

A conceptual image featuring a golden, textured brain resting on a golden scale of justice. The brain is positioned on the right pan, which is slightly higher than the left pan. The background is dark and moody, with some light rays emanating from the brain. The text is overlaid on the image in a white, sans-serif font.

ABSTRACT BOOK
16th Nordic Symposium on
Forensic Psychiatry
August 19-21, 2026

Forensic Psychiatry
in a Political Landscape

Equality and Safety for patients, staff and society

Forensic Psychiatry in a Political Landscape

Equality and Safety for patients, staff and society

WEDNESDAY, AUGUST 19, 2026

11.00-13.00:	Registration
13.00-14.00:	Lunch
14.00-14.15:	Welcome, Gitte Ahle
14.15-15.00:	Mette Brandt-Christensen, Danish Forensic Psychiatry Over Four Decades: Developments and Perspectives
15.00-15.30:	Break
15.30-16.15:	Seena Fazel: On risk assessment – state of the art and mapping the future landscape
16.15-16.30:	Break
16.30-17.15:	Seena Fazel: Research in forensic mental health – challenges and opportunities
17.15-18.00:	Susanne Bejerot: Schizophrenia, inflammation and immunomodulatory treatments
18.00-19.00:	Poster session
19.30:	Dinner

THURSDAY, AUGUST 20, 2026

07.30-09.00:	Breakfast
09.00-09.45:	Linda Gröning: Criminal Responsibility and Mental Health: Challenges and Future Directions
09.45-10.00:	Break
10.00-10.45:	Pittakerttu Keltiäla: Development of criminal identity during adolescent years
10.45-11.30:	Discussion
11.30-12.30:	Lunch
12.30-14.30:	Workshops 1 & 2: Treatment and assessment
14.30-15.00:	Break
15.00-16.30:	Workshops 3: Register-based studies 4: Further topics
16.30-17.00:	Break
17.00-18.00:	Workshops 5: Forensic patients 6: Further topics
19.00:	Drinks
19.30:	Party dinner with entertainment and dance

FRIDAY, AUGUST 21, 2026

07.30-09.30:	Breakfast
09.30-10.15:	Unn Kristin Haukvik: Biomarkers in forensic psychiatry evaluations – promises and pitfalls
10.15-10.30:	Break
10.30-12.00:	Panel-discussion: Equality and Safety for Staff, Patients and Society – Future Perspectives
12.00-12.15:	Gitte Ahle: Closing remarks
12.15:	Lunch

16th Nordic Symposium on Forensic Psychiatry



The 16th Nordic Symposium on Forensic Psychiatry is organized by Section of Forensic Psychiatry, Danish Psychiatric Society, Denmark – 2026.

The scientific committee:

Denmark: Mette Brandt-Christensen, Gitte Ahle, Kirsten Nitschke, Per Balling & Dorte Sestoft.

Finland: Markku Lähteenvu

Norge: Tale Gjertine Bjørgen, Unn Haukvik, Kirsten Rasmussen.

Sweden: Björn Hofvander, Malin Pauli, Märta Wallinius, Peter Andiné

The board of Section of Forensic Psychiatry, Danish Psychiatric Society, is organizationally responsible for the symposium.

Venue: Marienlyst Strandhotel, Ndr. Strandvej 2, 3000 Helsingør

Accomodation: Marienlyst Strandhotel & Konventum

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Danish Forensic Psychiatry Over Four Decades: Developments and Perspectives

Over the past four decades, Danish forensic psychiatry has undergone substantial expansion, reflected in a marked increase in court-mandated treatment orders for mentally ill offenders.

The core population comprises individuals with psychotic disorders who commit serious violent crimes, whereas offenders with intellectual disabilities are primarily managed within the municipal social care system.

Over a number of years, Denmark has reported very high rates of forensic psychiatric treatment, substantially exceeding rates observed in other Nordic countries.

While incidence data are generally considered robust, greater uncertainty surrounds prevalence estimates—an observation which is notable given the otherwise strong confidence in the high validity of Danish population registers and their widespread international use.

The presentation outlines the development of Danish forensic psychiatry over the past 40 years, focusing on structural, legal, and clinical determinants of the rising use of treatment orders. Putative explanatory mechanisms include changes in criminal justice policies, the legacy of deinstitutionalization in general psychiatry, increasing societal risk sensitivity, and shifts in diagnostic and therapeutic practices.

