner

Dr Shelley Turner is the Chief Social Worker at Forensicare (Victorian Institute of Forensic Mental Health). She holds adjunct academic appointments in Social Work at Monash University and RMIT University and at the Swinburne Centre for Forensic Behavioural Science. Her research focuses on youth justice, adult corrections, forensic mental health, and problem-solving courts.

Alan Underwood

Dr Alan Underwood is an HCPC registered Clinical Psychologist and holds chartered status with the British Psychological Society. He is current the operational lead for the

Mental Health Team within the Stalking Threat Assessment Centre and is a practitioner within the National Stalking Clinic. As a clinical psychologist he has experience in the assessment and the management of those engaged in stalking. His clinical work ranges from direct specialist assessment, therapeutic interventions and specialist consultation. He has experience in conducting specialist assessments and treatment with offenders with mental health difficulties and is trained in the use of the Stalking Risk Profile, the Stalking Assessment and Management tool. He is an approved UK trainer of the Screening tool for Stalking and Harassment (SASH) and has delivered training to a number of UK police forces and third sector agencies. He has published chapters on the topic of stalking, risk management and multiagency responses to stalking. Dr Underwood is also a Lecturer in Forensic Psychology and Mental Health at Queen Mary University London and has specialist research interest in stalking, threat assessment and crime desistance.

Lisa Warren

Lisa Warren MPsych(Clinical), PhD, FAPS, FCCLP, FCFP is a renowned threat management expert with practice endorsements in clinical and forensic psychology. She is the Clinical Director of Code Black Psychology and an Adjunct Senior Lecturer at the Monash University Department of Psychiatry. She specialises in the areas of complex diagnostics and examining patterns of persistent, harmful behaviours. Her cases include prolonged stalking, family violence and coercive control, habitual offending, and persons who have exhausted service systems. Lisa has a special interest in professional ethics, chairing the Ethics Committee of the Australian Psychological Society. During this time, she advocated for recognising ethical dilemmas and formal complaints as opportunities for both individual and sector-wide growth.

Fiona Whitecross

Fiona is the Executive Director for Inpatient Operations at Thomas Embling Hospital. Fiona has a reputation and expertise/publications in leading initiatives that have resulted in reducing restrictive practices. Fiona is a mental health nurse by background.

Matt Wilson (Keynote)

Matt Wilson is the Statewide Program Manager of the Family Drug Treatment Court in the Children's Court of Victoria, and a 2020 Churchill Fellow. Matt has a 25 year history working in a range of statutory, clinical, leadership and managerial roles across the child protection sector. Matt's 2020 Churchill Fellowship investigated innovative solution-focused, court-based approaches to infants and their families in care and protection jurisdictions throughout the US and the UK. Matt has a Bachelor of Social Work, Post Graduate Diplomas in Child, Adolescent and Family Mental Health and in Child and Family Practice Leadership, and a Master of Addictive Behaviours.

Melisa Wood

Dr Melisa Wood is a registered clinical and forensic psychologist in Australia, currently employed as a Principal Psychologist and Psychology Educator – Research at the Victorian Institute of Forensic Mental Health (Forensicare). She is also an Adjunct Research Fellow with the Centre for Forensic Behavioural Science, Swinburne University of Technology. Melisa has extensive experience in assessment of violence, sexual violence, and family violence across hospital, community, prison, police, and court settings, and has delivered training in risk assessment across a range of audiences. She has published research articles, conference presentations, and book chapters in sexual offending, family violence, and psychopathy.