

# Current Awareness Bulletin:

## *Latest Forensic Evidence*

May 2026

This current awareness bulletin compiles recently published evidence relevant to the field of forensic mental health, including evidence relating to prison and police services. It is produced on a quarterly basis by the Librarian at The State Hospital.

The search strategy and sources included are based on the topic of forensic mental health and may not be exhaustive or complete. Please also be aware that the sources listed have not been through a quality assurance process.

Your feedback is welcome – please [contact the Librarian](#) at The State Hospital if you have any feedback or comments about this bulletin.

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**Can you provide some feedback about the bulletin? Please complete this 1-minute questionnaire, your feedback is invaluable. [Latest Forensic Evidence Bulletin Questionnaire – Fill in form](#)**

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# Artificial Intelligence

**Crocamo, C. (2026) '[Rethinking Artificial Intelligence in Psychiatry and Mental Healthcare: Distinct Needs, Converging Goals.](#)' *BJPsych Advances* 32(3), 176–179.**

Lewin and colleagues' article in this journal gives a good overview of how artificial intelligence (AI) is contributing to the reshaping of mental healthcare. However, a deeper focus on the synergies between different approaches to AI and its goals is needed. This commentary aims to further consider the unique implications of digital mental health approaches, including predictive, explainable and generative AI, for both research and clinical objectives.

**Günday, E. A., and Güler, K. G. (2026) '[Artificial Intelligence through the Eyes of Psychiatric Nurses: An in-Depth Investigation of Thought, Anxiety and Readiness.](#)' *Issues in Mental Health Nursing* 47(4), 387–397.**

**Lewin, G., et al. (2026) '[Artificial Intelligence-Enabled Predictive Modelling in Psychiatry: Overview of Machine Learning Applications in Mental Health Research.](#)' *BJPsych Advances* 32(3), 169–175.**

Machine learning, an artificial intelligence (AI) approach, provides scope for developing predictive modelling in mental health. The ability of machine learning algorithms to analyse vast amounts of data and make predictions about the onset or course of mental health problems makes this approach a valuable tool in mental health research of the future. The right use of this approach could improve personalisation and precision of medical and non-medical treatment approaches. However, ensuring the availability of large, good-quality data-sets that represent the diversity of the population, along with the need for openness and transparency of the AI approaches, are some of the challenges that need to be overcome. This article provides an overview of current machine learning applications in mental health research, synthesising literature identified through targeted searches of key databases and expert knowledge to examine research developments and emerging applications of AI-enabled predictive modelling in psychiatry. The article appraises both the potential applications and current challenges of AI-based predictive modelling in psychiatric practice and research.

**Sasso, D. A. (2026) '[Psychotherapists Versus Artificial Intelligence: Let's Not Raise the White Flag.](#)' *The British Journal of Psychiatry* 228(5), 487–488.**

## Carers

Brainch, A., et al. (2026) '[Meta-Aggregative Systematic Review of the Needs of Caregivers for Individuals with Mental Illness Who have Offended and are Involved in Secure Forensic Services.](#)' *The Journal of Forensic Psychiatry & Psychology* 37(1), 34–74.

Charalambous, A., et al. (2026) '[Investigating the Protective Effects of Social Support on Forensic Inpatient Admissions.](#)' *The Journal of Forensic Psychiatry & Psychology* 37(2), 317–341.

## Debriefing

Dickinson, R., et al. (2026) '[Post-Incident Responses \(Debriefing\) in Mental Health Services in England: A Policy Review.](#)' *Journal of Psychiatric and Mental Health Nursing* 33(3), 423–433.

**ABSTRACT** Introduction Post-incident responses, also described as debriefing, are structured processes that provide opportunities to address harm and identify learning to prevent future incidents. National guidance recommends post-incident responses after restrictive interventions but provides little indication of the explicit purpose. Aim To examine how post-incident responses are defined and implemented according to English NHS mental health trust policies. Method A Freedom of Information request was sent to all 52 English NHS mental health trusts to identify policies, guidelines, procedures and training materials about post-incident responses. Data was extracted using an iterative process and assessed using content analysis. Results Forty-six trusts responded (response rate 88.5%); 98 policies were included. Responses were inconsistently defined and there was variation in how they are conceptualised and operationalised in practice. Discussion The findings demonstrate inconsistencies in the definition, timing, facilitation and content of post-incident responses. The policies offer little guidance to staff in outlining when, how and with whom to conduct them. This likely results in inconsistent practices, potentially limiting the benefits. Implications for Practice This study highlights the need for clear, evidence-based, standardised frameworks for post-incident responses to ensure that staff, patients and witnesses receive appropriate support following restrictive interventions. Further research is required to clearly define and describe such responses.

## Forensic Mental Health

Imbeault, A., et al. (2026) '[Clinical Subgroups of Individuals Receiving Care in a Forensic Hospital: A 20-Year Comparison and Treatment Need Implications.](#)' *Int J Offender Ther Comp Criminol* 70(8), 895–916.

This study examines whether clinical need subgroups in forensic care have evolved over 20?years and

explores differences in adverse childhood experiences (ACEs) and assaultive behaviors across groups. This retrospective observational study used data from a hospital for men; Sample 1 (S1, N=?97) collected in 1990, and Sample 2 (S2, N=?176) in 2009?2012. A data-driven multiple correspondence analysis and a cluster analysis was conducted on S1 based on clinical needs, then applied to S2. ACEs and assault proportions within each cluster were compared using chi-square tests. Clusters identified: minimal needs (S1=?23%, S2=?20%); psychotic disorders (S1=?19%, S2=?17%); personality disorders (S1=?21%, S2=?22%); complex needs (S1=?37%, S2=?41%). Participants reporting ACEs ( $p=??.004$ ) and assault ( $p=??.004$ )

**Lindgren, B., et al. (2026) '[Managing Boundaries in a Borderland—Experiences of Independent Support Persons in Compulsory Psychiatric Care and Forensic Psychiatric Care.](#)' *Issues in Mental Health Nursing* 47(4), 340–348.**

**Paterson, M., et al. (2026) '[Moving on from Forensic Inpatient Care: Conversations with Patients.](#)' *The Journal of Forensic Psychiatry & Psychology* 37(1), 98–118.**

## Health Literacy

**Gill, S., et al. (2026) '[Exploring the Health Literacy of People in a High-Secure Forensic Mental Health Facility using the Health Literacy Questionnaire \(HLQ\).](#)' *Psychiatry, Psychology and Law* 33(2), 335–351.**

## Intellectual Disabilities

**Gillan, E., et al. (2026) '[Letting Go of what You Know: Psychologists' Perspectives on the Therapeutic Relationship and Providing Psychological Therapy for People with Intellectual Disabilities.](#)' *Psychology and Psychotherapy: Theory, Research and Practice* 99(1), 277–296.**

**Abstract** Aims This qualitative study explored the subjective experiences of psychologists in terms of the establishment and development of the therapeutic relationship with adults with intellectual disabilities (ID). It placed a particular focus on the psychologist's own process in their work. Method Sixteen psychologists took part in semi-structured interviews. Psychologists were asked to reflect on the process of developing a therapeutic relationship in addition to other relevant factors such as their attitudes, biases and the transference relationship. The interviews were analysed using reflexive thematic analysis (RTA). Results Two main themes were developed including: (1) the relationship is key—a desire for friendship, balancing formality with informality and (2) letting go of what you know—psychologist's biases and the transference relationship. Discussion The results highlighted the

importance of the psychologist's process in the work with adults with ID, and the need for future research with adults with ID themselves to ascertain their views on the therapeutic relationship.

## Legislation

**Exworthy, T. (2026) '[The Shape of Justice: Sentencing of Mentally Ill Defendants Convicted of Manslaughter.](#)' *Med Sci Law* 66(2), 168–173.**

In June 2023, a mentally ill man stabbed to death three people in the street and seriously injured three others. A plea of guilty to manslaughter on the grounds of diminished responsibility (DR) was accepted by the Crown Prosecution Service and he subsequently received a restricted hospital order (sections 37 & 41) under the Mental Health Act 1983. There has been considerable public discussion around this case. This paper sets out the background to the partial defence to murder of DR as well as the current approach to the sentencing of mentally ill defendants convicted of manslaughter. The Court of Criminal Appeal later considered a referral that the sentence had been 'unduly lenient?'. The court considered the legal factors of the degree of retained responsibility and the extent to which a penal element should be reflected in the sentence. From the psychiatric perspective, the release regimes of the two options of a restricted hospital order or a hybrid order were also examined by the Court, as these related directly to protection of the public.; In June 2023, a mentally ill man stabbed to death three people in the street and seriously injured three others. A plea of guilty to manslaughter on the grounds of diminished responsibility (DR) was accepted by the Crown Prosecution Service and he subsequently received a restricted hospital order (sections 37 & 41) under the Mental Health Act 1983. There has been considerable public discussion around this case. This paper sets out the background to the partial defence to murder of DR as well as the current approach to the sentencing of mentally ill defendants convicted of manslaughter. The Court of Criminal Appeal later considered a referral that the sentence had been 'unduly lenient?'. The court considered the legal factors of the degree of retained responsibility and the extent to which a penal element should be reflected in the sentence. From the psychiatric perspective, the release regimes of the two options of a restricted hospital order or a hybrid order were also examined by the Court, as these related directly to protection of the public.

**Maylea, C., et al. (2026) '[Ensuring Compulsory Treatment is used as a Last Resort: A Narrative Review of the Knowledge about Community Treatment Orders.](#)' *Psychiatry, Psychology and Law* 33(3), 583–602.**

**Ouliaris, C., and Gill, N. (2026) '[On the Salience of International Human Rights Frameworks to Forensic Mental Health Services: Bridging Paradigms and Enhancing Care.](#)' *Psychiatry, Psychology and Law* 33(2), 387–408.**

## Males

Seaward, H., et al. (2026) '[Older Male Inpatients in Secure Mental Health Settings: An International Comparison of Mental Illness, Substance use, Risk Assessment, Psychotropic and Psychosocial Treatment.](#)' *The Journal of Forensic Psychiatry & Psychology* 37(1), 17–33.

## MAPPA

Commissiong, A., et al. (2026) '[Introducing a MAPPA Level 1 Referral Procedure for Patients Detained Under Hospital Orders: Reflections on the Implications for Risk Management.](#)' *The Journal of Forensic Psychiatry & Psychology* 37(2), 281–301.

## Medication

Fernandez-Egea, E. (2026) '[Clozapine Clinics at the Crossroads and the Opportunity to Redesign Services for People with Chronic Schizophrenia.](#)' *The British Journal of Psychiatry* 228(5), 389–390.

Forthcoming changes to clozapine monitoring present an opportunity to expand, not dilute, specialist care for chronic schizophrenia. Reduced administrative burden should support timely clozapine use, structured assessment, access to psychological therapies and embedded physical health care. Experience from Cambridgeshire shows that secondary-plus clinics within community mental health teams can deliver sustained, equitable long-term care.

Pedersen, M. L., et al. (2026) '[Rapid Tranquillisation use in Adult Mental Health Inpatient Settings: An Analysis of Danish Complaints.](#)' *The Journal of Forensic Psychiatry & Psychology* 37(2), 302–316.

Shaju, A., et al. (2026) '[Efficacy and Safety of Cholinergic Modulators in Patients with Schizophrenia: Meta-Analysis of Randomised Controlled Trials.](#)' *The British Journal of Psychiatry* 228(5), 454–464.

**Background** One-third of schizophrenia patients show a lack of response to conventional antipsychotic drugs because of adverse effects and limited efficacy. Emerging treatments target muscarinic and nicotinic receptors, leveraging cholinergic dysfunction implicated in the pathophysiology of schizophrenia. **Aims** To evaluate the efficacy and safety of cholinergic modulators in schizophrenia. **Methods** Reviewers extracted data from clinical trials sourced via MEDLINE/PubMed, Embase, Scopus, Cochrane databases and registries. Quality was assessed with a risk-of-bias tool and a random-effects model estimated effect size. Subgroup analysis, meta-regression and sensitivity analysis were performed as needed, adhering to PRISMA guidelines. **Results** A total of 30 randomised controlled trials (3128 participants) tested cholinergic modulators as monotherapy or adjunct therapy. They did not

significantly improve Positive and Negative Syndrome Scale (PANSS) total scores (standardised mean difference (SMD): -0.38; 95% CI: -0.93, 0.18; moderate certainty evidence) but did improve negative symptom scores (SMD: -0.42; 95% CI: -0.59, -0.25; moderate certainty evidence). Muscarinic agonists improved total (SMD: -0.57; 95% CI: -0.72, -0.42), positive (SMD: -0.58; 95% CI: -0.73, -0.43) and negative symptoms of PANSS (SMD: -0.40; 95% CI: -0.59, -0.21), as well as Clinical Global Impression-severity (CGI-S) (SMD: -0.48; 95% CI: -0.65, -0.31). Nicotinic agonists aided negative symptoms (SMD: -0.28; 95% CI: -0.47, -0.09) and CGI-S (SMD: -1.31; 95% CI: -2.38, -0.24). Adverse events were higher (odds ratio: 1.21; 95% CI: 0.94, 1.56) in the experimental group. Conclusion Cholinergic modulators significantly improve negative symptoms, with muscarinic agonists showing improvement across symptom domains and severity, without notable differences in adverse effects from placebo. Most studies were at low bias risk; evidence quality ranged from very low to moderate.