By situating Danish developments within a comparative European framework, this presentation aims to elucidate the drivers of this distinctive trajectory and to contribute to ongoing debates regarding the scope, function, and future direction of forensic psychiatric services.

Seena Fazel

Professor Seena Fazel is Professor of Forensic Psychiatry at the University of Oxford and Director of the Centre for Suicide Research. He is also an Honorary Consultant Forensic Psychiatrist with Oxford Health NHS Foundation Trust.

His research focuses on the links between mental illness and adverse outcomes, particularly suicide and violence, with an emphasis on high-risk populations such as people in the criminal justice system.

Professor Fazel's work uses large-scale epidemiological data to improve risk assessment and prevention strategies and has informed clinical guidelines and public policy in mental health and criminal justice.

Linda Gröning

Linda Gröning is Professor of Law at the University of Bergen and a researcher at the Centre for Research and Education in Forensic Psychology and Psychiatry at Haukeland University Hospital in Norway. She holds a visiting professorship at the Faculty of Law in Lund, Sweden, within the Lund University Global Excellence Programme. Gröning's research focuses on criminal law and criminal responsibility, with particular emphasis on how criminal law addresses individuals with mental health conditions, among whom children constitute a particularly vulnerable group. Gröning leads the Research Center for Criminal Justice and Agency, which includes the RCN projects DIMENSIONS, CHILDCRIM, PROTECT, and COMPLEX (ERC CoG).



Criminal Responsibility and Mental Health: Challenges and Future Directions

This lecture will address the question of how mental health conditions are relevant to criminal responsibility. It will focus on how defendants with mental health conditions are treated differently from other defendants worldwide, and on how the law interacts with psychiatry in this context. The lecture will examine whether there is a mismatch between legal rules and principles governing limitations of responsibility, and how mental health conditions are taken into account in legal practice.

A challenge across jurisdictions concerns the legal relevance of psychiatric notions of mental disorder. Psychiatric diagnoses and symptoms are, of course, not developed for criminal law purposes, and their practical legal relevance is largely unclear. Nevertheless, they appear to play a significant role in how criminal law conceives of the responsibility of defendants with mental health conditions and in the application of special legal measures aimed at preventing reoffending. These special legal regimes raise significant concerns, including risks of human rights violations and unequal treatment before the law. The legal treatment of children with mental health conditions raises additional and distinctive concerns.

In her lecture, Linda Gröning will draw on her cross-country research to discuss these challenges and outline possible future directions for addressing them.

Susanne Bejerot

Susanne Bejerot is a Professor of Medical Science, at Örebro University. She is a specialist in psychiatry and a trained psychotherapist in cognitive-behavioral therapy.

Her research is mainly clinical and focuses on symptoms and outcomes for people with obsessive-compulsive disorder (OCD), Pediatric Acute-Onset Neuropsychiatric Syndrome (PANS), schizophrenia spectrum disorder, ADHD, and autism spectrum disorder (with or without intellectual disability).

She has worked on research on pharmacological treatments for OCD, PANS, and ADHD, as well as psychological treatments for adults with autism or OCD.

In recent years, she has focused on immunopsychiatry.

She is presently running a randomized controlled add-on trial with the immunomodulatory drug rituximab in patients with schizophrenia or schizoaffective disorder.



Schizophrenia, inflammation and immunomodulatory treatments

Clinical and preclinical research support an association between immunological vulnerability and psychiatric illness. This opens new venues for diagnosis and treatments.

Riittakerttu Kaltiala

Riittakerttu Kaltiala is Professor of Adolescent Psychiatry in Tampere University and Chief Psychiatrist in the Department of Adolescent Psychiatry in Tampere University Hospital, where her responsibilities include management and leadership of and clinical work in a nationally centralized adolescent forensic unit and well as gender identity service for minors.

She is specialist in both adolescent psychiatry, forensic psychiatry and adult psychiatry, and has a special competence in adolescent medicine.

Her long-term research interests center around mental disorders and violence as well as mental disorders and gender dysphoria in the context of adolescent development.

Over the past ten years she has grown increasingly interested in difficulties of identity development in the contemporary society, a factor influencing a number of actual challenges among the adolescent population such as the youth mental health crisis, marginalization, and idealization of criminal lifestyle.



