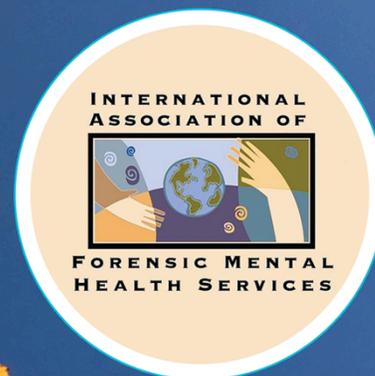


INTERNATIONAL ASSOCIATION OF
FORENSIC MENTAL HEALTH SERVICES

NEWSLETTER

VOLUME 5 | ISSUE 3
Autumn 2020

Autumn Edition Features

2020 Rüdiger Müller Isberner Award Winner	2
2020 Christopher Webster Award Winner	3
Board of Directors Members-At-Large Highlight	3
Incoming Editor of IJFMH	4
Newsletter Editor Highlight	4
Spotlight on Mental Health Diversion <i>Becoming a Prosecutor in Dartmouth Wellness Court</i> Aileen K. McGinty	6
Forensic Mental Health Nursing <i>Nursing Reflections on Managing COVID-19</i> Dr. Helen Walker	7
Risky Business <i>Risk Assessment and Racial Justice</i> Dr. Keith Heilbrun et al.	8
IJFMH: Preserving Anonymity in Peer Review Christian Farrell and Dr. Tonia Nicholls	9
Student Section <i>Spotlight with Saskia Niño de Rivera</i>	12
IJFMH Feature Article	15

Letter from the Editor

Dear members of the IAFMHS community,
Welcome to the autumn edition of the IAFMHS newsletter! We have had a number of transitions occur over the summer months and so we are excited to dedicate the first part of the newsletter to highlighting and welcoming those filling new roles. We also want to congratulate our award winners (Christopher Webster Early Career Award and the Rüdiger Müller Isberner Award) who would have normally been announced at our annual conference. The IAFMHS Board of Directors is pleased to announce the election of two new Members-at-Large. Dr. Brian McKenna from New Zealand and Dr. Brianne Layden from Canada will be joining the Board. Also, we have a new editor of IJFMH, Dr. Daffern. Welcome everyone!

Given the *unprecedented* times we find ourselves in, it seemed fitting that we present a reflection on a COVID-19 pandemic adaptations that have taken place in our forensic settings. We hope to make this a regular feature and so we invite others to share the impacts that the global pandemic has had on forensic practice, as well as any other submissions.

Sarah Coupland, Editor

AWARDS

2020 Rüdiger Müller Isberner Award: *Dr. Corine De Ruiter*

I am pleased to announce that Dr Corine DeRuiter is the 2020 Rüdiger Müller Isberner award. Through this award, the committee recognises Corine's dedication to moving the field forward, to integrating research and practice, and to training the next generation of forensic mental health professionals as well as her longstanding involvement in the IAFMHS.

Corine de Ruiter, PhD is full professor of Forensic Psychology and head of the Forensic Psychology section, Faculty of Psychology and Neuroscience, Maastricht University. She is a licensed clinical psychologist in The Netherlands. She studied clinical psychology at Utrecht University (1979-1986), and obtained her MSc cum laude. She received her doctorate from the University of Amsterdam (1989). From 1990-1992, she worked as a postdoc at the Center for Child and Family Studies, Leiden University. In 1992, she obtained a fellowship from the Royal Netherlands Academy of Sciences (KNAW).

In 1995, she accepted a position as head of the research department at the Van der Hoeven Kliniek, a forensic psychiatric center in Utrecht. In 1999, she became endowed professor of Forensic Psychology at the University of Amsterdam and in 2006, she started her professorship at Maastricht University.

Her research interests include the relationship between mental disorder and violence, violence risk prevention (including intimate partner violence, child abuse, sexual violence), psychopathy, and forensic psychological assessment. It is her mission to improve forensic-clinical practice through applied research. She published her research in over 200 peer-reviewed journals and book chapters. She was a member of the IAFMHS Advisory Board (2002-2017) and served as IAFMHS President between 2011 and 2013. She chaired two IAFMHS Annual Conferences (Amsterdam, 2006 and Maastricht, 2013). She served as Associate Editor for the International Journal of Forensic Mental Health (2009-2014) and is currently Associate Editor for the Journal of Personality Assessment.

In 2010, she started as director of a new Master's program in Forensic Psychology at Maastricht University, which embodies the scientist-practitioner model. Each year, 24 students from across the globe enter this small-scale and intensive program, which includes both theoretical courses and skills trainings. The program strives to strengthen the application of forensic psychological science in forensic mental health practice, by mentoring our future scientist-practitioners.

Lastly, Dr. de Ruiter regularly serves as an expert witness in criminal court, on issues such as criminal responsibility, risk of future violence, and required level of supervision and treatment. In 2015, she published "Forensic psychological assessment in practice: Case studies", with co-author Dr. Nancy Kaser-Boyd, which includes a collection of forensic criminal cases as examples of a scientist-practitioner model for forensic psychological assessment.

- Anne Crocker, President of IAFMHS



2021 conference announcement

Given the recent developments related to COVID-19, it is unlikely that the IAFMHS will be able to host a conference in June 2021. Membership will be notified as soon as any decision has been made regarding whether the conference will be delayed, held virtually, or cancelled altogether. Any updates will be shared on the IAFMHS conference [webpage](#).

AWARDS

2020 Christopher Webster Early Career Award: *Dr. Tessa Maguire*



**Tessa Maguire,
PhD**

The 2020 Christopher Webster Early Career Award goes to Dr. Tessa Maguire. This award honours the scholarship and contributions of Dr. Christopher Webster who has always been a mentor to early academics. Dr. Maguire's work focuses on reducing violence, aggression and the use of restrictive interventions in forensic mental health.

Dr. Tessa Maguire is a Senior Lecturer in Forensic Mental Health Nursing. She has a joint appointment with the Centre for Forensic Behavioural Science Swinburne University of Technology, and the Victorian Institute of Forensic Mental Health, the state wide service in Victoria for forensic mental health. Tessa has been practicing as a mental health nurse for the past 21 years, 20 of those working in forensic mental health services in New Zealand and Australia. She has worked in a variety of roles including clinical, educational, and consultation roles. She also has experience in the development and delivery of professional development programs including external training, and co-ordination of the management of aggression in forensic mental health. Her research has focused on forensic mental health nursing practice, including risk assessment and nursing interventions to reduce aggression, and use of restrictive interventions. Tessa has published numerous articles, book chapters, and technical reports, and has delivered several keynote presentations, and many conference presentations nationally and internationally.