**Wagner, E., et al. (2026) 'Multidisciplinary Consensus on Prevention, Screening and Monitoring of Clozapine-Associated Myocarditis and Clozapine Rechallenge After Myocarditis.' *The British Journal of Psychiatry* 228(4), 348–356.**

Background Clozapine is the antipsychotic of choice for people with treatment-resistant schizophrenia (TRS) but is associated with the uncommon but potentially life-threatening adverse effect of myocarditis. However, there are no criteria for diagnosing clozapine-associated myocarditis (CAM) or global guidelines on detection and risk reduction, or for restarting clozapine after CAM. Aims To develop criteria for CAM and algorithms for clozapine initiation and clozapine rechallenge after CAM in a multiprofessional consensus process. Method We conducted a systematic literature search for cases of clozapine rechallenge following CAM using the PubMed, EMBASE, CINAHL and PsycINFO databases, followed by a multidisciplinary international two-step Delphi consensus process in July and October 2024. The Delphi panel comprised psychiatrists, cardiologists, pharmacists, psychopharmacologists and nurses with expertise on clozapine or myocarditis. Results Ninety-three clinicians and academics with experience in prescribing clozapine from six continents participated in the Delphi process. A consensus was reached on a definition of CAM according to modified clinical criteria from the European Society of Cardiology for myocarditis associated with immune checkpoint inhibitors. Titration schemes slower than those given in the Summary of Product Characteristics for clozapine were recommended to minimise CAM risk. Minimum and enhanced requirements for screening and monitoring were developed to account for global perspectives and limited resources in certain healthcare systems, and an approach to clozapine rechallenge was elaborated. Conclusions This multidisciplinary project represents the first guidance for CAM and will inform clinicians, other caregivers and patients, as well as facilitating the development of national guidelines on CAM prevention, screening and monitoring and rechallenge after an index episode of myocarditis in individuals taking clozapine.

**Walker, G., et al. (2026) 'Clozapine Prescribing for Young People with Treatment-Resistant Schizophrenia.' *BJPsych Advances* 32(3), 192–203.**

Clozapine is the only medication specifically recommended for treatment-resistant schizophrenia, but

research suggests that it is universally underprescribed, particularly among children and adolescents. This article discusses clinicians' reluctance to prescribe clozapine for all age groups, and outlines its benefits for treatment-resistant schizophrenia in young people. It summarises guidelines on clozapine therapy for adults, including initiation, monitoring and adverse and side-effects, and describes how they can be applied to a younger population. Psychiatrists who care for younger people have consistently highlighted a wish for more learning opportunities focusing on clozapine, such as the content of this article.

## Nursing

**Nowell, C., et al. (2026) '[The Role of Nurses in the Implementation of Positive Behavior Support in a Secure Forensic Setting.](#)' *Journal of Forensic Psychology Research and Practice* 26(2), 155–185.**

**Öster, C., et al. (2026) '[Patient Experiences of a Recovery-Oriented Nursing Programme in Inpatient Psychiatric Care: A Qualitative Study.](#)' *Journal of Psychiatric and Mental Health Nursing* 33(2), 261–267.**

**ABSTRACT** Introduction Patient experiences of recovery-oriented nursing practices in psychiatric inpatient care are understudied. Steps Towards Recovery (STR) is a nursing-led programme developed to promote personal recovery through empowering each patient's ability to identify resources, find solutions and gain control over one's life. Aim The aim was to evaluate patients' experiences of participating in STR. Method Interviews with 18 patients participating in STR group sessions at a psychiatric inpatient clinic. Data were inductively analysed with applied thematic analysis. Results Three themes were identified. STR group sessions, with the manual-based contents, seem beneficial for taking the first steps towards a personal recovery process. Participants described an increased ability to see things from different angles, could focus their thoughts more positively, and underlined the importance of maintaining these strategies after discharge. Group leaders' skills related to psychiatric inpatient care were also reflected on. Discussion STR seems to promote personal recovery. Psychiatric inpatient care requires group leaders trained in STR with competence to manage advanced psychiatric nursing care. Limitations Data were collected at one clinic, decreasing transferability. Implications Recovery-oriented programmes in psychiatric wards can support patients' first steps towards recovery. Recommendations Nursing-led programmes supporting personal recovery should be implemented in psychiatric wards.

## Palliative Care

**Ebo, T. O., et al. (2026) '[End-of-Life Care for Forensic Psychiatric Patients: Ethical, Legal, and Systemic Challenges in Integrating Palliative Approaches.](#)' *Journal of Forensic and Legal Medicine* 118, 103087.**

End-of-life (EOL) care for patients with serious mental illness (SMI) in forensic mental health settings remains a critical yet underexplored area of healthcare. Individuals with SMI experience significant health disparities, including reduced life expectancy due to preventable chronic illnesses. These challenges are compounded in forensic settings by legal constraints, systemic neglect, and limited access to palliative care services. This narrative review examines the unique barriers to EOL care in forensic psychiatric institutions. Key issues explored include diagnostic overshadowing, restricted patient autonomy, and the absence of integrated palliative care models. Additionally, ethical and legal dilemmas, such as involuntary treatment and advance care planning (ACP), are analysed in the context of forensic mental health. Best practices for improving EOL care in forensic psychiatric settings include the integration of multidisciplinary palliative care teams, trauma-informed approaches, and the development of hospice and alternative care models. Policy and systemic recommendations highlight the need for early palliative care consultations, legal reforms that balance patient rights with public safety, and enhanced staff training in EOL care competencies. Despite these proposed interventions, significant gaps remain in research, particularly in evaluating the effectiveness of palliative interventions in forensic settings. Addressing these gaps is crucial to ensuring forensic psychiatric patients receive compassionate, dignified, and ethically sound EOL care.

## Personality Disorders

**Bartsch, D. R., et al. (2026) '[Screening for Borderline Personality Symptoms Amongst Adult Offenders Attending Rehabilitation Programmes.](#)' *Psychiatry, Psychology and Law* 33(2), 466–478.**

**Bowden, J., et al. (2026) '[Barriers and Facilitators to Relational Practice and Positive Staff Outcomes in Forensic Personality Disorder Settings: A Rapid Evidence Assessment.](#)' *The Journal of Forensic Psychiatry & Psychology* 37(2), 255–280.**

**Collins, K. M., et al. (2026) '[Using Clinician–patient Collaboration to Tackle Structural Stigma and Age Discrimination in Borderline Personality Disorder.](#)' *BJPsych Advances* 32(3), 180–182.**

In this clinical reflection, we report on stigma and ageism and their impact on those experiencing signs and symptoms of borderline personality disorder (BPD). We highlight the need for increased

collaboration between those with lived experience of the disorder and healthcare providers. This is an important issue in BPD as the impact of structural stigma is significantly affecting the quality of life and short- and long-term trajectories of those with BPD, especially during adolescence.

**France, H., et al. (2026) '[Inpatient Cognitive Analytic Therapy for Emotionally Unstable Personality Disorder: A Co-Produced and Mixed Methods Single Case Experimental Design.](#)' *Psychology and Psychotherapy: Theory, Research and Practice* 99(2), 543–561.**

**Abstract Objectives** To coproduce an evaluation of the effectiveness cognitive analytic therapy (CAT) for emotionally unstable personality disorder (EUPD) conducted during a psychiatric inpatient admission. **Design** A four-phase mixed methods single-case experimental design (i.e. A-B-C-FU design). The first three phases (A-B-C) were conducted on an inpatient ward and the follow-up phase (1 month) coincided with discharge. **Methods** The intervention was a protocol-driven eight-session CAT. Intervention competency was assessed using the CCAT measure. Recognition and revision of three target problems (TPs) and associated target problem procedures (TPPs) were rated at each session. Five idiographic measures (i.e., anxiety, connecting to others, manic mood, obsessional intensity and people-pleasing) were rated daily across all phases. Nomothetic outcomes (i.e., PHQ-9 and GAD-7) were completed at assessment, termination and follow-up. A change interview with the patient participant was conducted at discharge and follow-up. The patient participant provides a commentary on the process and outcome of the therapy. **Results** CAT was delivered competently. Change in TP and TPPs synchronized with CAT phases. Most change in idiographic outcomes occurred during the follow-up, with discharge being associated with deterioration. There was a reliable improvement to PHQ-9 and GAD-7 scores. Changes were rated by the patient as being personally important, impactful and unlikely without CAT. The patient participant's account of the therapy noted the importance of the inpatient psychological help, the tools of CAT being useful and the ending being painful. **Conclusions** Brief CAT can be competently delivered on inpatient wards and appeared an acceptable and effective intervention for this EUPD admission. Research directions are provided.

**Gilbert, K. J., et al. (2026) '[The DSM-5 Alternative Model of Personality Disorder's Coverage of Borderline Personality Concepts.](#)' *Personality and Mental Health* 20(2), e70070.**

**ABSTRACT** The clinical utility of the DSM-5's Alternative Model of Personality Disorders (AMPD) depends on how well it encodes diagnostic concepts recognized in clinical descriptions of PDs. The present study examined the AMPD's coverage of borderline personality features identified in the clinical literature. In three independent samples (total N=?1166), community adults and university students rated their borderline features, level of personality functioning (AMPD Criterion A), and maladaptive personality traits (AMPD Criterion B). We observed that, collectively, the AMPD dimensions accounted for 76%?82% of borderline PD variance across samples. In supplemental analyses that adjusted for measurement error, the variance-explained range climbed to 84%?96%. Some domains of borderline pathology were better represented than others in the AMPD, highlighting areas for improvement in future iterations of the AMPD and related dimensional nosologies. We conclude that, at least in the populations studied here,

the AMPD is a serviceable model of longstanding borderline constructs, providing a bridge from categorical to dimensional conceptualizations of borderline PD.

**Louise, S., et al. (2026) '[A Review of Guidelines for the Diagnosis and Treatment of Borderline Personality Disorder and its Features in Adolescence.](#)' *Personality and Mental Health* 20(2), e70069.**

**ABSTRACT** Growing recognition that borderline personality disorder (BPD) and its features emerge in adolescence has prompted the development of guidelines to assist with assessment and management in this population. An environmental scan identified 11 guidelines for BPD and its features that provided recommendations applicable to adolescent populations and were available in or could be translated to English. Seven were specific to BPD and four were related to self-harm. Of the seven guidelines specific to BPD, all covered the assessment of BPD, while only six addressed the treatment of BPD. Guidelines for BPD in adolescents recommended the use of a clinical semi-structured interview for assessment; involvement of family members and carers; inclusion of psychoeducation; psychotherapies as the primary treatment; and if required, short-term medication. Of the six guidelines providing treatment guidance, three recommended outpatient care where possible. The remaining three guidelines did not provide recommendations about treatment setting. Guidelines for the management of self-harm in adolescents were similar, emphasising the importance of assessment, prioritising psychotherapy as the main form of treatment, and the use of screening tools to identify at-risk adolescents. Several guidelines exist for the assessment and management of BPD and self-harm in adolescents. This review is the first to show how recommendations converge across guidelines, providing clinicians with guidance to support family-inclusive care and evidence-based treatment planning. However, the evidence underlying the recommendations is largely based on small samples and cross-sectional designs, emphasising the need for larger studies to strengthen the evidence base.

**Pasetto, A., et al. (2026) '[Metacognitive Interpersonal Therapy for Male Domestic Offenders \(MIT-MDO\) with Personality Disorders: A Proof-of-Concept Case Series.](#)' *Psychology and Psychotherapy: Theory, Research and Practice* 99(2), 463–483.**

**Abstract** Background and Aims Intimate partner violence (IPV) is a serious health worldwide issue, and current treatment options are far from satisfactory. In this case series, we focused on male domestic offenders (MDO) as they are the most frequently responsible for IPV and targeted individuals displaying personality disorders (PDs) features and emotion dysregulation who were willing to accept court-mandated treatment. The underlying idea was that addressing PD factors through a specific treatment would help form and sustain a working alliance, understand the psychological triggers of violent behaviours, and then develop strategies to reduce them. We evaluated an adaptation of metacognitive interpersonal therapy (MIT) for MDO. The primary qualitative outcome was a reduction in violent behaviour. The main quantitative outcome was the reduction in manifestations of PD features. Secondary outcomes were reductions in global symptoms and interpersonal problems. We also analysed changes in emotion dysregulation, impulsivity and metacognition. Methods In a case series design, three court-mandated MDO underwent 24 individual sessions of MIT-MDO. They were assessed

at baseline, post-treatment and 3-month follow-up. Results All participants ceased all forms of violence post-treatment, and results were stable at follow-up, reported by both participants and their partners. Two participants achieved significant reductions in PD scores, global symptoms and interpersonal problems. Conclusions MIT-MDO is a promising new approach for tailoring treatment for MDO willing to undergo psychological treatment. MIT-MDO is a suitable candidate for further evaluation in larger effectiveness studies.

**Pingani, L., et al. (2026) '[Development and Validation of the Clinical Confidence and Psychodynamic Skills in Personality Disorder Questionnaire.](#)' *Personality and Mental Health* 20(3), e70082.**

ABSTRACT Clinicians often experience frustration and uncertainty when working with patients with personality disorder (PD). Several evidence-based treatments are available, some deriving from psychodynamic theory. Despite the clinical relevance of confidence in managing such encounters, no validated measure of clinicians' confidence in assessing, structuring treatment, and applying psychodynamic skills in the work with PD patients exists. This study reports the development and validation of the Clinical Confidence and Psychodynamic skills in Personality Disorder Questionnaire (CCPPDQ). The CCPPDQ is a 13-item self-administered questionnaire. 314 psychiatrists and psychiatry residents from the United Kingdom, Italy, India, and Malaysia completed it during applied transference focused psychotherapy (TFP) training (2022-2024). Exploratory and confirmatory factor analyses identified and confirmed the underlying structure. Internal consistency, test-retest reliability, and convergent validity with the Attitudes to Personality Disorder Questionnaire (APDQ) were assessed. Gender differences and predictors of CCPPDQ scores were also analyzed. Analyses supported a two-factor structure: Confidence in Assessment and Structuring Treatment (CAST) and Confidence in Applying Psychodynamic Techniques (CAPT), accounting for 58.5% of total variance. The CCPPDQ showed excellent internal consistency ( $\alpha = 0.93$ ) and strong test-retest reliability ( $ICC = 0.92$ ). Convergent validity was supported by positive correlations with APDQ total and subscale scores, particularly Enjoyment and Security. Regression analyses identified age, gender, and APDQ scores as significant predictors of CCPPDQ outcomes. The CCPPDQ is a reliable tool for assessing clinicians' confidence in working with PD patients. Its subscales capture meaningful aspects of psychodynamic practice, offering utility for training, supervision, and research.