Development of criminal identity during adolescent years

Unn Kristin Haukvik

Unn Kristin Haukvik is a professor of psychiatry at the University of Oslo and a senior consultant at Oslo University Hospital. She heads the research group for forensic psychiatry at the University of Oslo. Her research is particularly focused on the neurobiology of psychotic spectrum disorders, with an emphasis on structural brain imaging and on how brain changes relate to clinical symptoms, course, and functioning. In recent years, she has also worked with forensic psychiatric populations, and how knowledge about psychosis, brain changes, and clinical functioning can be applied in assessments of criminal accountability.



Biomarkers in forensic psychiatry evaluations – promises and pitfalls

Following advances in neuroscience and neurolaw, there is a growing interest in incorporating biological markers, such as neuroimaging, into forensic psychiatry evaluations and practice. Empirical studies indicate that courts are increasingly encountering such data, particularly in cases of homicide, severe violence, insanity evaluations, and capital sentencing. Neuroimaging may inform diagnostic assessments and evaluations of cognitive impairment, and may make expert reasoning more transparent, thereby promoting fair judicial processes and equality before the law.

At the same time, there is a persistent gap between the empirical nature of neuroscience and other biological markers and the normative legal questions at stake, such as those of criminal accountability, intent, and risk. Neuroscientific findings have methodological and inferential limitations that constrain their application in individual cases, and concerns about over-interpretation (“brain overclaim”) and “double-edged sword” effects (mitigation versus inferred dangerousness) have been raised.

In this talk, I will present empirical studies from our group on neuroimaging correlates of psychosis and psychopathic traits in forensic populations to illustrate both the promises and the pitfalls of incorporating biomarkers into forensic psychiatry evaluations.



Poster session

Wednesday 19, 2026

18.00-19.00

An empirical-phenomenological study of intersubjectivity in individuals with a history of severe violence, with and without severe mental illness

POSTER NO. 1

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Key words (max 4 words): Psychosis, violence, intersubjectivity, phenomenology

Conflict of interest mentioned: None.

Introduction

Impaired social functioning is an important characteristic among individuals with a history of severe violence, identified in both individuals with- and without severe mental disorder. It is currently unclear whether this impairment represents a general transdiagnostic risk factor or is the result of qualitatively different disturbances in interpersonal experience. This study aims to explore this, using a qualitative phenomenologically inspired approach.

Methods

A total of 20 individuals with a history of severe interpersonal violence, both with- and without severe mental disorder, were interviewed about their interpersonal experience, using a semi-structured phenomenologically inspired interview. All interviews were audiotaped, transcribed verbatim, and submitted to a reflective thematic analysis, combining an inductive and deductive approach.

Results

Preliminary results indicate that individuals with a severe mental disorder express disturbances in interpersonal experience that are qualitatively different from those of individuals without a severe mental disorder. The former group describes disturbances on a more basic level, including a porous self-other demarcation and difficulties in accessing the realm of mutual social interaction.

Discussion

Although preliminary, the findings represent a promising first step towards a more nuanced understanding of the experiential basis underlying violent behavior.

“Merry-Go-Round”-inmates: Frequent transfers in the norwegian prison system - is that a good solution?

POSTER NO. 2

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Key words (max 4 words): Violence, isolation, prison, transfers

Conflict of interest mentioned: No conflict of interest.

Background Imprisoned persons have elevated mortality rates and complex multimorbidity compared to the general population, challenging both the correctional and health system. A small subgroup within this population represents an increasing challenge to practitioners in the field, due to repeated transfer between prisons triggered by severe violent behaviour, threats, and escalation into isolation. Internationally, they have been referred to as “merry-go-round”-inmates. Little systematic research attention has been devoted to investigate the management of this vulnerable and demanding group from the practitioners’ perspective. The study aims to identify barriers to effective management and treatment, and explore opportunities for improved interdisciplinary collaboration.

Method Quantitative data from the Norwegian Correctional Service were used to identify the number of “merry-go-round” inmates. Staff from 13 closed prisons, representing correctional, psychiatric health, and municipal health services were interviewed about their experiences. The interviews will undergo thematic analysis.