IAFMHS BOARD OF DIRECTORS HIGHLIGHT

Incoming Members-at-Large:

Dr. Brianne Layden and Dr. Brian McKenna

Dr. Brianne Layden is a Threat Assessment Specialist at Protect International Risk and Safety Services Inc.. She obtained her Ph.D. in psychology from Simon Fraser University. She is the associate editor of Intelligence, an e-newsletter that keeps professionals up to date about recent advances in threat assessment. Her expertise involves the assessment and management of self-directed violence and personality disorders, particularly borderline personality disorder, and intersecting risks (e.g., general and self-directed violence). She has provided training workshops and invited presentations for forensic mental health, law enforcement, corrections, security, victim services and higher education, and has co-authored over 50 articles and conference presentations.

Dr. Brian McKenna is a Registered Nurse and Professor of Forensic Mental Health, which is a joint appointment between Auckland University of Technology and the Auckland Regional Forensic Psychiatry Services in New Zealand. He is currently an Adjunct Professor, Centre for Forensic Behavioural Sciences, Swinburne University of Technology, Victoria, Australia. He has published widely on research in forensic mental health, and mental health law. A commitment to joint appointments has led to a research focus aimed at service improvement for the benefit of those we serve.



**Brianne Layden,
Ph.D.**



**Brian McKenna,
RN, MHSc (Hons)
Ph.D.**

IAFMH EDITOR HIGHLIGHT

Incoming IJFMH Editor: *Dr. Michael Daffern*

We are pleased to announce that we have appointed Dr. Michael Daffern as the new editor of our Association's *International Journal of Forensic Mental Health*. Michael is a longstanding member of the IAFMHS, member of the board of directors since 2017, and has been Associate editor of the journal for the past five years as well as member of the editorial board for the *Journal of Forensic Psychiatry and Psychology*. He is thus particularly well suited to fill the position of Editor.

Dr. Daffern was trained as clinical psychologist and he went on to work in prisons, as well as in general and forensic mental health services in Australia and the United Kingdom. Currently, he is Professor of Clinical Forensic Psychology with the Centre for Forensic Behavioural Science at Swinburne University of Technology and Consultant Principal Psychologist with the Victorian Institute of Forensic Mental Health (Forensicare). He divides his time between teaching, research and clinical practice. His research interests focus on aggression and violence, personality disorder, and offender assessment and rehabilitation. We are delighted that he has accepted to take over the Editorship of our Journal and are looking forward to seeing the Journal continue to grow under his leadership.

We would like to take this opportunity to thank Dr. Tonia Nicholls wholeheartedly for her dedication and diligence in moving the Journal forward over the past five years. I also want to thank her personally for working with Michael through a transition period over the next few weeks.

- Anne Crocker, President of IAFMHS



**Michael
Daffern, Ph.D.**

IAFMHS NEWSLETTER HIGHLIGHT

Incoming Newsletter Editor: *Dr. Sarah Coupland*

We wish to thank the outgoing Editor, Dr. Alicia Nijdam-Jones for bringing the newsletter to a whole new level over the past few years. Our IAFMHS Newsletter is now a quarterly open publication available on the IAFMHS website (<http://www.iafmhs.org/Newsletter>). Alicia brought energy, creativity, depth and rigour to the publication. I also want to personally thank her for the gentle deadline reminders, editorial suggestions and her general dedication to ensuring timely and relevant dissemination of information for our association.

I also wanted to welcome our incoming editor, Dr. Sarah Coupland. Dr. Sarah Coupland is a clinical and forensic psychologist specializing in violence risk assessment and management of violent offenders. Her research interests lie in the areas of stalking, evaluating treatment outcomes, and improving the practice of violence risk assessment approaches. She obtained her Ph.D. in 2018 through Simon Fraser University in British Columbia, Canada, under the supervision of Dr. Stephen Hart. She subsequently completed postdoctoral training through Patton State Hospital in San Bernardino, California, USA, where she conducted evaluations of competency to stand trial and violence risk assessments with those found Not

Guilty by Reason of Insanity. She is presently employed with the Forensic Psychiatric Services Commission in British Columbia conducting pre-sentence violence risk assessments for the courts and providing treatment to forensic psychiatric inpatients.

- Anne Crocker, President of IAFMHS



**Sarah Coupland,
Ph.D.**

Located on beautiful Georgian Bay, less than two hours from Toronto, Canada, Waypoint Centre for Mental Health Care is a 301-bed psychiatric hospital providing specialized inpatient and outpatient psychiatric care for the North Simcoe Muskoka region, and providing forensic psychiatric care for patients throughout Ontario requiring a high secure facility. We are currently inviting expressions of interest for full time Psychiatrists to care for Forensic mental health inpatients.

Join our team of psychiatrists and general practice physicians working in a rich interprofessional care environment. We offer assessment, evidence-based treatment and recovery-oriented rehabilitation across a broad range of needs, including patients who are in hospital under an order of the Ontario Review Board due to their involvement with the criminal justice system. As a result, periodic reports and appearances before the Review Board is a requirement of this work. Some of Waypoint's key treatment philosophies include recovery-oriented and evidence-based practices in the least restrictive environment. The goal is to provide the patient with as much liberty as possible while respecting the safety needs of staff and the public, and complying with legal requirements.

We are accepting expressions of interest by candidates who hold an MD or equivalent, and who hold certification in Psychiatry from the Royal College of Physicians and Surgeons of Canada or are eligible to sit the exam. Candidates must be eligible for licensure in the Province of Ontario, which may include eligibility for an academic license through appointment at the rank of Assistant Professor or higher at the University of Toronto. The ideal candidate will hold a sub-specialty in Forensic Psychiatry; other candidates will also be considered based on their experience.

For information regarding current opportunities, academic licenses, and our total compensation package, please contact Chantelle Shervill, Manager Medical Affairs at cshervill@waypointcentre.ca or 1-877-341-4729 x2206.