**Thomas, J., et al. (2026) '[Service User Experiences of an Offender Personality Disorder Pathway Outreach Service.](#)' *Criminal Justice and Behavior* 53(6), 800-815.**

This qualitative study explored service user experiences of an Enhanced Support Service (ESS), a prison-based crisis outreach service within the offender personality disorder (OPD) pathway, in a male category C prison in England. Ten males who completed the ESS intervention were recruited through purposive sampling and participated in semi-structured interviews exploring helpful aspects, barriers to access, relationships with staff, the intervention environment, and experiences of personal change. Thematic analysis generated three superordinate themes: 'Positive change is experienced through ESS,' 'Making

a change is not straightforward,? and ?The environment needs to be considered.? ESS was experienced as transformative, with trusting relationships with staff central to change. However, participants highlighted the difficulties of making and sustaining changes within custody. The findings emphasize the challenges of delivering a psychologically informed service in prison and the importance of service user choice and relational practice in meeting the aims of ESS and the wider OPD pathway.; This qualitative study explored service user experiences of an Enhanced Support Service (ESS), a prison-based crisis outreach service within the offender personality disorder (OPD) pathway, in a male category C prison in England. Ten males who completed the ESS intervention were recruited through purposive sampling and participated in semi-structured interviews exploring helpful aspects, barriers to access, relationships with staff, the intervention environment, and experiences of personal change. Thematic analysis generated three superordinate themes: ?Positive change is experienced through ESS,? ?Making a change is not straightforward,? and ?The environment needs to be considered.? ESS was experienced as transformative, with trusting relationships with staff central to change. However, participants highlighted the difficulties of making and sustaining changes within custody. The findings emphasize the challenges of delivering a psychologically informed service in prison and the importance of service user choice and relational practice in meeting the aims of ESS and the wider OPD pathway.

**Yamaç, H. İ, et al. (2026) '[Low-Dose Lithium Monotherapy in Borderline Personality Disorder: Complete Remission of Impulsive Self-Harming Behaviors and Affective Instability.](#)' *Personality and Mental Health* 20(2), e70080.**

## Physical Health

**Clancey, E., et al. (2026) '[Exploring the Challenges of Managing Diabetes Mellitus in an in-Patient Psychiatric Setting.](#)' *BJPsych Advances* 32(2), 64–72.**

Diabetes mellitus affects about 830 million people worldwide, with 2.5 million diabetes-related deaths per year. The estimated prevalence of diabetes among psychiatric in-patients in the UK is 10%, and the increased risk of poor diabetes-related physical health outcomes among people with a severe mental illness (SMI) is detrimental to their mental health and social functioning. This article uses two fictitious case vignettes inspired by experience in an in-patient psychiatric facility to explore the challenges of managing diabetes in this setting in the UK. The relationship between psychiatric disorders, their symptoms and management of physical health conditions, including health promotion, monitoring and pharmacological therapy, creates a challenge in the optimal management of diabetes.

Recommendations for improving diabetes management in people with SMI are divided into those requiring insulin and those not requiring insulin.

**Curtice, M., and Moltu, A. (2026) '[Physical Health Treatment Under Section 63 of the Mental Health Act 1983: Widening its Scope.](#)' *BJPsych Advances* 32(3), 183–191.**

Section 63 is one of the most widely used provisions of the Mental Health Act 1983 (MHA). Case law has evolved and established that a range of physical health treatments, ancillary to the core mental disorder, can be subsumed and authorised under s.63. This article reviews two court judgments whereby unique treatments were authorised under s.63 – the provision of clinically assisted nutrition and hydration, and renal dialysis. In doing so, it elucidates key issues around implementing s.63 and assessing potential ancillary treatments for clinical practice.

**Launders, N., et al. (2026) '[Characteristics of People with Severe Mental Illness Excluded from Incentivised Physical Health Checks in the UK: Electronic Healthcare Record Study.](#)' *The British Journal of Psychiatry* 228(4), 340–347.**

**Background**Physical health checks in primary care for people with severe mental illness ((SMI) defined as schizophrenia, bipolar disorders and non-organic psychosis) aim to reduce health inequalities. Patients who decline or are deemed unsuitable for screening are removed from the denominator used to calculate incentivisation, termed exception reporting.**Aims**To describe the prevalence of, and patient characteristics associated with, exception reporting in patients with SMI.**Method**We identified adult patients with SMI from the UK Clinical Practice Research Datalink (CPRD), registered with a general practice between 2004 and 2018. We calculated the annual prevalence of exception reporting and investigated patient characteristics associated with exception reporting, using logistic regression.**Results**Of 193 850 patients with SMI, 27.7% were exception reported from physical health checks at least once. Exception reporting owing to non-response or declining screening increased over the study period. Patients of Asian or Black ethnicity (Asian: odds ratio 0.72, 95% CI 0.65–0.80; Black: odds ratio 0.86, 95% CI 0.76–0.97; compared with White) and women (odds ratio 0.90, 95% CI 0.88–0.92) had a reduced odds of being exception reported, whereas patients diagnosed with ‘other psychoses’ (odds ratio 1.19, 95% CI 1.15–1.23; compared with bipolar disorder) had increased odds. Younger patients and those diagnosed with schizophrenia were more likely to be exception reported owing to informed dissent.**Conclusions**Exception reporting was common in people with SMI. Interventions are required to improve accessibility and uptake of physical health checks to improve physical health in people with SMI.

**Lyman, M., et al. (2026) '[Introduction of Point-of-Care Blood Testing in Early Intervention in Psychosis Services: Effects on Physical Health Screening.](#)' *The British Journal of Psychiatry* 228(4), 311–316.**

**Background**There is a significant mortality gap between the general population and people with psychosis. Completion rates of regular physical health assessments for cardiovascular risk in this group are suboptimal. Point-of-care testing (POCT) for diabetes and hyperlipidaemia – providing an immediate result from a finger-prick – could improve these rates.**Aims**To evaluate the impact on patient–clinician encounters and on physical health check completion rates of implementing POCT for cardiovascular risk

markers in early intervention in psychosis (EIP) services in South East England. Method A mixed-methods, real-world evaluation study was performed, with 40 POCT machines introduced across EIP teams in all eight mental health trusts in South East England from March to May 2021. Clinician training and support was provided. Numbers of completed physical health checks, HbA1c and lipid panel blood tests completed 6 and 12 months before and 6 months after introduction of POCT were collected for individual patients. Data were compared with those from the South West region, which acted as a control. Clinician questionnaires were administered at 2 and 8 months, capturing device usability and impacts on patient interactions. Results Post-POCT, South East England saw significant increases in HbA1c testing (odds ratio 2.02, 95% CI 1.17–3.49), lipid testing (odds ratio 2.38, 95% CI 1.43–3.97) and total completed health checks (odds ratio 3.61, 95% CI 1.94–7.94). These increases were not seen in the South West. Questionnaires revealed improved patient engagement, clinician empowerment and patients' preference for POCT over traditional blood tests. Conclusions POCT is associated with improvements in the completion and quality of physical health checks, and thus could be a tool to enhance holistic care for individuals with psychosis.

## Physical Intervention

**Senthil, S., et al. (2026) 'Prevalence and Factors Associated with Restraints in Mental Health in-Patient Wards.'** *BJPsych Bulletin* 50(3), 237–242.

Aims and method Restraints in mental health in-patient settings can negatively affect recovery. This study aimed to examine the prevalence and associated factors of restraint use. A retrospective cohort study was conducted in a rural NHS mental health trust in the UK, covering all adult in-patients from July 2020 to July 2021. Results The prevalence of restraint was 34%. Factors associated with restraint included age 18–25 or ≥65 years, female gender, disability, long-term sickness benefits, detention under the Mental Health Act, frequent admissions and a diagnosis of depressive or severe mental illness. Statistically significant associations were found for age ≥65 years (odds ratio 3.920), Section 2 detention (odds ratio 5.72), more than ten previous admissions (odds ratio 5.672) and depressive disorders (odds ratio 3.478). Clinical implications Restraint use remains common and is linked to identifiable risk factors. These findings support the need for targeted interventions to reduce restraint, particularly for high-risk patient groups.

**Tingleff, E. B., et al. (2026) 'Content and Feasibility of Interventions to Reduce Mechanical Restraint use in Adult Forensic Mental Health Inpatient Settings: A Qualitative Study of Service Users', Relatives', and Staff's Perceptions in Denmark.'** *Journal of Forensic Nursing* 22(1)

Introduction Most interventions aimed at reducing mechanical restraint (MR) have not been adapted to forensic mental health settings (FMHS) and rarely consider the perspectives of service users (SUs), relatives, and staff. Aim To investigate the perceptions of SUs, relatives, and staff regarding the content and feasibility of seven interventions to reduce MR use in adult FMHS. Methods We conducted semi-

structured, one-on-one, and group interviews with SUs, relatives, and staff within an FMHS and analyzed the data using content analysis. Results Seven categories were produced: building relationships, expanding patient-related knowledge, applying de-escalation methods, optimizing staffing levels, increasing availability, improving collaboration, and promoting professional staff attitudes. Conclusions Strengthening relationships is fundamental to the feasibility of most interventions aimed at reducing MR episodes. SU–staff relations depend on staff’s knowledge of and genuine engagement with SUs, while staff–staff dynamics are built on trust and collaboration.

[https://journals.lww.com/forensicnursing/fulltext/2026/01000/content\\_and\\_feasibility\\_of\\_interventions\\_to\\_reduce.10.aspx](https://journals.lww.com/forensicnursing/fulltext/2026/01000/content_and_feasibility_of_interventions_to_reduce.10.aspx)

## Police

**Shjarback, J. A., and Swan, T. A. (2026) '[A Process Evaluation of the Effective Mental and Behavioral Health Emergency Diversion \(EMBHD\) Project.](#)' *Police Practice and Research* 27(4), 527–542.**

**Smith, R. (2026) '[Identifying Risk Work Tensions in Policing and Mental Health Partnerships in England.](#)' *Policing and Society* 36(4), 422–440.**

## Prisons

**Blagden, N., and Penford, E. (2026) '[Exploring the Therapeutic and Rehabilitative Climate of Three Prisons for Men with Sexual Convictions.](#)' *Psychiatry, Psychology and Law* 33(3), 667–682.**

**Day, A., et al. (2026) '[“Taller Fences Or Longer Tables”’: Should we Rely on Dynamic Security to Prevent Prison Violence?](#)' *The Prison Journal* 106(2), 157–181.**

Dynamic security has become the foundation of efforts to prevent violence in prisons around the world. This article discusses the meaning of the term and how it has been operationalized in practice, before identifying several issues that relate to when, where, and how it might be relied upon to support safer living and working environments. We conclude that, despite its presence in contemporary correctional policy and practice, dynamic security sits in a quasi-professional space without a clear governance approach (the absence of professional standards, regulation, and consistent training) which results in inconsistent application. Prison administrators will inevitably face significant obstacles in any efforts to introduce a culture that prioritizes dynamic security in the absence of ongoing research and practice development.; Dynamic security has become the foundation of efforts to prevent violence in prisons around the world. This article discusses the meaning of the term and how it has been operationalized in practice, before identifying several issues that relate to when, where, and how it might be relied upon to support safer living and working environments. We conclude that, despite its presence in contemporary

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**Heathcote, L., et al. (2026) '[Dementia and Mild Cognitive Impairment in the Older Prisoner Population in England and Wales \(DECISION\): Developing a Dementia Care Pathway for use in Prisons.](#)' *The Journal of Forensic Psychiatry & Psychology* 37(1), 193–213.**

**Ioana, F. M., and Andrei, C. H. (2026) '[Perceived Procedural Justice, Criminal Identity, and Self-Concept among Incarcerated Persons: The Indirect Effect of Prison Social Climate.](#)' *Criminal Justice and Behavior* 53(3), 357–369.**

Incarcerated people's perception of being treated procedurally fairly by prison staff discourages criminal behavior and fosters rehabilitation. This study examined the links between perceived procedural justice, prison social climate, and two facets of incarcerated people's identity, that is, criminal social identity and self-concept, which were previously found to be associated with criminal behavior and reoffending, in a sample of 149 adult male incarcerated people. Results showed that high levels of perceived procedural justice were associated with a lower criminal social identity and a more positive self-concept. Also, two dimensions of the prison social climate, that is, Hold and Support and Inmates' Cohesion, exerted significant indirect effects in these relationships, suggesting that the beneficial effects of procedural justice on incarcerated people's self-views may be generated via improvements in these facets of social climate, which further deter the internalization of criminal social identity and foster positive self-perceptions.; Incarcerated people's perception of being treated procedurally fairly by prison staff discourages criminal behavior and fosters rehabilitation. This study examined the links between perceived procedural justice, prison social climate, and two facets of incarcerated people's identity, that is, criminal social identity and self-concept, which were previously found to be associated with criminal behavior and reoffending, in a sample of 149 adult male incarcerated people. Results showed that high levels of perceived procedural justice were associated with a lower criminal social identity and a more positive self-concept. Also, two dimensions of the prison social climate, that is, Hold and Support and Inmates' Cohesion, exerted significant indirect effects in these relationships, suggesting that the beneficial effects of procedural justice on incarcerated people's self-views may be generated via improvements in these facets of social climate, which further deter the internalization of criminal social identity and foster positive self-perceptions.

**Jones, T. K., et al. (2026) '[Indirect and Psychological Victimization in Prison: The Role of Staff and Incarcerated Persons Interactions in Shaping Perceptions of Safety.](#)' *Criminal Justice and Behavior* 53(4), 556–574.**

Although victimization in prison has been widely studied, most research emphasizes physical or sexual violence and overlooks subtle, indirect harms. Interactions between correctional staff and incarcerated

persons reinforce power hierarchies that contribute to psychological distress and fear of victimization. This study examines how such interactions between staff and incarcerated persons shape experiences of indirect and psychological victimization in a U.S. prison. Drawing on semi-structured interviews with a convenience sample of 39 incarcerated persons and 56 staff members employed in a medium-security Midwest institution, we explore the nuanced interactions between these groups. The research explores the prevalence of non-assaultive forms of victimization, including verbal abuse, personal property conflict, vicarious trauma, and the resulting hypervigilance. By centering the lived experiences of both groups, this study extends understandings of 'pains of imprisonment?' and calls for expanded frameworks to conceptualize and address non-physical forms of harm, fostering safer and more humane correctional environments.;

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**Kim, M., et al. (2026) '[Preventing Suicide in Jails: Examining Community, Facility, and Individual Differences](#).' *Criminal Justice and Behavior* 53(3), 370–387.**

Suicide remains the leading cause of death in U.S. correctional facilities, underscoring the importance of identifying factors contributing to elevated risk. Drawing on national data on jail fatalities from 2011 to 2019, this study examines suicide risk across macro-level (community infrastructure), meso-level (facility characteristics), and micro-level (individual vulnerabilities) domains. Multivariate regression analyses indicate that, at the micro-level, being young, White, male, unconvicted, or serving a short length of stay increases suicide likelihood. Rural isolation is associated with higher suicide rates, whereas overcrowding is linked to lower rates. Interaction models further demonstrate that rural jails without overcrowding experience the highest suicide rates. Findings highlight the complex interplay among individual, facility, and community factors, pointing to the need for targeted, multi-level prevention efforts. Policy, practice, and research implications are discussed to inform evidence-based strategies for reducing suicide in correctional settings.;

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**Mahmood, R., et al. (2026) '[The Impact of Faith-Based Rehabilitation in Prisons: Identity Transformation, Virtue Development, and Emotional-Behavioral Outcomes.](#)' *Criminal Justice and Behavior* 53(4), 520–538.**

This study examines the impact of a faith-based rehabilitation program on male incarcerated persons in Pakistan, focusing on religiosity, identity transformation, meaning in life, virtue development, and emotional?behavioral outcomes. A quasi-experimental design (n = 127) using pretest and posttest data was analyzed through structural equation modeling. Results revealed that program graduates exhibited significantly higher religiosity, which later positively influenced identity transformation, meaning in life, and virtue development. Although nonsignificant effects were observed for depression or anxiety, several constructs (e.g., emotional transformation, self-regulation, compassion, accountability) were associated with reduced aggression. The findings highlight the potential of faith-based programs in promoting personal growth and moral reform, though supplementary interventions may be necessary to reduce emotional issues. This study underscores the need for comprehensive rehabilitation frameworks that incorporate religious engagement alongside evidence-based psychological supports such as cognitive-behavioral therapy, trauma-informed care, and stress reduction programs.; This study examines the impact of a faith-based rehabilitation program on male incarcerated persons in Pakistan, focusing on religiosity, identity transformation, meaning in life, virtue development, and emotional?behavioral outcomes. A quasi-experimental design (n = 127) using pretest and posttest data was analyzed through structural equation modeling. Results revealed that program graduates exhibited significantly higher religiosity, which later positively influenced identity transformation, meaning in life, and virtue development. Although nonsignificant effects were observed for depression or anxiety, several constructs (e.g., emotional transformation, self-regulation, compassion, accountability) were associated with reduced aggression. The findings highlight the potential of faith-based programs in promoting personal growth and moral reform, though supplementary interventions may be necessary to reduce emotional issues. This study underscores the need for comprehensive rehabilitation frameworks that incorporate religious engagement alongside evidence-based psychological supports such as cognitive-behavioral therapy, trauma-informed care, and stress reduction programs.

**Peart, S., et al. (2026) '[Staff and Incarcerated Individuals' Attitudes Toward Men Who Sexually Offend: Implications for Prison Social Climate.](#)' *The Prison Journal* 106(2), 182–203.**

The attitudes of staff and of males incarcerated for non-sexual offences toward males incarcerated for sexual offences are measured using the Attitudes to Sex Offenders Scale ( Hogue & Harper, 2019).

Overall, staff had more favorable attitudes toward males incarcerated for sexual offences than males incarcerated for non-sexual offences did. Results also demonstrated that staff and those incarcerated in the prison that does not segregate males incarcerated for sexual offences from the mainstream population had more favorable attitudes toward males incarcerated for sexual offences than staff and those incarcerated in the prison that segregates males incarcerated for sexual offences. Implications for prison administrators in creating rehabilitative prison social climates are discussed.; The attitudes of staff and of males incarcerated for non-sexual offences toward males incarcerated for sexual offences are measured using the Attitudes to Sex Offenders Scale ( Hogue & Harper, 2019). Overall, staff had more favorable attitudes toward males incarcerated for sexual offences than males incarcerated for non-sexual offences did. Results also demonstrated that staff and those incarcerated in the prison that does not segregate males incarcerated for sexual offences from the mainstream population had more favorable attitudes toward males incarcerated for sexual offences than staff and those incarcerated in the prison that segregates males incarcerated for sexual offences. Implications for prison administrators in creating rehabilitative prison social climates are discussed.

**Sargeant, E., et al. (2026) '[Procedural Justice and Mental Well-being in Prisons: The Mediating Roles of Staff Relationships and Prison Safety.](#)' *Criminal Justice and Behavior* 53(5), 619–639.**

Research has begun to explore the role of procedural justice in prison contexts. One potential benefit of procedural justice in prisons is an uplift in the well-being of people in prison. The well-being of people in prison matters because it is associated with reduced recidivism upon release. This study draws on survey data collected from incarcerated individuals in Australia to examine the associations between their perceptions of procedural justice, staff relationships, prison safety, and their self-reported mental well-being over time. Using cross-sectional data, we find procedural justice perceptions are positively associated with respondents' well-being, and that staff relationships and perceived prison safety mediate this pathway. However, when examined longitudinally, only staff relationships mediate the procedural justice and well-being relationship. These results highlight the utility of procedural justice training in prison environments, and the need for future research to consider how prison officers can foster relationships that are procedurally just and appropriate.; Research has begun to explore the role of procedural justice in prison contexts. One potential benefit of procedural justice in prisons is an uplift in the well-being of people in prison. The well-being of people in prison matters because it is associated with reduced recidivism upon release. This study draws on survey data collected from incarcerated individuals in Australia to examine the associations between their perceptions of procedural justice, staff relationships, prison safety, and their self-reported mental well-being over time. Using cross-sectional data, we find procedural justice perceptions are positively associated with respondents' well-being, and that staff relationships and perceived prison safety mediate this pathway. However, when examined longitudinally, only staff relationships mediate the procedural justice and well-being relationship. These results highlight the utility of procedural justice training in prison environments, and the need for future research to consider how prison officers can foster relationships that are procedurally just and appropriate.

**Smith, H. P. (2026) '[Extreme Self Injurious Behavior in a State Prison System: A Mixed Methods Analysis of Medically Severe and Bizarre Events.](#)' *Journal of Forensic and Legal Medicine* 120, 103141.**

Self-injurious behavior (SIB) is common in prisons, but a small subset of episodes involves extreme medical severity, atypical methods, and striking psychiatric complexity. This retrospective mixed-methods study aimed to identify and describe “extreme” SIB within a large U.S. state prison system and to characterize its medical, behavioral, and contextual features. We reviewed 5.5 years of critical incident reports and, from all self-harm–related events, identified 85 episodes that met an a priori definition of extreme SIB, including clear risk of death or disfigurement, ingestion or insertion of foreign bodies or toxic substances, targeting of the face, eyes, or genitals, bizarre or psychotic features, and/or use of multiple severe methods in a single episode. Quantitative coding documented that most incidents (80%) involved life-threatening medical risk, nearly half (49%) featured ingestion or insertion of foreign objects or toxic substances, over one third (35%) targeted the face, eyes, or genitals, and 41% combined more than one severe method; altered mental states or bizarre behavior were described in 59% of events. Thematic analysis of staff narratives highlighted massive blood loss, unusual instruments and body insertion, symbolic attacks on identity and sexuality, “method stacking,” and altered mental states, often in the context of segregation, disciplinary action, or adverse legal news. Extreme SIB appears to be a low base-rate but high-impact phenomenon that concentrates psychiatric morbidity, medical cost, and institutional disruption, and is often poorly matched to standard custodial responses. The findings support the need for specialized forensic assessment, clinical management, and policy responses for this subgroup.

**Sung, J. J., et al. (2026) '[Religion, Accountability, and the Risk of Aggressive Misconduct among Prisoners: Preliminary Evidence of Restorative Rehabilitation.](#)' *Int J Offender Ther Comp Criminol* 70(9), 919–941.**

Prior research has found inverse relationship between religious involvement and misconduct among prisoners. In this study, we examined the mediating role of accountability as welcoming responsibility for one's actions with respect to the transcendent (e.g., God or a higher power) and other people. We applied structural equation modeling to analyze data from surveys with 339 individuals (108 females and 231 males) incarcerated at three facilities in Texas. We found that prisoner religiosity was positively related to transcendent accountability, which was in turn positively associated with human accountability. Human accountability was then positively associated with empathy and negatively associated with impulsivity. Via impulsivity, human accountability was indirectly and inversely related to anger, depression, and anxiety. Further, the other-directed negative emotion (anger) was positively associated with the risk of other-directed, aggressive misconduct. The results suggest that accountability as forward-looking, active responsibility may play an important role in the restorative rehabilitation of prisoners.; Prior research has found inverse relationship between religious involvement and misconduct among prisoners. In this study, we examined the mediating role of accountability as welcoming responsibility for one's actions with respect to the transcendent (e.g., God or a higher power)

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**Vinter, L. P., et al. (2026) '[Mental Wellbeing, but Not Prison Climate, Mediates the Association between Autistic Traits and Treatment Readiness among Men with Sexual Convictions.](#)' *Journal of Sexual Aggression* 32(1), 147–163.**

**Wolkind, R. (2026) '[Penal Policy on Families of Imprisoned People—An Impossible Situation? Understanding Scottish Prison Policy through Prison Staff’s Moral Sensibilities.](#)' *The British Journal of Criminology* 66(3), 536–553.**

Scottish penal policy emphasizes the rights and well-being of the families of imprisoned people, yet reports suggest persistent gaps between discourse and practice. This paper examines prison staff’s moral sensibilities regarding families. Using Zacka’s Street-Level Bureaucracy framework, it links staff moral distress to a misalignment between policy aspirations to support families and other institutional policies and characteristics that, in practice, harm them. Through this analysis, I recast the gap between discourse and practice not as an implementation issue, but as a consequence of moral incoherence in the state’s position on families which, left unresolved upstream, is effectively delegated to prison staff. The paper has implications for penal policymaking and prison governance and advances a methodological argument for prison staff-focused research as a form of policy analysis.

## Psychology

**Dichmann, K., et al. (2026) '[Psychotherapy for Forensic Psychiatric Patients Diagnosed with Schizophrenia Or Schizoaffective Disorders: A Mixed Methods Systematic Review.](#)' *The Journal of Forensic Psychiatry & Psychology* 37(2), 219–254.**

## Psychopathy

Koh, M. K., and Kim, H. S. (2026) '[Clinical Manifestations of Psychopathic Subtypes in Incarcerated Offenders: A Retrospective Multimethod Analysis.](#)' *The Journal of Forensic Psychiatry & Psychology* 37(1), 119–143.

## Psychosis

Cowman, M., et al. (2026) '[Cognitive and Clinical Profiles in First-Episode Psychosis and their Relationship with Functional Outcomes.](#)' *The British Journal of Psychiatry* 228(3), 236–243.

**Background** While cognitive impairment is a core feature of psychosis, significant heterogeneity in cognitive and clinical outcomes is observed. **Aims** The aim of this study was to identify cognitive and clinical subgroups in first-episode psychosis (FEP) and determine if these profiles were linked to functional outcomes over time. **Method** A total of 323 individuals with FEP were included. Two-step hierarchical and k-means cluster analyses were performed using baseline cognitive and clinical variables. General linear mixed models were used to investigate whether baseline cognitive and clinical clusters were associated with functioning at follow-up time points (6–9, 12 and 15 months). **Results** Three distinct cognitive clusters were identified: a cognitively intact group (N = 59), a moderately impaired group (N= 77) and a more severely impaired group (N= 122). Three distinct clinical clusters were identified: a subgroup characterised by predominant mood symptoms (N = 76), a subgroup characterised by predominant negative symptoms (N= 19) and a subgroup characterised by overall mild symptom severity (N = 94). The subgroup with more severely impaired cognition also had more severe negative symptoms at baseline. Cognitive clusters were significantly associated with later social and occupational function, and associated with changes over time. Clinical clusters were associated with later social functioning but not occupational functioning, and were not associated with changes over time. **Conclusions** Baseline cognitive impairments are predictive of both later social and occupational function and change over time. This suggests that cognitive profiles offer valuable information in terms of prognosis and treatment needs.

O'Connell, J., et al. (2026) '[The Dissociative Architecture of Delusions: Investigating the Relationship between Trauma, Dissociation and Delusions in First Episode Psychosis.](#)' *Psychology and Psychotherapy: Theory, Research and Practice* 99(1), 259–276.

**Abstract Objectives** Dissociation is a well-established mediator of the relationship between trauma and psychosis. Despite identified phenomenological similarities, there is limited research regarding the nature of the relationship between dissociation and delusions. The study aimed to identify dissociative experiences within delusions and examine whether these are associated with childhood trauma and its psychological sequelae. **Methods** Sixty-four young people were recruited from an early psychosis service and completed a cross-sectional assessment of childhood trauma, psychosis, PTSD and dissociation. A

coding frame was developed to identify dissociative detachment and compartmentalisation within descriptions of delusions. Group comparisons were conducted to examine differences in the severity and frequency of trauma, PTSD, dissociation and psychosis between those with and without dissociative delusions. Results Thirty-four participants (59%) had at least one delusion that clearly included dissociative content. Compartmentalisation was identified in the descriptions of delusions for 25 participants (43%), and detachment was identified in the descriptions of delusions for 12 participants (21%). Three participants (5%) described a delusion that contained both compartmentalisation and detachment. All participants described at least one delusion without compartmentalisation or detachment. Those with dissociative delusions had a significantly higher frequency of PTSD diagnoses ( $\chi^2(1)=5.32, p=.02, \phi=.31$ ). Conclusion Dissociative experiences are prevalent amongst those with early psychosis and can be reliably identified in the descriptions of delusions. It is likely that dissociation is phenomenologically important for the experience of some delusions.