Position Title: Research Chair in Forensic Mental Health Science
Dept/Program: Research & Academics
Employment Type: Temporary Full Time – 5 year term
Work Schedule: 37.50 hours weekly as per schedule

Job Class: Under Review
Employee Group: Non-Union
Posting Date: July 22, 2020
Posting Type: Open

Waypoint Centre for Mental Health Care is our region's 301-bed specialty mental health hospital. Located on the shores of Georgian Bay in Penetanguishene, the hospital is home to the Waypoint Research Institute and also has the province's only high secure forensic mental health program for clients served by both the mental health and justice systems. We provide an extensive range of both acute and longer term psychiatric inpatient and outpatient services to Simcoe County, Muskoka, part of Dufferin County and the southern portion of Parry Sound. The hospital is recognized for the provision of exceptional care to those most needing mental health services and for its contributions to the understanding of mental illness. For additional information about Waypoint, including program descriptions, please visit our website at <http://www.waypointcentre.ca/>

The Vice-President of Research & Academics is currently seeking a Research Chair in Forensic Mental Health Science. The purpose of this position, under the administrative authority of the Waypoint Research Institute, is to design, plan, supervise, direct, and conduct a program of scientific research in a tertiary mental health specialty psychiatric hospital with a large high secure forensic unit, including the hospital's outpatient and community services; to design, plan, supervise, coordinate and execute program evaluation projects; and to provide education and training to hospital staff providing direct care to persons with serious and complex mental disorders. Such research may include research involving forensic mental health patients, including violent and/or sex offenders. An important objective is to actively seek and acquire external funding for research projects and to plan and coordinate budgeting and supervise expenditures for funded research projects.

**Please check out the full job posting, including Key Accountabilities & Qualifications, by clicking on the following link: <https://employees.waypointcentre.ca/QSSLive/applicant/JobPosting.aspx?id=852>

SPOTLIGHT ON MENTAL HEALTH DIVERSION

Becoming a Prosecutor in the Dartmouth Wellness Court

If you had told me fifteen years ago that I would be working as a prosecutor in a Wellness Court, I'd have laughed, and yet, here I am.

I work with the Dartmouth Wellness Court in Nova Scotia, Canada. Our Wellness Court comprises a Mental Health Court, Opioid Treatment Court, and Alcohol Court and is a joint initiative of the Departments of Justice and Health, together with other government and community groups. The MHC is now in its eleventh year and carries approximately two hundred files at any one time.

My role as a prosecutor is informed by my personal and professional experiences. About fifteen to twenty years ago, I went through a lengthy period of severe mental illness. This was pivotal in my life. I learned so much from my own journey through the mental health care system and the legal system – lessons which influence my work daily. I cannot know what every applicant to our program is experiencing, but I do know my own experiences of feeling frustrated, embarrassed, angry, hopeless, confused, and so on.

In 2011, I found myself contemplating a return to legal practice in order to be more effective in my desire to both further my own career and be of most use to my communities. I worked for a few years in private practice focusing on criminal defense, consent and capacity, health and elder law issues. During this time, I was vehemently opposed to mental health courts and publicly spoke out as such. I saw them as stigmatizing forms of coercion.

One day a friend who worked as a Crown Attorney mentioned that they were struggling to find the “right” person to work in the Mental Health Court and another friend suggested it could be me—after all I had worked in law and mental health. The idea of being a prosecutor was not on my radar at all. I thought it went against all I thought I knew. The fact that I might work in a mental health court was also unimaginable. I'd spent years railing against the system – how could I even consider this?



Wellness Court Bench with sign saying: Just because you have a past does not mean you have no future.



Aileen K. McGinty

Crown Attorney (Dartmouth Wellness Court)

Nova Scotia Public Prosecution Service

What I saw as coercion, others saw as an opportunity for support. While I thought displayed artwork was patronizing, participants were proud to display their skills.

I came to realize that we need a range of options for a range of people. In our programs, people are treated as individuals. That means some individuals need and want more structure and accountability in their lives, while others thrive with a more nurturing, supportive framework. We take time to get to know our participants and work with them.

My role as a prosecutor is very different to that of most prosecutors in traditional courts. I work collaboratively with defense counsel and the other members of the team. I am always very aware, though, that as the Crown Attorney, I have the right to “veto” any application to the program and that veto trumps even the Judge’s opinion. The reason for this is because of my role in protecting public safety. I use the veto very rarely, but when I do, it is respected by the rest of the team.

My own experiences of mental illness and the justice system are invaluable. I, too, have been considered a “danger to self or others,” and yet that is only a small part of my life. I can therefore look past labels and understand a person in a more holistic manner. I have experienced prejudice and negative stereotyping, which is often more difficult to deal with than the illness itself.

I know how incredibly hard life can be when family, employment, financial stability, and connections to society are lost. I know how difficult it can be to turn things around and that the path will not always be straight. Wellness courts provide a much-needed option for those who choose to go that route. A route which is more holistic and provides a person who is accused the opportunity to rebuild their life rather than simply giving them a criminal record.

If you are a practitioner or researcher engaged in new or novel mental health diversion initiatives and would like to see this work highlighted, contact Evan Lowder at elowder@gmu.edu.

Nursing Reflections on Managing COVID-19

Dr. Helen Walker, Consultant Nurse Forensic Network and Senior Lecturer University of West Scotland, United Kingdom

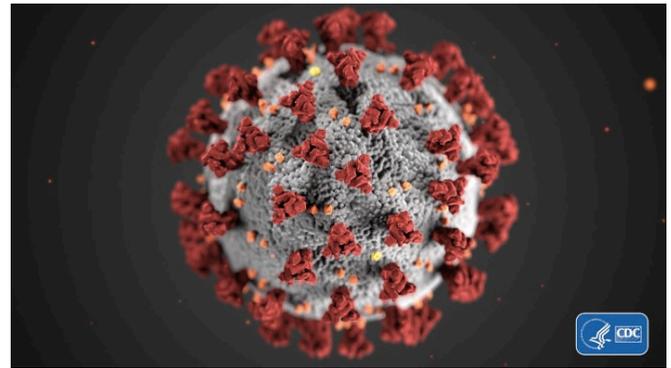
Given that our focus for the past four months has been entirely centered around the COVID-19 pandemic, it seems quite appropriate to reflect on the experience from a nursing viewpoint.