## Risk Assessment

**Challinor, A., et al. (2026) ['The Integration of Risk Assessment and Risk Management: A Qualitative Interview Study of Dynamic Appraisal of Situational Aggression use in Real-World Practice.'](#) *International Journal of Forensic Mental Health* 25(2), 121–130.**

The Dynamic Appraisal of Situational Aggression (DASA) is a tool designed to assess the risk of violence in inpatient adult mental healthcare. Despite its empirical support, there is limited understanding of how the DASA is used to guide risk management. We interviewed twelve nursing staff across two forensic hospitals, exploring how the tool is operationalised and how nursing staff use the DASA score to guide their risk management. In the services studied, the DASA was being used as intended to assess violence risk. A key theme was the use of the DASA to share risk information, the initial step of the pathway from assessment to risk management. When integrating the DASA output with risk management, the DASA prompted nurses to undertake further assessment and/or put patient care plans into action, rather than choose an intervention stratified from the DASA score. The findings identify an important consideration of whether an assessment tool is designed to structure one's judgement (whilst not entirely displacing the user's experience and knowledge), or whether the tool needs to prescriptively guide clinical decision-making. This study builds an understanding of how risk assessment tools are implemented in real-world practice and the pathway from risk assessment to management outcomes.; The Dynamic Appraisal of Situational Aggression (DASA) is a tool designed to assess the risk of violence in inpatient adult mental healthcare. Despite its empirical support, there is limited understanding of how the DASA is used to guide risk management. We interviewed twelve nursing staff across two forensic hospitals, exploring how the tool is operationalised and how nursing staff use the DASA score to guide their risk management. In the services studied, the DASA was being used as intended to assess violence risk. A key theme was the use of the DASA to share risk information, the initial step of the pathway from

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**Farber, S. (2026) '[Human Experts and AI Models in Offender Risk Assessment: A Comparative Pilot Study using the HCR-20V3.](#)' *Behavioral Sciences & the Law* 44(1), 87–95.**

ABSTRACT This pilot study compares offender risk assessments conducted by human experts and advanced large language models (LLMs) within the HCR-20V3 framework. Both groups evaluated a series of synthetic forensic case vignettes designed to simulate realistic clinical conditions. Quantitative results indicate that AI models consistently assigned higher overall risk scores and demonstrated greater inter-rater reliability compared to human assessors. Qualitative analysis revealed distinct reasoning patterns: AI systems emphasized historical and static risk factors and often recommended more intensive management strategies, whereas human experts focused on recent behavioral improvements, dynamic change, and rehabilitation potential. These contrasts highlight fundamental differences between algorithmic pattern recognition and human clinical judgment. The findings suggest that integrating AI-generated analyses with professional expertise can enhance the consistency and transparency of risk evaluations, while preserving the ethical, contextual, and human-centered insights essential to forensic and clinical decision-making.

**Marije Keulen-de Vos, and Martine Herzog-Evans. (2026) '[The Predictive Value of Criminogenic Needs on Institutional Misconduct in a Dutch Forensic Hospital.](#)' *Int J Offender Ther Comp Criminol* 70(6-7), 675–699.**

According to the Risk-Need-Responsivity model, criminogenic needs are important in predicting violent behavior. Eight criminogenic needs are considered strong predictors: history of antisocial behavior, antisocial personality traits, criminal attitudes, criminal associates, substance abuse, family problems, poor work performance, and lack of involvement in prosocial leisure/recreation activities. The purpose of the current study was to examine whether seven criminogenic needs predict institutional misconduct in the first year of admission of Dutch patients who were admitted to a forensic hospital. Hospital records of 234 male patients were used to retrieve criminogenic needs assessed with the HCR-20V3, with exception of criminal associates which was coded based on file review. The frequency of institutional misconduct was rated for verbal aggression, physical aggression, and sexual aggression. Exploratory analyses examined whether there was a (predictive) relation between psychopathy facets (PCL-R factors) and HCR-20V3 clinical and risk management scales, and institutional misconduct. This study finds that criminogenic needs did not predict physical and sexual institutional misconduct, but a history of antisocial behavior and criminal attitudes were negative predictors for verbal aggression. Psychopathy

facets and HCR-20V3 scales did not predict institutional misconduct.; According to the Risk-Need-Responsivity model, criminogenic needs are important in predicting violent behavior. Eight criminogenic needs are considered strong predictors: history of antisocial behavior, antisocial personality traits, criminal attitudes, criminal associates, substance abuse, family problems, poor work performance, and lack of involvement in prosocial leisure/recreation activities. The purpose of the current study was to examine whether seven criminogenic needs predict institutional misconduct in the first year of admission of Dutch patients who were admitted to a forensic hospital. Hospital records of 234 male patients were used to retrieve criminogenic needs assessed with the HCR-20V3, with exception of criminal associates which was coded based on file review. The frequency of institutional misconduct was rated for verbal aggression, physical aggression, and sexual aggression. Exploratory analyses examined whether there was a (predictive) relation between psychopathy facets (PCL-R factors) and HCR-20V3 clinical and risk management scales, and institutional misconduct. This study finds that criminogenic needs did not predict physical and sexual institutional misconduct, but a history of antisocial behavior and criminal attitudes were negative predictors for verbal aggression. Psychopathy facets and HCR-20V3 scales did not predict institutional misconduct.

**Olawade, J. O., et al. (2026) '[Digital Twin Technology in Forensic Mental Health.](#)' *Journal of Forensic and Legal Medicine* 120, 103137.**

Forensic mental health services face significant challenges in managing violence and self-harm risks, optimizing therapeutic security, and planning pathways for individuals with serious mental disorders within criminal justice systems. Traditional risk assessment tools provide static snapshots that degrade over time and offer limited personalization. Digital twin technology, which creates dynamic, data-driven computational replicas of real-world entities, presents a transformative opportunity to enhance decision-making in this complex field. This narrative review synthesizes emerging concepts, opportunities, and risks surrounding the use of digital twin technology in forensic mental health, examining how this innovation could augment clinical practice while addressing critical ethical and legal considerations. We conducted a narrative review of recent literature on digital twins in healthcare, digital psychiatry, risk management in forensic mental health, and related ethical frameworks, synthesizing findings from peer-reviewed journals, consensus statements, and policy documents to map plausible applications, technical constraints, and governance requirements specific to forensic mental health contexts. Digital twins could enhance violence and self-harm risk management through continuous updating, personalize care pathways across prisons, courts, and secure hospitals, optimize ward staffing and security protocols, and support rights-respecting care planning. However, deployment requires robust attention to data provenance, algorithmic fairness, transparency, clinical validity, and human rights safeguards. We identify a staged translational pathway with essential guardrails for safe implementation. While digital twin technology holds considerable promise for forensic mental health, realizing these potential demands rigorous validation, strong governance frameworks, and sustained co-design with service users, clinicians, and legal stakeholders to ensure safety and rights protection.

# Schizophrenia

**Andreu-Bernabeu, Á, et al. (2026) '[Linking Prolonged Childhood and Adolescent Loneliness to Schizophrenia Spectrum Disorders: Results from EU-GEI Study.](#)' *The British Journal of Psychiatry* 228(5), 428–436.**

**Background** Prolonged childhood and adolescent loneliness (CAL) is linked to various adverse mental health outcomes, yet its impact on schizophrenia spectrum disorders (SSD) has been understudied. While loneliness is associated with psychosis and worsens symptoms in SSD, few studies have explored the long-term effects of early loneliness on SSD risk. Understanding how CAL interacts with genetic liability to schizophrenia is essential for identification of high-risk individuals. **Aims** This study evaluated whether prolonged CAL is associated with increased SSD risk and examined the interaction between CAL and genetic liability for schizophrenia. Gender differences in these associations were also explored. **Method** Data from the European Gene–Environment Interactions in Schizophrenia (EU-GEI) study were analysed, including 1261 individuals with SSD, 1282 unaffected siblings and 1525 healthy controls. CAL was retrospectively assessed for periods before age 12 years and age 12–16 years. Genetic risk was measured using polygenic risk scores for schizophrenia. Logistic regression models and the Relative Excess Risk due to Interaction (RERI) method were used to examine gene–environment interactions, with stratification by gender. **Results** Prolonged CAL was associated with higher odds of SSD (odds ratio 95% CI] = 5.20 3.85–7.01] for loneliness before age 12; odds ratio 95% CI] = 7.26 5.63–9.38] for loneliness during adolescence). The interaction between CAL and genetic risk was strongest during adolescence (RERI 95% CI] = 23.46 10.75–53.53]). Females showed a greater effect (odds ratio 95 %CI] = 10.04 6.80–14.94]) than males (odds ratio 95% CI] = 5.50 3.95–7.66]). Incorporating CAL and genetic interaction increased predictive values to 17% for SSD risk – rising to 22.5% in females – compared with 2.6 and 2.8%, respectively, for genetic risk alone. **Conclusions** Prolonged CAL significantly increases SSD risk, particularly in females. The inclusion of CAL alongside genetic risk substantially enhances predictive accuracy. Early identification of CAL could inform preventive strategies, especially in genetically vulnerable populations.

**Durar, E., et al. (2026) '[Stigmatized Minds, Neglected Care? A Global Analysis of Schizophrenia-Related Stigma.](#)' *Issues in Mental Health Nursing* 47(3), 290–299.**

**Howes, O., et al. (2026) '[Does Relapse Matter? Insights from New Data in Schizophrenia.](#)' *The British Journal of Psychiatry* 228(5), 391–393.**

It is often assumed that relapse leads to poor long-term outcomes, but new data question this in regard to symptoms, social function, quality of life and, possibly, employment. We consider this together with other impacts, risks and costs and how individual circumstances all influence decisions about antipsychotic maintenance treatment to prevent relapse.

**Malin V Källman, et al. (2026) '[The Usability of WHODAS Self-Rating for Forensic Psychiatric Inpatients with Schizophrenia.](#)' *International Journal of Forensic Mental Health* 25(2), 99–109.**

Inpatient forensic psychiatric rehabilitation is based on patient symptoms, life activities performance and perceived risks to self and others. Self-ratings provide insights into patients' perspectives. We have found differences between self-ratings and staff-ratings using the World Health Organization Disability Assessment Schedule 2.0 (WHODAS). To understand rating differences, we performed a qualitative study exploring patients' reasoning when self-rating WHODAS. Eighteen participants with a psychotic disorder and a history of aggression, cared for at a low to medium secure forensic psychiatric inpatient clinic in Sweden, were interviewed using verbal concurrent probing when self-rating the WHODAS. Participants' responses during the concurrent probing interview were summarised under three central themes: difficulties understanding and expressing language associated with the questionnaire; cognitive difficulties; and contextual rating difficulties. The analysis of two additional questions, about meaningfulness and validity, resulted in one further theme: Value of doing the rating. The usability of the questionnaire and of the self-rating process was not uniform, given differences in participants' language-related and cognitive abilities, as well as some questions not being readily applicable to an inpatient setting. Overall, the questions may prompt self-reflection, which could increase patient participation and self-awareness.;

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**Öcalan, S., et al. (2026) '[Exploring Predictors of Self-Management Abilities for Early Relapse Signs in Individuals with Schizophrenia and their Caregivers.](#)' *Journal of Psychiatric and Mental Health Nursing* 33(2), 324–337.**

**ABSTRACT** Introduction Self-management of early warning signs is essential to preventing relapse in individuals with schizophrenia. Although both patients and caregivers are central to this process, few studies have examined the factors influencing their self-management abilities. No validated tool has previously assessed this capacity in Turkish mental health settings. Aim This study aimed to identify

sociodemographic and clinical predictors of self-management abilities related to relapse and to evaluate the psychometric properties of the Turkish version of the Management of Early Warning Signs of Relapse Questionnaire (MEWSRQ). Method A cross-sectional study was conducted with 155 patients with schizophrenia and 155 primary caregivers. Data were collected using the MEWSRQ. Confirmatory factor analysis and internal consistency tests assessed validity and reliability, and regression identified predictors. Results Higher self-management scores were associated with medication adherence, employment, fewer hospitalizations, and consistent caregiving. Among caregivers, higher education and financial status were positive predictors, while multiple caregivers and non-adherence predicted lower scores. The Turkish MEWSRQ showed strong construct validity and internal consistency. Discussion Findings suggest that clinical and contextual factors shape relapse-related self-management capacities. The Turkish MEWSRQ is a reliable tool for assessment. Implications The MEWSRQ can be integrated into psychiatric care to identify individuals needing support in relapse prevention. Interventions should enhance treatment adherence, reduce caregiver fragmentation, and include targeted psychoeducation to strengthen both patient and caregiver self-efficacy in managing early warning signs.

**Polat, H., et al. (2026) '[The Effect of Alexithymia, Metacognitive Beliefs and Self-Efficacy on Disability in Patients with Schizophrenia: A Cross-Sectional Study.](#)' *Journal of Psychiatric and Mental Health Nursing* 33(3), 516–527.**

**ABSTRACT** Introduction Schizophrenia is a chronic mental disorder and one of the leading causes of disability worldwide, with greater levels of disability being associated with lower general self-efficacy. Reducing disability and enhancing self-sufficiency in individuals diagnosed with schizophrenia are among the primary goals of treatment and care. Aim This study aimed to examine the effects of alexithymia and metacognitive beliefs on self-efficacy levels and disability in individuals diagnosed with schizophrenia. Methods The study was conducted with 145 individuals under the age of 30 (67 individuals diagnosed with schizophrenia and 78 healthy controls) using a descriptive and correlational design. Data were collected using a sociodemographic data form, the Toronto Alexithymia Scale (TAS-20), the Metacognition Questionnaire (MCQ-30), the General Self-Efficacy Scale (GSES) and the World Health Organization Disability Assessment Schedule 2.0 (WHODAS 2.0). Results Compared to the control group, the patient group demonstrated significantly higher TAS-20, MCQ-30 and WHODAS 2.0 scores, and significantly lower GSES scores ( $p < .05$ ), whereas it showed a significant mediating effect in the relationship between MCQ-30 and GSES ( $p < .05$ ).

**Queen, M. M., and Goncy, E. (2026) '[Impact of Offender Schizophrenia Diagnosis on Public Perceptions of Crime and Punishment.](#)' *Behavioral Sciences & the Law* 44(2), 302–312.**

**ABSTRACT** Individuals with serious mental illness (SMI) make up only 6% of the U.S. population but represent up to 40% of those incarcerated. This overrepresentation is likely due to systemic discrimination, exemplified by people with SMI being twice as likely to be arrested as those without SMI. This study continued examining this discrimination by investigating the impact of one SMI, schizophrenia, on public perceptions of crime. Participants viewed and evaluated two criminal case

records where the offender either had schizophrenia or did not have schizophrenia. Contrary to hypotheses, offenders without schizophrenia were perceived more negatively and more deserving of incarceration, their crimes were perceived as more severe, and their punishments were perceived as fairer than those with schizophrenia. Results were replicated across two crime conditions. These findings contradict prior literature, capturing the current stigma surrounding schizophrenia in the criminal justice system. They have implications for policy and system reform.

## Self-Harm

**Cahyo, G. N., et al. (2026) '[Targeted and Sustainable Nurse-Led Suicide Prevention: Reflections on Treatment Adherence and Recurrence.](#)' *Journal of Psychiatric and Mental Health Nursing* 33(3), 355–356.**

**Gay, M. (2026) '[A Narrative Essay for Suicide Risk Assessment.](#)' *Journal of Psychiatric and Mental Health Nursing* 33(2), 270–276.**

**ABSTRACT** Background Suicidality is frequently examined through psychiatric or epidemiological lenses, with culture treated as a secondary factor or explanatory variable. This essay advances an alternative view, positioning culture as the lived horizon through which suffering is interpreted, narrated, and acted upon. Aim To examine how culturally grounded systems of meaning shape suicidal experience and to translate these insights into practical guidance for nursing suicide risk assessment and care. Approach Drawing on cross-cultural suicidology, narrative identity theory, and ethically constructed clinical illustrations, the essay explores suicidal meaning making across Indigenous, Japanese, and Muslim minority contexts. Suicide risk is framed as a narrative crisis in which a person's life story constricts towards a single perceived ending while avoiding cultural essentialism. Key Findings Across contexts, cultural worlds shape how distress is voiced, which forms of disclosure feel permissible, and what protective anchors remain accessible. Clinically salient meanings include duty, shame, exile, faith, and belonging. Protective resources often emerge through land, language, ritual, creativity, spirituality, and community relationships. Implications for Nursing Practice Rather than offering causal explanations, the essay provides practice-oriented guidance for nurses. This includes culturally attuned listening, documentation of cultural resources alongside standard risk elements, collaboration with Elders or faith leaders when appropriate and with consent, and the use of relational and family-centred pathways of support. Conclusion Centring culture as the medium of meaning allows suicide assessment and care to become more accurate, humane, and responsive to patients' lived worlds, supporting narrative reopening rather than symptom management alone.

**Myhre, M. Ø, et al. (2026) 'Factors Associated with Self-Harm in Patients with Substance use Disorders Who Died by Suicide: National Hybrid Questionnaire Registry Study.' *The British Journal of Psychiatry* 228(3), 229–235.**

Background Self-harm, self-poisoning or self-injury, irrespective of the motivation, is a central risk factor for suicide. Still, there is limited knowledge of self-harm among patients with substance use disorders (SUDs) who die by suicide. Aims We aimed to describe the prevalence of a history of self-harm and identify the factors associated with self-harm, comparing individuals who died by suicide with and without SUDs. Method We used data from the Norwegian Surveillance System for Suicide in Mental Health and Substance Use Services, which is based on a national linkage between the Norwegian Cause of Death Registry and the Norwegian Patient Registry, to identify individuals who died by suicide within 1 year after last contact with mental health or substance use services (n = 1140). A questionnaire was retrieved for 1041 (91.3%) of these individuals. We used least absolute shrinkage and selection operator (LASSO) regression to select variables and compared patients with and without SUDs. Conditional selective inference was used to improve 90% confidence intervals and p-values. Results The prevalence of self-harm was 55% in patients with SUDs and 52.6% in patients without SUDs. Suicidal ideation (odds ratio 2.98 (95% CI 1.74–5.10)) emerged as a factor shared with patients without SUDs, while personality disorders (odds ratio 1.96 (1.12–3.40)) and a history of violence (odds ratio 1.86 (1.20–2.87)) were unique factors for patients with SUDs. Conclusions A history of self-harm is prevalent in patients with SUDs who die by suicide and is associated with suicidal ideation, a history of violence and personality disorders in patients with SUDs.

**Vivienne, d. V., et al. (2026) 'The Different Functions of Self-Injurious Behavior within an Inpatient Forensic Population.' *International Journal of Forensic Mental Health* 25(2), 110–120.**

Self-injurious behavior in forensic mental health care populations happens frequently and affects not only the individuals involved but also other patients and treatment staff. Moreover, it is linked to violent behavior toward others and is a predictor of suicide. There is still a limited understanding of the underlying functions of self-injurious behavior in forensic patients. This study aimed to enhance this understanding by analyzing 299 incidents of self-injurious behavior recorded between 2008 and 2019 within a gender-mixed Dutch forensic population. The functions of these incidents were categorized by three researchers using the proposed functions of self-injurious behavior identified by Gallagher and Sheldon. Multilevel analyses were conducted to account for repeated incidents per patient and to examine gender and diagnostic differences in functions and severity of self-injurious behavior. The most common function of self-injurious behavior was affect regulation, which was more common among women than among men. Among men, the expression of aggression and control was more common than in women. We recommend that the functions of self-injurious behavior be questioned more directly and specifically to gain a better understanding and to help provide adequate intervention. Further research, particularly qualitative studies, is needed to explore the functions and treatment of self-injurious behavior within forensic populations more deeply.; Self-injurious behavior in forensic mental health care populations happens frequently and affects not only the individuals involved but also other patients and

treatment staff. Moreover, it is linked to violent behavior toward others and is a predictor of suicide. There is still a limited understanding of the underlying functions of self-injurious behavior in forensic patients. This study aimed to enhance this understanding by analyzing 299 incidents of self-injurious behavior recorded between 2008 and 2019 within a gender-mixed Dutch forensic population. The functions of these incidents were categorized by three researchers using the proposed functions of self-injurious behavior identified by Gallagher and Sheldon. Multilevel analyses were conducted to account for repeated incidents per patient and to examine gender and diagnostic differences in functions and severity of self-injurious behavior. The most common function of self-injurious behavior was affect regulation, which was more common among women than among men. Among men, the expression of aggression and control was more common than in women. We recommend that the functions of self-injurious behavior be questioned more directly and specifically to gain a better understanding and to help provide adequate intervention. Further research, particularly qualitative studies, is needed to explore the functions and treatment of self-injurious behavior within forensic populations more deeply.

## Sexual Offenders

**Anderson, K. A., and Medendorp, W. E. (2026) '[Preliminary Findings for a Rehabilitation Program for Sexual Offenses.](#)' *Justice, Opportunities, and Rehabilitation* 65(4), 235–263.**

**Burgess, B. A., et al. (2026) '[Offending Trajectories of Men with Adult-Onset Sexual Offending Histories.](#)' *Sex Abuse* 38(4), 474–500.**

The offending trajectories of those who begin sexually offending in adulthood are poorly understood. The present study examines offending trajectories between the ages of 18 and 60 of 520 adult-onset men who were assessed at a sexual behavior clinic between 1995 and 2006. Using group-based trajectory modeling, a four-group trajectory model was retained to account for heterogeneity in the sample. The trajectories were compared on criminal career parameters (e.g., individual court contacts), victim number, and indicators of sexual interest in children (e.g., phallometric results). A trajectory with an escalating pattern of offending which onset in early adulthood was found to be associated with all three indicators of sexual interest in children and a high frequency of sexual offending. The findings of this study underscore the heterogeneity of adult-onset sexual offending, reinforcing the improbability that a one-size-fits-all approach for those who sexually offend against children would be effective.; The offending trajectories of those who begin sexually offending in adulthood are poorly understood. The present study examines offending trajectories between the ages of 18 and 60 of 520 adult-onset men who were assessed at a sexual behavior clinic between 1995 and 2006. Using group-based trajectory modeling, a four-group trajectory model was retained to account for heterogeneity in the sample. The trajectories were compared on criminal career parameters (e.g., individual court contacts), victim number, and indicators of sexual interest in children (e.g., phallometric results). A trajectory with an escalating pattern of offending which onset in early adulthood was found to be associated with all three

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**DeBlasio, S., and Mojtahedi, D. (2024) '[Exploring the Relationship between Criminal Narrative Experience \(CNE\) and Criminal Thinking, among Sexual Offenders.](#)' *Journal of Criminological Research, Policy and Practice* 12(1), 1–16.**

The criminal narrative experience (CNE) framework posits that criminals' personal experiences of offending can be differentiated into distinct narrative themes. This study aims to examine whether CNE themes of sexual offenders (SO) was related to particular cognitive distortions (criminal thinking). Additionally, given previously identified psychological differences between child SO and SO that target adults, the study also compared CNE and criminal thinking styles between these SO groups. Twenty-six adult male offenders convicted for sexual crimes completed a survey composed of the Psychological Inventory of Criminal Thinking Styles (Version 4) and a Criminal Narrative Experience Questionnaire which identified two narrative themes of sexual offending (The Intrepid Professional-Adventurer, IPA; and The Dejected Revenger Victim, DRV). Analyses failed to identify significant relationships between CNE themes and most of the criminal thinking styles. However, offenders reporting the DRV narrative displayed greater fears about the prospect of changing. Additionally, child SO displayed the IPA narrative more than SO that targeted adults. The CNE framework can assist practitioners who are working towards a goal of desistance, as the experience of crime from the perspective of the offender is understood through their narrative roles and emotional experience. Identifying an individual's strongest CNE theme could aid practitioners in identifying and planning interventions which challenge the distorted thinking. This study is the first to examine the relationship between CNE and cognitive distortions that enable (re)offending.

**Karl Hanson, R., et al. (2026) '[Risk Tools Predict Recidivism for Men with Low Intellectual Ability and a History of Sexual Offending.](#)' *Sex Abuse* 38(4), 386–419.**

Standardized risk assessments are essential to evidence-based responses to criminal behaviour, including sexual offending. Since the 1990s, many actuarial and structured risk assessment instruments have been developed that are now routinely used in sentencing, treatment, and post-release risk management. The majority of these scales, however, were developed using undifferentiated groups, raising questions about their utility within meaningful subgroups, such as persons with low intellectual ability. This study presents meta-analytic findings of the predictive accuracy (discrimination) of risk tools for crime and violence when used with men with low intellectual ability and a history of sexual offending. We also examined age as a recidivism risk predictor. Database searches identified 15 distinct samples (N = 923). Age, as a single variable, showed moderate to large effects for sexual, violent, and general (any) recidivism. Overall, the predictive accuracies of the instruments were moderate and similar to those observed for other samples. Amongst the measures investigated, a measure specifically for persons with low intellectual ability (ARMIDILO-S; Boer et al., 2013) demonstrated the highest predictive

accuracy. Larger effects were found when recidivism was measured by staff reports than by official records (e.g., charges, convictions). Our findings support the use of existing risk tools with men with low intellectual ability. Researchers should privilege staff reports over official records of recidivism for studies concerned with sexual recidivism.; Standardized risk assessments are essential to evidence-based responses to criminal behaviour, including sexual offending. Since the 1990s, many actuarial and structured risk assessment instruments have been developed that are now routinely used in sentencing, treatment, and post-release risk management. The majority of these scales, however, were developed using undifferentiated groups, raising questions about their utility within meaningful subgroups, such as persons with low intellectual ability. This study presents meta-analytic findings of the predictive accuracy (discrimination) of risk tools for crime and violence when used with men with low intellectual ability and a history of sexual offending. We also examined age as a recidivism risk predictor. Database searches identified 15 distinct samples (N = 923). Age, as a single variable, showed moderate to large effects for sexual, violent, and general (any) recidivism. Overall, the predictive accuracies of the instruments were moderate and similar to those observed for other samples. Amongst the measures investigated, a measure specifically for persons with low intellectual ability (ARMIDILO-S; Boer et al., 2013) demonstrated the highest predictive accuracy. Larger effects were found when recidivism was measured by staff reports than by official records (e.g., charges, convictions). Our findings support the use of existing risk tools with men with low intellectual ability. Researchers should privilege staff reports over official records of recidivism for studies concerned with sexual recidivism.

**Kingston, D. A., et al. (2026) '[The Effectiveness of a Strength-Based Sexual Offending Treatment Program for Men with Serious Mental Illness: Evaluation of Therapeutic Change and Recidivism.](#)' *Criminal Justice and Behavior* 53(3), 311–336.**

We present an evaluation of a strength-based, cognitive-behavioral therapy program provided to individuals with a serious mental illness who had committed a sexual offense. Utilizing an intent-to-treat design, individuals who participated in treatment were compared with a group of untreated men on treatment-relevant measures and recidivism. Individuals who completed treatment demonstrated greater change in perceptions of working alliance and dynamically assessed risk to re-offend compared to noncompleters. During the 18-month fixed follow-up period, 3.7% re-offended sexually, 20.4% re-offended violently, and 39.8% re-offended generally. After controlling for baseline risk, participation in treatment was significantly associated with an approximate two-thirds decrease in the hazard of future violent (including sexual) recidivism. High-risk, untreated men in our sample showed significantly higher rates of violent recidivism than the treated groups. Results support the utility of a strength-based approach among men residing in an institutional setting and presenting with a serious mental illness.; We present an evaluation of a strength-based, cognitive-behavioral therapy program provided to individuals with a serious mental illness who had committed a sexual offense. Utilizing an intent-to-treat design, individuals who participated in treatment were compared with a group of untreated men on treatment-relevant measures and recidivism. Individuals who completed treatment demonstrated greater change in perceptions of working alliance and dynamically assessed risk to re-offend compared

to noncompleters. During the 18-month fixed follow-up period, 3.7% re-offended sexually, 20.4% re-offended violently, and 39.8% re-offended generally. After controlling for baseline risk, participation in treatment was significantly associated with an approximate two-thirds decrease in the hazard of future violent (including sexual) recidivism. High-risk, untreated men in our sample showed significantly higher rates of violent recidivism than the treated groups. Results support the utility of a strength-based approach among men residing in an institutional setting and presenting with a serious mental illness.