In my lifetime I have never experienced anything quite as strange as the recent lockdown. The pandemic began with us watching what was unfolding in China at the beginning of the year but soon evolved into all of us experiencing the direct impact. As the world ground to a halt and many of us were confined to our homes, it gave us time (sometimes too much) to stop and think.

For those considered as 'non-essential' staff there was a real frustration and sense of helplessness. Nurses at their very core naturally want to help and do things, but being told you were not allowed to enter your place of work felt like an insult; albeit this was not the intention. In contrast, others were drawn into the fold and asked to assume roles they had not undertaken for perhaps twenty years 'on the shop floor.' It was a stark reality check of what was to come, that was quite unsettling and anxiety-provoking. The heightened level of anxiety across all disciplines was palpable in the early hours and days. Good and frequent routes of communication were essential to dispel myths and keep a lid on the fear that permeated throughout the various organisations. Routines were turned upside down with the development of policy after policy created to protect patients, staff, and the general public. In our secure units across Scotland, movement was initially extremely limited, all external visits ceased, and a military style management ensued with gold, silver and bronze command groups established to deal with the situation. Signs were posted everywhere and we became rule-bound.

Once the initial hustle and buzz of activity settled, it became obvious that attention needed to shift to tired and weary staff who were giving their all and feeling the strain. Across the country different forms of wellness and wellbeing hubs were created within organisations. One of my favourite titles was a 'wobble room'. This was a room which was set up to offer staff a comfortable place to go, where they could relax, take a deep breath, and have some timeout. These resources were being run by staff for staff, to create a safe place to go where people could relax and catch their breath. The creation of these various outlets and the lengths people have gone to, in order to look after their colleagues, is heart warming.

The kindness and generosity showered upon people working within the NHS and other sectors has been quite humbling. Small tokens of appreciation have included: reduced and discounted rates at large shopping stores, easier access in the early hours of the morning to complete errands, and random gifts of bread and cakes. By all



accounts the 'lockdown' has been a great leveller. Medical staff were reduced to wearing uniforms – nurses uniforms – because there was nothing else, and often squeezed into sizes that were perhaps just a little too neat. But they did it...and they did it with a smile.

It has not been without its challenges. One of the biggest issues was managing inpatient staffing levels, as new restrictions placed increased burdens on staff (e.g., patients being required to stay in their rooms for extensive periods of time, patients only being allowed in common areas at staggered times). Use of outside space has been essential and escorting patients around the grounds has allowed extra time out of the bedrooms. One nurse calculated he had walked over 10 miles one day and had the blisters to prove it. Breaking in new trainers was a bad idea during the pandemic! Staff in the community faced quite different challenges, though issues were also caused by staffing shortages. There were struggles getting food and other provisions to patients living in their own tenancies and shielding caused endless problems. Shielding is a term used in the UK when a person is more vulnerable because of an other serious physical illness, such as cancer or type 1 diabetes. If they fell into this category they were asked to stay at home at all times and maintain a distance from others to protect themselves.

Using technology to keep in touch with each other, patients and carers has become much more common place now as a direct consequence of the recent situation. Meetings and training through Microsoft Teams and Zoom are much more likely than ever before, despite the fact we still all want to meet up and do so in small groups whenever an opportunity arises – even if we cannot shake hands, are in masks, and smell of hand wash.

Now that we seem to be (and I say this with a cautionary note) emerging through the worst of the crisis, I just wonder what the future holds. One thing we have discovered is that we can work at pace when we need to and I guess if we can deal with this we can deal with anything.

The IAFMHS COVID-19 compendium is available [here](#).

Risk Assessment and Racial Justice

Kirk Heilbrun, Jeanne McPhee, Leah Brogan, Rena Kreimer, & Naomi Goldstein
Drexel University, Philadelphia, PA, USA

Risk assessment has provided a useful framework for offering empirically supported information relevant to judicial decisions. Over the last three decades, the field of psychology has developed, refined, and applied this framework from its earliest days (Andrews, Bonta, & Hoge, 1990; Monahan & Steadman, 1994) to the present (Douglas & Otto, in press). Helping to inform questions such as the likelihood of future criminal offending and other violent behavior, this approach has been applied in the criminal and juvenile justice systems with increasing frequency. It has evolved from having a primary focus on predicting future conduct to describing both risk and protective factors relevant to future behavior, as well as risk-relevant needs that serve as treatment targets because of their risk-reduction potential (Garrett & Monahan, 2020).

The intensive societal focus on racial justice seen in 2020 following the deaths of many Black individuals, such as George Floyd and Breonna Taylor, has renewed questions about whether risk assessment is applied in a way that discriminates against individuals who are Black, Indigenous, and People of Color (BIPOC). The authors have recently collaborated on work that considers how to use risk assessment in releasing youth from confinement during the COVID-19 and in reducing the use of such confinement whenever possible. As part of this project, we considered how risk assessment might be used in a way that minimizes discrimination against BIPOC youth involved in the juvenile and criminal justice systems.

One approach to addressing this goal might involve the use of specialized risk assessment measures that are “race neutral”—that do not provide information that is systematically different by race or ethnicity. But if there are systemic biases influencing decisions to arrest and charge, and systemic disparities in the availability of community-based services that would meet the needs of justice-involved individuals who are not confined, then showing that comparable percentages of White and BIPOC youth have a given risk category, for example, may be misleading. Race neutrality could be an appropriate goal if we were confident about the absence of systematic racial bias at various stages of the criminal and juvenile justice systems. Until then, however, it seems preferable to use “race-informed” as a guiding consideration.

This approach seeks to minimize racial bias in specific decisions, such as whether to release a youth from confinement, by contextualizing those decisions. What are the other sources of bias against BIPOC that provide a broader context and may influence decisions being made? To answer that question, the following are important: (a)

data review and decision-point mapping; (b) cultural competency training; (c) increasing community-based alternatives to confinement accessible to BIPOC; (d) minimizing decision-making subjectivity; (e) reducing barriers to family involvement; and (f) cultivating federal, state, and local leadership to legislate system-level change.

Another consideration is the particular approach to risk assessment. It was once primarily a process involving the actuarial combination of mostly historical variables, yielding a largely unchanging prediction about the risk of specified future behavior. The accuracy of predictions using this approach has improved over time, but may have reached an upper limit. Predictive accuracy from various measures is largely unchanged over the last two decades (Douglas & Otto, in press). As it has evolved, risk assessment now includes a number of dynamic variables that can change through planned intervention—and a much greater focus on providing such intervention to reduce the risk of antisocial behavior and support individuals in moving toward responsible, prosocial behavior. Now, in 2020, as we seek to address racial disparities in the justice system, risk-informed decision-making must move beyond considering individual risk level and risk reduction strategies to include consideration of systemic obstacles to risk reduction, such as disparities in high quality intervention services between predominantly White and BIPOC neighborhoods, challenges to single, low-income, working parents in attending family intervention sessions, parental incarceration, parental behavioral health problems, transportation challenges, childcare needs, and physical mobility challenges issues.

This is not to diminish the value of information provided through structured approaches to risk assessment. The use of greater structure in decision-making, including risk and need assessment, can facilitate the identification and reduction of different forms of racial and ethnic bias. But there are some variables (primarily static, historical variables involving contact with law enforcement and the justice system) that have racial bias embedded to an extent that we cannot meaningfully estimate. Using such variables in risk assessment will likely include the influence of racial bias, therefore, but does not allow the evaluator to propose compensatory strategies for minimizing bias. By contrast, if we use dynamic variables that involve the application of services to identified needs (e.g., substance abuse treatment, family therapy), then existing racial disparities in services availability are more obvious—and can be addressed through more intensive planning and provision efforts.

(Continued on next page...)

RISKY BUSINESS

Risk Assessment and Racial Justice (*cont.*)

We conclude that (1) predictive accuracy of risk assessment instruments is no longer improving, and (2) it is easier to observe (and therefore address) racial disparities when using risk-relevant needs as a basis for planning. Taken together, these conclusions suggest that risk assessment used in decisions involving diversion and release from confinement might better use risk as a basis for creating informed action steps rather than as providing a precise prediction. Those appraised at low risk for reoffending, for example, require little specialized planning beyond using standard community-based supervision conditions. Those appraised at very high risk, by contrast, should be treated cautiously and intensively. Those appraised in categories that are intermediate should receive attention to their needs, with every effort to provide these services in the community. More equitable decision-making must then integrate this type of individual-level risk information with consideration of systemic obstacles. When community-based services are disproportionately unavailable to BIPOC

individuals, the remedy may involve working harder to provide them to specific individuals—and working to develop a system that provides such services more equitably to all.

References

- Andrews, D., Bonta, J., & Hoge, R. (1990). Classification for effective rehabilitation: Rediscovering psychology. *Criminal Justice and Behavior*, 17, 19-52.
- Douglas, K., & Otto, R. (Eds.) (in press). *Handbook of violence risk assessment* (2nd ed.). New York: Routledge.
- Monahan, J., & Steadman, H. (Eds.) (1994). *Violence and mental disorder: Developments in risk assessment*. Chicago: University of Chicago Press.
- Garrett, B., & Monahan, J. (2020). Judging risk. *California Law Review*, 108, 439-493.

INTERNATIONAL JOURNAL OF FORENSIC MENTAL HEALTH

Preserving Anonymity in the Peer Review Process: Guidelines for Masking Articles for Submission

Christian Farrell, Medical Student, University of British Columbia, Editorial Assistant, IJFMH

Tonia L. Nicholls, Professor, Department of Psychiatry, University of British Columbia, Editor, IJFMH

The peer review process is fundamental in the assessment of scholarly work and to the academic publication process (Bornmann, 2008). However, the peer review process is not immune from deficits. For instance, research has suggested influential authors and manuscripts from top institutions may have higher acceptance rates compared to less influential individuals and institutions (Tomkins, Zhang, & Heavlin, 2017).

To mitigate potential biases, the peer review process is “double-blinded”, meaning that neither the identity of the authors nor of the reviewers are revealed to each other. To ensure the integrity of the double-blind review process, effort is needed from both authors and journal editorial offices to ensure reviewers are unable to decipher the identity of the researcher from the manuscript.

In small research fields, including our forensic mental health community, this can be challenging. For example, colleagues or even friends may inadvertently be tasked to review each other’s work by virtue of the small number of experts in the field. Therefore, it is critical that the appropriate steps are taken to reduce the likelihood of identifying authors in the peer review process. Below we highlight a number of difficulties authors commonly have when anonymizing their manuscripts and provide



Christian Farrell, BA
Medical Student
University of British Columbia

suggestions to ensure manuscripts are appropriately anonymized.

Self-citation

Authors may decide to cite their own work for numerous reasons (e.g., the current manuscript is part of a larger project or is building on previous work). Typically, authors will reference themselves in the first person and anonymize their own work by redacting the author names in the in-text citation (e.g., “As we found previously... [citation removed].”). However, in specialized fields, including forensic mental health, this may inadvertently increase the likelihood reviewers can identify the authors.

(Continued on next page...)

Preserving Anonymity in the Peer Review Process: Guidelines for Masking Articles for Submission (*cont.*)

For this reason, we recommend authors refer to their own work in the third person, e.g. write “Smith and Black (2007) have demonstrated”, not “We have previously demonstrated... (Smith & Black, 2007)” for the submission (this can be altered once the manuscript is accepted).

Authors will also commonly redact their self-citation when referencing multiple studies in text, e.g., “...in criminal justice settings (Allen & Black, 2015; Donaldson et al., 2011; [redacted for blind review]; Smith et al., 2004). While appearing helpful for the double-blind review, this redaction may inadvertently draw attention to the author(s)' identity by indicating how to identify the team alphabetically and, as discussed above can increase bias by introducing evidence of the productivity of the researcher and/or team when it occurs repeatedly. We recommend that authors simply leave their in-text citation to avoid accidentally revealing themselves to reviewers. In our example, the citation would be (Allen & Black, 2015; Donaldson et al., 2011; Farrell & Nicholls, 2020; Smith et al., 2004).

Self-citing work that is in prep/submitted/in press can be slightly more nuanced and firm rules are likely less essential. It is perhaps somewhat more likely the authors have access to this work if they are affiliated with the project. For these types of citations, it is appropriate to re-label the in-text citation as “Authors” and continue the citation as normal. So, for example, “(Smith, submitted)” becomes “(Authors, submitted)”. In the references list, it would be appropriate to redact the title of the work to further prevent identification. Additionally, authors should not identify the journal to which the journal has been submitted/in press. We provide an example of an appropriate reference to include in the references list:

Authors. (2020). [Title redacted for blind review]. Submitted.