**Kwek, B. S., et al. (2026) '[Rapport Features Moderate Treatment Readiness of Incarcerated Male Sex Offenders After Forensic Risk and Needs Assessment Interviews.](#)' *Criminal Behaviour and Mental Health* 36(2), 71–78.**

**ABSTRACT** Background Forensic risk and needs assessment interviews are commonly conducted for incarcerated sex offenders to inform treatment planning. Despite strong evidence showing the positive influence of rapport-based investigative interviews on sex offenders' cooperation, disclosure and confession, the impact of rapport-based interviews on treatment readiness has yet to be examined. Aims As rapport features are mostly addressed in offender treatment and less in pre-treatment assessments, this study aimed to examine the influence of perceived rapport features and personal factors on treatment readiness of incarcerated sex offenders after forensic risk and needs assessment interviews. We hypothesised that sex offenders' perceived rapport levels of the interviewers and personal factors significantly moderate positive change in their treatment readiness after the interviews. Methods Incarcerated male sex offenders (n = 80) participated in interviews conducted by trained correctional professionals (n = 33). Treatment readiness ratings (pre- and post-interview) and rapport features ratings (post-interview) were collected from the sex offenders using pen and paper questionnaires. Personal data of interviewers and sex offenders were obtained from prison records and case files. Results All ratings of rapport features (expertise, trust/respect, connected flow, cultural similarity, and attentiveness) and sex offending risk level (moderate and high) significantly moderated the change in treatment readiness of sex offenders after the interview. Conclusion Rapport formed during forensic risk and needs assessment interviews can positively influence the treatment readiness of moderate and high risk sex offenders. Results suggest that correctional agencies may implement policies and training to apply rapport-based interviewing techniques during forensic risk and needs assessment interviews to increase the likelihood of sex offenders starting and engaging in treatment.

**Lösel, F., and Zara, G. (2026) '[Current International Research on the Assessment and Treatment of Individuals Who Committed Sexual Offences.](#)' *Criminal Behaviour and Mental Health* 36(2), 49–52.**

**McPhee, P., et al. (2026) '[A Practice Survey of Canadian Forensic Sexual Behavior Programs.](#)' *Sex Abuse* 38(3), 354–375.**

Forensic sexual behavior programs provide assessment and treatment services to individuals who have committed a sexual offense and/or who are at risk of sexually offending. In Canada, practices vary across these programs as publicly funded community-based forensic sexual behavior programs do not adhere to a federal standard of practice. Although several practice surveys have been developed in

previous years to explore techniques within these programs, updated research is needed due to recent developments in the field. The present study provides a comprehensive overview of assessment, treatment, and preventive practices in Canada by surveying 16 publicly funded Canadian forensic sexual behavior programs. Results found that programs generally followed evidence-based practices when conducting risk assessments, although adherence to evidence-based guidelines showed greater variation for treatment. Additionally, 70.6% of surveyed programs reported providing prevention services to individuals who have not crossed a legal sexual boundary, although approaches to these services varied across programs. Findings from the present study allow for a stronger understanding of forensic sexual behavior program practices nationwide and have implications for clinical practice.; Forensic sexual behavior programs provide assessment and treatment services to individuals who have committed a sexual offense and/or who are at risk of sexually offending. In Canada, practices vary across these programs as publicly funded community-based forensic sexual behavior programs do not adhere to a federal standard of practice. Although several practice surveys have been developed in previous years to explore techniques within these programs, updated research is needed due to recent developments in the field. The present study provides a comprehensive overview of assessment, treatment, and preventive practices in Canada by surveying 16 publicly funded Canadian forensic sexual behavior programs. Results found that programs generally followed evidence-based practices when conducting risk assessments, although adherence to evidence-based guidelines showed greater variation for treatment. Additionally, 70.6% of surveyed programs reported providing prevention services to individuals who have not crossed a legal sexual boundary, although approaches to these services varied across programs. Findings from the present study allow for a stronger understanding of forensic sexual behavior program practices nationwide and have implications for clinical practice.

**Monaghan, J., et al. (2026) '[The Association between Previous Suicide Attempts and Risk Level According to the Static-99R in Men Who have Sexually Offended.](#)' *Criminal Behaviour and Mental Health* 36(2), 63–70.**

**ABSTRACT** Background Suicide is a leading cause of death within correctional institutions, with men convicted of sexual offences over-represented among those who have attempted suicide. Despite an increased risk for suicidality, limited research has examined how past suicide attempts are associated with sexual offending and specific risk domains on assessment tools. Aim In consideration of shared risk factors for suicidality and sexual offending, the present study examined the association between previous suicide attempts and sexual offending, particularly in terms of risk domains. Methods The study sample comprised 369 men who underwent a comprehensive psychosexual assessment at a large sexual behaviour clinic between 1995 and 2006. Suicide attempt history was coded from clinical files and the association with Static-99R scores, recidivism, sexual interest in children, antisocial traits and diagnosis, and demographic variables was examined. Results Of our participants, 12.5% self-reported having previously attempted suicide. Although there was no significant association between Static-99R scores and previous suicide attempts, the magnitude of the effect was the same as previous research. Previous suicide attempts were significantly associated with an individual's age, prior non-sexual

violence, and four or more previous sentencing dates. Conclusion Given the limited research in this area, the findings are important for increasing the understanding of suicide risk among people who have sexually offended. Study results suggest the need for an increasing understanding of suicide risk and more targeted suicide assessment and management strategies for those with sexual convictions.

**Raymond, B., et al. (2026) '[Convergent and Predictive Validity of the Sexual Violence Risk-20 and Risk for Sexual Violence Protocol with Older Sexual Offenders.](#)' *Psychology, Crime & Law* 32(5), 834–855.**

**Raymond, B., et al. (2026) '[Differences in Risk for Sexual Violence Protocol \(RSVP\) Risk Factors among Older and Adult Men Who have Sexually Offended.](#)' *Journal of Sexual Aggression* 32(1), 117–133.**

**Salter, M., et al. (2026) '[A Descriptive Study of the Attitudes, Characteristics and Behaviours Differentiating Men Who do and do Not Want Help for their Sexual Interest in Children.](#)' *J Interpers Violence* 41(7-8), 1624–1650.**

In the field of child sexual abuse prevention, secondary prevention services seek to engage with people concerned about their sexual interest and behaviours towards children prior to the onset of offending. There is a lack of robust information to inform program development and to seek to engage earlier with people concerned about their risk to children. Accordingly, this paper reports on the findings of a survey of 4,918 men, drawn from representative samples in Australia, the United Kingdom, and the United States. The paper described the proportion of men in the survey with a sexual interest in children ( $n = 642$ ), and the factors that distinguish between men who wanted help for that interest and men who did not want help. Study findings indicate that offending behaviour is a key motivator for help-seeking amongst men with a sexual interest in children. Men who wanted help were significantly more likely to be married or living with a partner and working with children, and they reported closer social bonds, compared to men with sexual feelings who did not want help, which suggests that their help-seeking may be motivated by concern about the impact of their offending on their close relationships, social ties, and reputation. This group also displayed heightened rates of other forms of sexual deviancy, such as arousal to animal pornography, as well as the use of encrypted social media apps, potentially to camouflage or hide their offending activity. These findings may be useful for secondary prevention services in order to build motivation to seek help amongst men with a sexual interest in children.; In the field of child sexual abuse prevention, secondary prevention services seek to engage with people concerned about their sexual interest and behaviours towards children prior to the onset of offending. There is a lack of robust information to inform program development and to seek to engage earlier with people concerned about their risk to children. Accordingly, this paper reports on the findings of a survey of 4,918 men, drawn from representative samples in Australia, the United Kingdom, and the United States. The paper described the proportion of men in the survey with a sexual interest in children ( $n = 642$ ), and the factors that distinguish between men who wanted help for that interest and men who did not want help. Study findings indicate that offending behaviour is a key motivator for help-seeking amongst men with a sexual

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**Sousa, M., et al. (2026) '[INSIGHT Intervention for Individuals Who Sexually Offended Against Children: Preliminary Results of a Randomized Pilot Study.](#)' *Psychology, Crime & Law* 32(3), 580–602.**

**Wertz, M., et al. (2026) '[The Consideration of Empirically Unsupported Risk Factors in Risk Assessment Reports about Individuals Convicted of Sexual Offenses.](#)' *Criminal Justice and Behavior* 53(5), 640–657.**

Accurate risk assessment of individuals convicted of sexual offenses is crucial to prevent reoffending and prolonged institutionalization. However, findings indicate a heterogeneous quality of risk assessment reports. Some of the qualitative variance may reflect differences in the strength of empirical evidence linking risk factors to reoffending. Some factors that have historically been important treatment targets have meta-analytically been shown to be empirically unsupported. To investigate the influence of unsupported risk factors on the decision-making process, the present study examined risk assessment reports (N = 304) conducted between 1999 and 2016. Results showed a heterogeneous consideration of empirically (un)supported risk factors. Reports following a structured risk assessment approach considered significantly more empirically supported risk factors than reports based on an unstructured, clinical-intuitive assessment procedure. Taken together, our findings provide further support for the use of structured and standardized risk assessment procedures and caution expert witnesses against incorporating empirically unsupported risk factors.;

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**Whitten, T., et al. (2026a) '[Exploring Patterns of Men's Self-Reported Sexual Behaviours, Feelings, and Interests Towards Children.](#)' *J Interpers Violence* 41(7-8), 1491–1513.**

Child sexual exploitation and abuse (CSEA) is prevalent worldwide. Yet, knowledge about potential perpetrators in the community is constrained by reliance on justice-involved and clinical samples, which limits external validity and obscures undetected behaviour. This study estimates population-level prevalence, demographic correlates, and co-endorsement patterns of men's self-reported sexual feelings, interests, and behaviours towards children. We analyse an anonymous online survey of 4,918 adult men quota-matched and weighted to national populations in Australia, the United Kingdom, and the United States. In pooled analyses, 8.0% reported sexual feelings towards children, 7.4% would likely have sexual contact with a child if undetected, 5.5% to 5.7% would watch child sexual abuse material or a webcam show, and 2.4% to 4.7% reporting engagement in online or contact offending. Prevalence estimates were consistently higher in the United States than in Australia and the United Kingdom. Age distributions generally showed peaks in early adulthood with subsequent decline, alongside later-life upticks for selected outcomes. Sociodemographic indicators linked to trust or access (higher income, being partnered, employment, university education, children in the household, and working with children) were consistently associated with multiple outcomes, with the largest effect sizes for men who live or work with children. Overlap analyses and a nodewise LASSO-based Ising network indicated coherent clusters (online behaviours, contact behaviour, and interest) with strong within-cluster and bridging connections. Findings support tiered prevention that distinguishes interest from behaviour, age-responsive strategies, and strengthened safeguards for child-contact roles, while providing cross-national baselines to inform surveillance, resource allocation, and targeted intervention.;

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and strengthened safeguards for child-contact roles, while providing cross-national baselines to inform surveillance, resource allocation, and targeted intervention.

**Whitten, T., et al. (2026b) '[The Prevalence and Correlates of Child Sexual Offending Behaviours and Attitudes among Men in Australia, the United Kingdom, and the United States: Study Methodology.](#)' *J Interpers Violence* 41(7-8), 1469–1490.**

This paper describes the methodology for an online survey of the prevalence and factors associated with interest and behaviours towards children among men aged 18 years or older from the general Australian, U.K., and U.S. adult male populations. The study collected data on demographic characteristics, health issues, social support, childhood adversity, and patterns of technology and internet use, as well as attitudes and behaviours relating to online and offline child sexual exploitation and abuse (CSEA). Surveys were administered through Prime Panels using census-matched quotas. Data were subsequently weighted via iterative proportional fitting. Of the 7,343 people who consented to participate in the survey, 4,918 were retained (Australia=1,939; United Kingdom=1,506; United States=1,473). The demographic characteristics for the weighted samples were comparable to the Australian, U.K., and U.S. male census benchmarks. The proportion of men who engaged in online CSEA or had hebephiliac interest was also comparable to the pooled prevalence obtained from 11 other non-clinical, community samples. Despite this study's strengths, including its international scope and broad data collection, the study is limited by the potential for selection and social desirability bias, as well as the implications of not distinguishing the ages of participants in consensual sexual activities. Future research directions include expanding the study to non-English and low-income countries and integrating longitudinal and qualitative methodologies.;

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**Winder, B., et al. (2026) '[Medical Management of Problematic Sexual Arousal for People with a Sexual Conviction in England and Wales: Challenges, Learning and Progress.](#)' *Criminal Behaviour and Mental Health* 36(2), 79–86.**

**ABSTRACT** Background In England and Wales, the primary treatments for individuals convicted of sexual offences are psychological. However, medication to manage problematic sexual arousal (MMPSA) is gaining importance as an alternative. This article reviews the current evidence surrounding the MMPSA approach. Aim This paper synthesises challenges encountered, advancements achieved and learnings accumulated over 16 years of the MMPSA treatment pathway from 2009 to 2025 in England and Wales. Methods Drawing on a programme of mixed-methods research, including cohort studies, case studies, qualitative interviews with patients and professionals and implementation evaluations, this paper seeks to bring together key findings to present a consolidated picture of the research on the MMPSA pathway to date. The focus is on synthesising findings and identifying implications for service delivery. Results Evaluations of treatment outcomes showed promising results regarding the effectiveness of the MMPSA service. Qualitative analyses and case studies provided insightful details regarding patient and staff concerns that may hinder the efficiency and reach of the treatment pathway. Research with community clinicians highlighted issues regarding the 'off-label' use of medication for this purpose. Conclusions The MMPSA treatment service is available in a limited number of prisons in England and Wales. Supported by promising service evaluations and existing literature, a larger population could benefit from MMPSA treatment. Furthermore, the MMPSA service would benefit from improvements to create smoother transitions for individuals leaving prison and entering the community, and it should ideally be expanded to ensure that those in the community can also access the MMPSA service.