Other identifying information

Again, a reflection of our relatively small field (e.g., there are only a handful of forensic teams publishing in Finland, the Netherlands, Australia, Canada, etc.), we have found authors fail to remove information that reveals their site/agency or occasionally struggle deciding how descriptive to be in terms of study location and sampling (e.g., in an attempt to adhere to APA guidelines). For the peer-review process, we recommend all descriptions of locations be redacted. For study settings (e.g., “a large hospital in Western Canada”), simply redact the locations (e.g., “a large hospital in [redacted for review]” Another good example of the authors being attentive to masking from a recent submission to the *International Journal of Forensic Mental Health*: “The sample consisted of 57 sexual

offenders and 33 nonsexual offenders who were imprisoned in [Masked] prisons, and 36 nonoffender controls who volunteered from the general [Masked] population.” Similarly, instead of specifying institutional ethics boards, we recommend authors use a similar statement: “The study received ethics approval from the appropriate institutional ethics boards.” Authors should of course feel free to insert specifics once the paper is accepted/going to print.

Another common challenge we have seen is if a study is part of a larger project, naming the parent project may identify the authors/team and could result in biases (especially if the project is well known, for example, “the MacArthur study”). Authors should redact the name of the larger project during the peer review process. Similarly, acknowledgements in the manuscript may identify the study team. Acknowledgements should be included in the title page that does not go out for review and blinded in the body of the manuscript.

Grant numbers, clinical trial numbers, and associated data and acknowledgements should also be removed from the anonymized version of the manuscript. These details should be provided once the submission and review process are complete.

Lastly, it is important for authors to ensure that anonymity is maintained during the revision stage. We encourage authors to carefully review all revisions in the manuscript and their responses to reviewer comments with the above guidelines in mind.

Maintaining anonymity in the peer review process is important to mitigate potential biases among reviewers and ensure the process is fair for all authors (Brown, 2006). We hope that the above recommendations will be helpful to authors (both new and experienced) as they work to ensure their work is anonymized during the peer review process. We look forward to receiving your submissions to the journal!

References

- Bornmann, L. (2008). Scientific peer review: An analysis of the peer review process from the perspective of sociology of science theories. *Human Architecture: Journal of the Sociology of Self-Knowledge*, 6(2), 3.
- Brown, R. J. (2006). Double anonymity and the peer review process. *The Scientific World Journal*, 6, 1274-1277.
- Tomkins, A., Zhang, M., & Heavlin, W. D. (2017). Reviewer bias in single-versus double-blind peer review. *Proceedings of the National Academy of Sciences*, 114(48), 12708-12713.

POSTDOCTORAL RESEARCH FELLOWSHIP OPPORTUNITY

A full time postdoctoral position in the area of Forensic mental health (mental health, justice and safety). The fellowship is for 12 months with a possible second year appointment and provides a research and academic training.

Description

The postdoctoral fellow will lead and participate in the development of a series of scientific papers on trajectories of individuals receiving forensic mental health services as well as coordinate research activities and supervise research assistants and students.

The goal is to expand and enrich the candidate's knowledge of forensic mental health and the scientific method, and to extend the candidate's skills in conceptualizing and executing statistical analyses and writing manuscripts for publication in high impact scientific journals.

Qualifications

Applicants must have a recent Ph.D. in a related discipline (e.g., Psychology, Psychiatry, Epidemiology, Sociology, Criminology etc.), have a demonstrated record of experience in advanced quantitative statistical methods. Applicants must have demonstrated ability in preparing and publishing research papers. The applicant must be interested in pursuing a career that focuses broadly on mental health, antisocial behaviour, justice safety, mental health and the law.

Environment

The position is to be held at the *Institut national de psychiatrie légale Philippe-Pinel* research Center and the Department of Psychiatry & Addictions of the *Université de Montréal*. It is funded through a CIHR operating grant and a bursary from the *Centre international de criminologie comparée*. Supervision will be ensured by Professor Anne Crocker.

The postdoctoral fellow will be integrated into the national team and be offered the necessary supervision to develop all of the abilities necessary to become an independent scientist. Teaching and student (co)supervision opportunities will also be offered.

We are seeking to fill the position for January 1st 2021.

Application deadline: December 1st, 2020.

To apply, please send to Dr Anne Crocker: anne.crocker@umontreal.ca

- Curriculum Vitae
- Cover letter detailing research interests, experience and career goals
- Two letters of recommendations
- Two manuscripts

STUDENT SECTION

SPOTLIGHT: INTERVIEW WITH SASKIA NIÑO de RIVERA

Student Section Editors: Maria Aparcero, Student President, Fordham University, USA | Sarah Schaaf, Student President-Elect, Fairleigh Dickinson University, USA | Silvia Fraga, Student Secretary, Royal Holloway University of London, UK

Saskia Niño de Rivera holds a Bachelor's degree in Psychology from the Universidad Iberoamericana, Mexico, and a certificate in Criminology and Criminal Policy from the National Institute of Criminal Sciences in Mexico. She is currently the director of [Reinserta](#), A.C., a non-profit organization that she co-founded at the age of 24 with the goal of creating a safer Mexico by working on the prison system. She has worked on several projects with a focus on kidnapping, risk factors for adolescents who commit high-social-impact crimes, and maternity in prison. She has influenced policy related to the Mexican criminal system reform with the most notable impact being the creation of the "motherhood in prison" clause in the National Criminal Enforcement Law in 2015. She has also given public talks on a wide range of topics, such as social fabric, reintegration, security, and minors in prison. She has received numerous awards for her work, including the "Leadership in Public Life Award 2019" by Vital Choices, the "Social Compromise Recognition 2019" by CEMEFI, and the "International Award 2020" by the Diane Von Furstenberg Foundation.



**Saskia Niño de Rivera,
B.A.**
Director, Reinserta, A.C.

Q: Can you tell us about your background and how you became interested in the area of criminal justice and community reintegration? Were there any pivotal moments, or was this interest gradually developed and fostered?

A: From a very young age I was interested in community service, especially helping women. At the age of 14, I started helping pregnant teens who were homeless. It shocked me that people living so close to me lived in such different conditions than I did. Furthermore, a family member was kidnapped and I saw how the negotiation took place; I took interest in how it all developed and started working for a company that does ransom negotiations, for which I am still an advisor today. That is where I realized that the system was broken, and by doing further research I found out that there was no formal reintegration system, but rather a system that seeks revenge for crimes. I also understood that the people who committed crimes had a backstory that led

them to committing these crimes. This encouraged me to try and solve the root of the problem.

Q: Reinserta was founded in 2013 with the goal of creating a safer Mexico. Can you tell us a bit about its founding and your involvement in the development of this organization?

A: In my friend and co-founder, Mercedes, I found someone who shares the same interests as me, and the same passion for creating solutions for the aforementioned issues. It is very difficult to find people who want to work in the prison system, or anything related to it. Not only did we find that the judicial and penitentiary systems were based on flawed laws and statutes, but also that they were very corrupt, making attempts to improve them an uphill battle. Mexican society shows a lot of apathy towards inmates as people with basic human rights and their living conditions, and there is a general lack of programs that try to resolve the underlying issues that lead to crime. Rather, the focus is on punishing offenders for a period of time and subsequently releasing them back into a broken society. We decided to start in key areas of the system, places that we could influence directly and quickly: juvenile delinquency and motherhood in prison.

Q: What do you consider to be Reinserta's main achievements? How has Reinserta impacted individuals involved in the juvenile and criminal justice systems and society?

A: Children that live in prison were virtually invisible. They had no daycare, no nutrition plan, nothing that any other child needs to develop at an early age. We put these children on the map and on human rights groups' agendas. We have been a bridge between society and the prison system, by condemning violence, and pointing out the flaws in the system that lead to a vicious cycle. Through our organization, these issues are now being heard by the National Security Council, SIPINNA (National System for the Protection of Minors), DIF (Federal Department for Family Development) and other major government departments. We have also pushed for media coverage to portray the prison system as a place for rehabilitation and social reintegration instead of exclusion and marginalization. When you have such a broken system, little things are great achievements, such as basic nurseries for children and the success rate Reinserta has had with the rehabilitation, from both drugs and crime, of juvenile delinquents. Personally, these feats have been huge motivators to strive for bigger things and a sign that we are doing something right and therefore must keep going no matter what.

STUDENT SECTION**SPOTLIGHT: INTERVIEW WITH SASKIA NIÑO de RIVERA**

Personally, these feats have been huge motivators to strive for bigger things and a sign that we are doing something right and therefore must keep going no matter what.

Q: What are the main challenges you have encountered while working to pursue the goals of Reinserta? What are some of the challenges that you have experienced as a woman working in the prison system and how did you overcome them?

A: Working in the prison system has been a huge challenge in many ways. First, because of the apathy the Mexican society has towards the prison system - people don't know the difference between criminal justice and criminal vengeance. It has become more attractive for politicians to promote criminal vengeance by increasing the length of prison sentences rather than investing in true rehabilitation and reintegration. Another challenge is that Mexico is an overly elitist country, so it is hard for more privileged people to understand that no one chooses where they are born and that certain life circumstances may make disadvantaged people more prone to commit crimes. As a woman, we have broken gender barriers - where the prison system used to be considered a man's territory, the majority of Reinserta's staff are female, and we have proved that women are just as qualified to lead workshops and have a positive impact in male penitentiaries.

Q: Could you name some of the most pressing challenges for the Mexican criminal justice system with regard to the field of forensic psychology?

A: One of the biggest challenges that the Mexican prison system has is the implementation of restorative justice and penitentiary intelligence, so that we can have more justice inside of prison. In order to prevent and investigate crime, it is totally necessary that we have an understanding of the risk factors and causes of crime. People inside of prison can really help the criminal justice system to understand behavioral and socioeconomic patterns (e.g., risk factors) so that we as a society can understand where the red flags are and start making important changes as a country to prevent crime from happening over and over again

Q: What can other countries learn from these achievements and challenges? From your experience, what message would you give to countries that emphasize punishment (e.g., loss of liberty) over reintegration or restorative justice?

A: I would say, for countries that prioritize punishment, that social reintegration is an opportunity to induce

change in their systems. It could make their systems more effective; not only would it help emphasize human rights, but also create a system that actually works. Time in jail and all that comes with it (e.g., precarious conditions, long sentences and mistreatment) can create feelings of vengeance in many inmates if they don't have access to effective programming that helps them prepare for their life upon release. This can eventually backfire on us in terms of reoffending. We have seen people that have come out of the prison system and have refrained from reoffending because of the programs they completed while in prison.

Q: One of the areas Reinserta focuses on is maternity in prison and children who grow up in prison. How did the idea of working with children who are born and raised in prison come about?

A: Once we entered the penitentiary system, we realized how complex, rotten and corrupt it all was. We could not cover everything, so we had to prioritize. Sadly, you can't change the system as a whole and you can't win them all. Among the most urgent priorities, without a doubt, were the children who live in prison. It is not a child's fault to be born in prison. Yet, these children are completely forgotten by the government and by society; we call them "the invisible kids". These children grow up in a segregated environment in which violence is normalized. Their childhood and adolescence are very far from normal; we need to work with these kids and help them have a healthy and normative development. If we don't intervene, they may become the next generation of people who will offend.

It is not a child's fault to be born in prison. Yet, these children are completely forgotten by the government and by society; we call them "the invisible kids"

Q: Another focus of Reinserta is on young people who commit delinquent acts. What are the main challenges for the reintegration of this group into Mexican society?

A: Working with teens is very complicated. Adolescence is a complex developmental period where teens undergo a lot of physical and psychological changes. On top of that, they are facing a lot of obstacles once they get out of prison, such as a very strong social stigma that diminishes their opportunities to live a crime-free life. In addition, Mexico is also a country where drug traffickers and drug dealing are also often idolized by young Mexican people. There is a huge "narco" culture that leads to the normalization of organized crime and even inspires kids of all ages to become involved.

SPOTLIGHT: INTERVIEW WITH SASKIA NIÑO de RIVERA

My advice would be to always “follow through,” even if you feel like you’re swimming against the stream, follow through, because when you achieve change in someone’s life or in the system, even if it’s tiny, you will realize that it was all worth it.