## Substance Misuse

**Schalast, N., et al. (2026) '[The Effectiveness of Germany's Compulsory Forensic Addiction Treatment: A Quasi-Experimental Study of Recidivism using Matched Groups.](#)' *Int J Offender Ther Comp Criminol* 70(8), 875–894.**

Substance use disorders are highly prevalent among offenders and are closely associated with increased rates of recidivism. This service evaluation assessed the effectiveness of compulsory forensic treatment for offenders with substance abuse in reducing recidivism. The study compared recidivism rates of 279 offenders who received mandated treatment under Section 64 of the German Criminal Code with those of a matched control group of 274 incarcerated individuals. An additional propensity score analysis confirmed the adequacy of the case-to-case matching. Over a mean follow-up of 6.5 years, the absolute risk reduction remained stable at around 16.5%, with recidivism rates at 7 years of 63.4% in the treatment group and 80.3% in the prisoner group. These findings attest to the effectiveness of compulsory addiction treatment in reducing recidivism compared to subjects who only serve a prison sentence, even though a substantial number (48%) of patients had been returned to prison but were still

included in the treatment group at follow-up (intention-to-treat-analysis). The practical implications of these findings are discussed in light of recent legislative changes affecting the application of Section 64.

#### Plain Language Summary

The effectiveness of Germany's court-ordered addiction treatment for offenders: A study comparing reoffending rates in matched groups

Many people who commit crimes are addicted to alcohol or drugs, which increases their chances of committing new crimes after release. This study looked at whether a specific, court-ordered treatment program in Germany can help reduce reoffending. The program is known as Section 64 of the German Criminal Code, and is used to provide mandatory addiction treatment instead of a regular prison sentence. To find out how effective this treatment is, researchers compared two similar groups of offenders: 279 people who took part in the treatment and 274 who served regular prison sentences. The groups were matched closely to make sure they were similar in important ways. A statistical method called propensity score analysis was used to confirm that the matching was appropriate. After an average of 6.3 years, the study found that those who had received treatment were less likely to commit new crimes. About 63% of them reoffended, compared to 80% in the prison group, a stable difference of about 16.5 percentage points. This positive result appeared even though nearly half of the people in the treatment group were sent back to prison during the treatment. These individuals were still included in the analysis. The findings suggest that court-ordered addiction treatment in Germany can help reduce repeat offending. They are also relevant for current discussions about changes in the law affecting how this type of treatment is used.;

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## Therapeutic Relationships

**Robinson, J., et al. (2026) '[Understanding Over- and Under-Involvement in Therapeutic Relationships between Nursing Staff and Patients in Forensic Mental Health Settings: A Qualitative Synthesis.](#)' *Journal of Psychiatric and Mental Health Nursing* 33(3), 475–501.**

**ABSTRACT** Introduction Nursing staff often struggle with balancing care and security in forensic settings, which can lead to over- or under-involvement. These are a cause for concern as this can directly impact therapeutic relationships. Aim To systematically review and synthesise qualitative evidence relating to nursing staff and patient perceptions of over- and under-involvement experienced. Method Of 465 studies identified, twelve were included in the review. A thematic synthesis of included studies exploring therapeutic relationships, including therapeutic over- and under-involvement, was conducted. Results Three analytical themes were developed from the data: (1) The importance of trust in therapeutic interactions; (2) Implications arising from power imbalances and staff's lack of confidence or experience; and (3) The importance of relational security. Discussion Therapeutic relationships are influenced by factors such as gender, experience, trust, communication style and empathy. Over-involvement occurs when patients become overly reliant on certain staff members, whereas under-involvement can lead to feelings of loneliness, lack of autonomy and distrust. Implications for Practice This systematic review highlights the need for individualised care, effective communication and well-defined boundaries to create a safe and effective therapeutic environment. Recommendations Further research is required to explore the experiences of over- and under-involvement based on staff characteristics, participant gender and security levels within forensic care.

## Trauma

**Armas, S. A., et al. (2026) '[Incarceration Trauma from the Perspective of Individuals with Mental Illness: Therapeutic Implications.](#)' *Int J Offender Ther Comp Criminol* 70(8), 853–874.**

Traumatic experiences are prevalent within the criminal justice system, disproportionately impacting

individuals with mental illness. This study examines the trauma experiences of participants (n=30) who reported incarceration trauma and had a mental health diagnosis prior to incarceration. Participants completed demographic questionnaires, trauma assessments, and interviews. Eighteen met criteria for incarceration-related PTSD or CPTSD, although only six had reported a previous PTSD diagnosis. Participants viewed traumatic experiences in an expansive way. Experiences included exposure to violence, loss of autonomy, subpar mental health care, bullying, social environment, uncertainty, poor living conditions, isolation, and humiliation. Participants recommended greater access to therapy, vocational and educational programming, personal advocates, healthcare staff, improved medication services, peer services, and religious support for addressing trauma. Participants also made suggestions related to preventative services, systemic changes, and community transition. Professionals serving currently or formerly incarcerated individuals should also understand how inequalities within the criminal justice system impact clients.

Plain Language Summary

Incarceration Trauma from the Perspective of Individuals with Mental Illness

Traumatic experiences are common within the criminal justice system, disproportionately impacting individuals with mental illness. This study examines the trauma experiences of participants (n = 30) who reported incarceration trauma and had a mental health diagnosis prior to incarceration. Participants completed demographic questionnaires, trauma assessments, and interviews. Eighteen met criteria for incarceration-related post-traumatic stress disorder. Participants viewed traumatic experiences in an expansive way. Experiences included exposure to violence, loss of autonomy, subpar mental health care, bullying, social environment, uncertainty, poor living conditions, isolation, and humiliation. Participants recommended greater access to therapy, vocational and educational programming, personal advocates, healthcare staff, improved medication services, peer services, and religious support for addressing trauma. Participants also made suggestions related to preventative services, systemic changes, and community transition. Professionals serving currently or formerly incarcerated individuals should also understand how inequalities within the criminal justice system impact clients.;

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**Crole-Rees, C., et al. (2026) '[An Optimal Trauma-Informed Pathway for PTSD, Complex PTSD and Other Mental Health and Psychosocial Impacts of Trauma in Prisons: An Expert Consensus Statement.](#)' *Psychology, Crime & Law* 32(5), 795–816.**

**Garrett, M. (2026) '[Links between Trauma and Psychotic Symptoms: Integrating Cognitive Behavioural and Neuropsychoanalytic Models of Psychosis.](#)' *Psychology and Psychotherapy: Theory, Research and Practice* 99(2), 301–323.**

**Abstract Purpose** Cognitive-behavioural therapy for psychosis (CBTp) achieves small to modest effect sizes, which invites the question, 'What clinical modifications might improve outcomes?' This paper proposes an integration of CBTp with a neuropsychoanalytic approach that in clinical practice might extend the gains achieved by CBTp alone. **Methods** The author conducted a focused review of CBTp research bearing on trauma as well as a review of neuropsychoanalytic conceptions of psychological symptoms ('neuropsychoanalytic' meaning principally psychoanalytic ideas about how the brain maintains affective homeostasis) to identify similarities and differences in these approaches relevant to clinical practice. **Results** CBTp-oriented research shows that not only is childhood trauma associated with psychosis, but psychotic symptoms often contain de-contextualized memories of trauma and embody narrative themes that echo the person's trauma history, findings that mark psychosis as a trauma-related disorder in which psychotic symptoms constitute disguised representations of a person's trauma history. This paper expands the definition of trauma to include the symbolic meaning of events and relates psychosis to a neuropsychoanalytic model of the mind in which affect plays a central role, a conceptual lens through which delusions can be seen as meaningful adaptive attempts to maintain affective homeostasis in the aftermath of traumatic experiences. The paper offers an explanation of the developmental origins of the cast of characters and plot lines often encountered in delusional narratives. **Conclusions** There is considerable potential conceptual overlap between CBTp

and neuropsychanalytic approaches to psychosis, which if integrated might lead to better clinical outcomes, in particular in a collaborative development of schema therapy for psychosis.

**Johansen, H. C., et al. (2026) '[Clinicians' Perceptions on Trauma-Informed Care in Australian Adult Forensic Clinical Rehabilitation Services.](#)' *Criminal Justice and Behavior* 53(4), 467–485.**

The link between trauma and criminal offending is well-established. Historically, there has been limited consideration of trauma-informed practice in offense-specific settings, as trauma symptoms have only recently been linked with dynamic risk factors and offense-paralleling behaviors. However, limited research has examined trauma-informed care in offense-specific treatment programs. This semi-structured qualitative study investigated clinicians' perspectives of trauma-informed care in offense-specific treatment in Victoria, Australia. Interviews conducted with eight forensic clinicians were analyzed using thematic analysis. Results showed that clinicians perceive trauma-informed care to be useful in addressing the challenges associated with engaging those within the justice system who have been exposed to trauma. Results also indicated perceptions that trauma-informed care should be a structured, explicit component of existing offense-specific rehabilitation programs, and that clinicians perceive that improved support is needed to make trauma-informed care more accessible to service users who have experienced trauma.;

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**Morris, K. L., et al. (2026) '[Healing through Self After Harm by Others: The Associations between Self-Compassion, Trauma-Related Shame, and Physical Health.](#)' *J Interpers Violence* 41(11-12), 2923–2937.**

Those who have experienced interpersonal violence are at an increased risk for a variety of adverse mental and physical health outcomes. As such, it is imperative that research look for ways to offset some of these adverse outcomes. Current studies suggest that self-compassion may help reduce the adverse physical health effects associated with interpersonal violence, including trauma-related shame specifically. The current study explored the associations between self-compassion, trauma-related shame, and physical health outcomes among those who have experienced interpersonal violence. In particular, this study aimed to address the following research questions: (a) How is trauma-related

shame associated with physical health in survivors of interpersonal violence? And (b) How is self-compassion related to physical health, even when accounting for trauma-related shame in survivors of interpersonal violence? An online survey via Qualtrics was given to 179 participants to assess the variables of interest: trauma-related shame, self-compassion, and physical health. A hierarchical linear regression was conducted, and the results indicated that self-compassion and trauma-related shame, when taken together, predicted self-reported physical health outcomes. In addition, when tested separately, both trauma-related shame and self-compassion still predicted physical health outcomes. These results provide some support for addressing trauma-related shame and self-compassion in the treatment of those who have experienced interpersonal violence, particularly as a means of addressing physical health concerns. Further research is needed to explore the temporal relationship between the variables of interest, but the current study offers evidence of the benefits of reducing trauma-related shame and increasing self-compassion for those who have experienced interpersonal violence.; Those who have experienced interpersonal violence are at an increased risk for a variety of adverse mental and physical health outcomes. As such, it is imperative that research look for ways to offset some of these adverse outcomes. Current studies suggest that self-compassion may help reduce the adverse physical health effects associated with interpersonal violence, including trauma-related shame specifically. The current study explored the associations between self-compassion, trauma-related shame, and physical health outcomes among those who have experienced interpersonal violence. In particular, this study aimed to address the following research questions: (a) How is trauma-related shame associated with physical health in survivors of interpersonal violence? And (b) How is self-compassion related to physical health, even when accounting for trauma-related shame in survivors of interpersonal violence? An online survey via Qualtrics was given to 179 participants to assess the variables of interest: trauma-related shame, self-compassion, and physical health. A hierarchical linear regression was conducted, and the results indicated that self-compassion and trauma-related shame, when taken together, predicted self-reported physical health outcomes. In addition, when tested separately, both trauma-related shame and self-compassion still predicted physical health outcomes. These results provide some support for addressing trauma-related shame and self-compassion in the treatment of those who have experienced interpersonal violence, particularly as a means of addressing physical health concerns. Further research is needed to explore the temporal relationship between the variables of interest, but the current study offers evidence of the benefits of reducing trauma-related shame and increasing self-compassion for those who have experienced interpersonal violence.

**Thompson, B. J., et al. (2026) 'Interpersonal Trauma, Gender, and Psychiatric Symptom Severity: Insights from Forensic Psychiatric Inpatient Data in Ontario, Canada.' *International Journal of Forensic Mental Health* 25(2), 142–155.**

Forensic mental health treatment represents a specialized form of care aimed at stabilizing psychiatric illness, reducing hospital readmission risk, and supporting reintegration into the community. Various factors are consistently associated with forensic mental health and treatment planning. One relevant factor is exposure to an interpersonal potentially traumatic event (PTE), which is common among

forensic inpatients. We analyzed data from 5,105 forensic hospital admissions in Ontario, Canada, between 2013 and 2023, examining whether exposure to sexual, physical, and/or emotional abuse relates to psychiatric symptom severity (i.e., aggression, positive symptoms, depressed mood, and manic symptoms). After accounting for confounding factors (age, gender, education), any exposure to PTE was associated with increased severity of positive symptoms, depressed mood, and manic symptoms, but not aggressive behavior. Timing of PTE exposure (within 1 year versus more than 1 year ago) did not relate to outcomes. Effects were more pronounced among sufferers of polytrauma, highlighting the cumulative burden of PTE exposure. PTE exposure was related to greater symptom severity in men and women, but it was associated with aggression and higher symptom severity in cases of polytrauma among women only. These findings underscore the importance of trauma-informed care and gender-responsive approaches in forensic mental health services.;

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## Violence

**Atay, E., et al. (2026) '[Relationship between Childhood Traumas, Cognitive Distortions and Aggression in Forensic Psychiatry Patients](#) Aggression in Forensic Psychiatry Patients.' *The Journal of Forensic Psychiatry & Psychology* 37(1), 1–16.**

**Challinor, A., et al. (2026) '[Violence Risk Assessment and Management with the HCR-20 in Real-World Clinical Practice: A Qualitative Interview Study](#).' *The Journal of Forensic Psychiatry & Psychology* 37(1), 75–97.**

**Roy, A., and Verma, P. (2026) '[A Comprehensive Review of Structural Risk Assessment Tools for Detecting Violent Recidivism.](#)' *Journal of Forensic and Legal Medicine* 120, 103162.**

The review article critically discusses violence reoffending or recidivism along with the evolution, and the effectiveness of structured violence risk assessment tools in applied forensic psychology practices. Two types of Violent Risk Assessment Tools, i.e., Traditional Structured Professional Judgment (SPJ) Tools and Actuarial Risk Assessment Tools, are analysed based on their empirical foundation, practical significance, and their capacity to improve predictive accuracy with AI and machine learning integration, inclusion of neurobiological elements, and identifying the distinctive factors for assessment of violent reoffending for different populations. This comprehensive review synthesises contemporary knowledge regarding structured risk assessment tools, identifies current limitations in its traditional working patterns, and also considers multidisciplinary integration. This review has explored future scope for eminent practical implications of these integrations in sentencing, parole, and rehabilitation with accurate and judicial decision-making for violent reoffenders.

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