Q: Latin American countries are often underrepresented in international organizations that focus on forensic mental health services and the intersection between mental health and the law. How can an international organization, such as IAFMHS, work better to integrate and represent professionals from Latin America, such as Mexico?

A: In Mexico as in Latin America in general, the criminal justice system is corrupted, and the concept of justice often forgotten. Thus, I think the best way for IAFMHS to work on the integration and representation of Latin American countries would be to approach and collaborate with organizations like Reinserta in order to prove to the governments that these projects are indeed viable and should be implemented on a larger scale.

Q: You founded Reinserta at the age of 24 and are not only extremely passionate about your work but also very successful with it. What would you recommend to our students/young professionals who might feel similarly passionate about a social justice issue and aspire to make an impact in the field as you did with Reinserta?

A: To all students and everyone who wants to join this field, you have to know there will be times where things are not going to be pretty, and you will be on the edge of

quitting, thinking “I can’t do this anymore, this is just too heartbreaking, I’m making no difference” or “the penitentiary system is a complete mess.” Whenever you find yourself in one of these moments, all I can say is that you have to be brave, passionate, and completely in love with what you are doing. This is what makes you wake up every day and say, “this is worth it, I’m going to give it my all and make change happen.” My advice would be to always “follow through”, even if you feel like you’re swimming against the stream, follow through, because when you achieve change in someone’s life or in the system, even if it’s tiny, you will realize that it was all worth it.

Q: Is there anyone in particular that has been influential for/throughout your career?

A: There have been a lot of people, mostly my team. It is amazing to work with people that share the same passion as you. It is reassuring to know that you are not the only one fighting a cause. Everyone that works at Reinserta is an inspiration to me and the life stories of the people we help are the fuel that keeps us going.

It is reassuring to know that you are not the only one fighting a cause. Everyone that works at Reinserta is an inspiration to me and the life stories of the people we help are the fuel that keeps us going

Visit our [Spotlight page](#) on the IAFMHS website to read other inspirational interviews with professionals in the field of forensic mental health.

Editorial Team

Sarah Coupland, *Editor*

Forensic Psychiatric Services Commission (CAN)

Kori Ryan, *Associate Editor – Early Career Corner*, Fitchburg State University (USA)

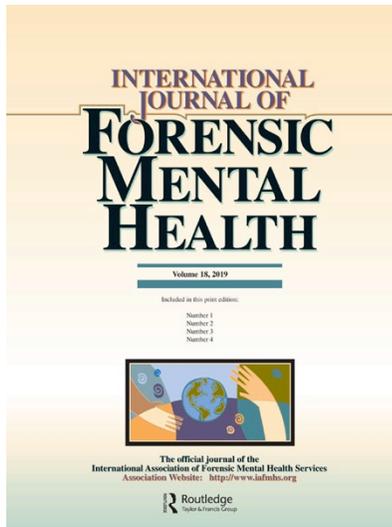
Krystle Martin, *Associate Editor – Risky Business*, Ontario Shores Centre for Mental Health Sciences (CAN)

Helen Walker, *Associate Editor – Forensic Mental Health Nursing*, NHS State Hospitals (Scotland)

Evan Lowder, *Associate Editor – Mental Health Diversion*, George Mason University (USA)

Marichelle Leclair, *Editorial Assistant*, Université de Montréal (CAN)

Feature Article



[How do Latin American Professionals Approach Violence Risk Assessment? A Qualitative Exploratory Study](#)

Alicia Nijdam-Jones^a, Eric García-López, Maria Aparcero^a, & Barry Rosenfeld^a

^aDepartment of Psychology, Fordham University, Bronx, New York, USA; ^bInstituto Nacional de Ciencias Penales, Mexico City, Mexico

The ability to predict the likelihood of violent behavior is an important task that is not constrained by cultures, borders, or geographic regions. This qualitative study analyzed 15 semi-structured interviews with forensic professionals to understand violence risk assessment (VRA) processes and procedures in Argentina, Colombia, and Mexico. Participants reported a range of procedures for assessing violence risk, including the use of structured VRA tools. Most evaluators considered common risk factors, but several culturally relevant risk and protective factors emerged from the interviews. Perceived strengths and limitations of VRA measures were explored. Findings may inform risk assessments with culturally diverse adults.

[A LETTER FROM THE EDITOR](#)

As you may be aware, I have recently taken over from Professor Tonia Nicholls' as Editor-in-Chief of the International Journal of Forensic Mental Health. Building on the work of previous editors, Tonia has left the journal in great shape. I would like to take this opportunity to thank her for her efforts. I am ably assisted in my role by six Associate Editors, Professor Matt Huss, Assistant Professor Lauren Kois, Associate Professor Jamie Livingston, Professor Brian McKenna, Dr. Stephanie Penney, and Professor Stuart Thomas. Ms. Riley Luke is the new Editorial Assistant.

Our journal is in good shape. The impact factor is stable (2019 Impact Factor is 1.121) and downloads for 2020 are 44% higher than in 2019 (possibly due to many of us working from home and taking advantage of the additional time to read), submissions for 2020 have been strong. The one area that we are working to improve is the timeliness of our reviews. Over the past five years in my role as Associate Editor I have occasionally had difficulty obtaining sufficient reviews. Sometimes, I have asked many people before finding the requisite number of reviewers. The Associate Editors and I are keen to continue the excellent work of previous editors and to try to strengthen the standing of our journal. An increased impact factor and a reputation for timely reviews will assist us as we try to attract strong submissions. Our Editorial Board is assisting by completing a large number of reviews. However, we are always looking for more reviewers and so, if you are interested in conducting ad-hoc reviews then please write to our Editorial Assistant, Ms. Riley Luke at rluke@swin.edu.au, or myself at mdaffern@swin.edu.au. We are particularly interested in supporting student reviewers. Students should be admitted to a graduate program and they should have a direct supervisor who is willing to support them with their reviews. If you are interested in becoming a student reviewer, please send your CV with a brief statement of support by your supervisor, and include up to five areas of expertise.

Also, do remember that as a part of your IAFMHS membership that you are entitled to free online access to the journal. Information about the procedure to gain access can be found here: <http://www.iafmhs.org/Journal>

- Dr. Michael Daffern