Results Preliminary findings indicate a shared understanding that transfers are often perceived as problematic, yet sometimes unavoidable. Respondents highlighted the need for clearer systematization, an overarching plan and defined responsibility to reduce unnecessary transfers. Suggestions include specialized units focused on milieu therapy and enhanced dynamic security.

Discussion

The need for continued interagency collaboration will be further examined and discussed.

Psychiatric comorbidity structures among Forensic Psychiatric Patients: A Danish National Register-Based Study

POSTER NO. 3

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Key words (max 4 words): Comorbidity, Danish Register Study,

Danish forensic psychiatric populations are often discussed as dominated by severe mental illness, yet the prevalence of the psychiatric disorders and the comorbidities remain insufficiently characterised. Using Danish national registers, we analysed 15,927 individuals with a forensic psychiatric conviction and mapped diagnostic prevalence and comorbidity patterns. Schizophrenia was the most prevalent diagnostic group (65%) with substance use disorders (58%) and neurotic disorders (44%) also highly prevalent. Approximately 81% had at least one psychiatric comorbidity, highlighting immense comorbidity in the cohort. The most frequent diagnostic combination was schizophrenia plus substance use disorder (n=1,296), alongside other less common multi-diagnostic combinations. A phi-based comorbidity network identified three communities, a psychosis/substance use cluster, an affective/anxiety/personality-disorder cluster, and a neurodevelopmental cluster, highlighting possible distinct diagnostic groups. Overall, Danish forensic psychiatric patients showed marked diagnostic heterogeneity. The predominance of schizophrenia alongside very high prevalence of substance use disorders positions substance use as a central clinical issue in this population. The identification of distinct diagnostic communities further suggests that pathways into forensic psychiatric care are not uniform and may require differentiated treatment strategies. Further research is warranted to clarify causal pathways and inform targeted treatment strategies.

How Individuals with Psychotic Spectrum Disorders and History of Aggression Misclassify Emotions

POSTER NO. 4

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Key words (max 4 words): aggression; emotion recognition; psychosis; schizophrenia

Conflict of interest mentioned: The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

Introduction: Previous research has highlighted the need for more ecologically valid approaches to investigating emotion recognition in individuals with psychotic spectrum disorders (PSD), particularly those with a history of interpersonal aggression.

Methods: Emotion recognition was assessed using a task featuring dynamic, multimodal expressions of a wide range of positive and negative emotions. Emotion recognition accuracy and misclassification patterns were compared across three groups ($N > 200$) comprising individuals with PSD and a history of interpersonal aggression, individuals with PSD but no such history, and healthy controls.

Results: Preliminary results indicate that individuals with PSD and a history of aggression showed the lowest overall accuracy in emotion recognition, followed by PSD without aggression, while healthy controls performed best. Analyses of misclassifications suggest that the PSD group with history of aggression was more likely to misinterpret negative emotions as positive.

Discussion: Findings highlight the importance of integrating emotion recognition assessment and training into clinical interventions as a potential strategy to reduce aggression risk and enhance social functioning in individuals with PSD.

Characteristics of convicted child sexual abuse material (CSAM) offenders

POSTER NO. 5

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Key words (max 4 words): Offender, characteristics, child sexual abuse, internet

Amund Rolseth Abstract for 16th Nordic Symposium on Forensic Psychiatry August 19 – 21, 2026
Abstract Title: Characteristics of convicted child sexual abuse material (CSAM) offenders
Key words; Offender, characteristics, child sexual abuse, internet
Abstract : Child sexual abuse (CSA) is an unsolved disastrous challenge affecting the life of millions causing suffering and often lifelong disability psychologically and in other aspects. The internet serves as an arena for establishing contact between offender and victim, real time criminal offence (e.g. live streaming), as well as sharing and downloading sexual content involving children. The term child sexual abuse material (CSAM) encompasses the material produced in all these internet-based phenomena. The ever-increasing amounts of new CSAM as well as increasing severity of the abuses depicted underlines the necessity to meet the challenge. Treatment, restoration and care for victims is obviously a priority in this field. However, to catch ongoing and prevent future CSAM, knowledge on characteristics of offenders is pivotal. Today's knowledge is lacking. In the present work we explore characteristics of persons convicted for CSAM in Norway in the period 2020 – 2023. Demographic data are registered and interrogation transcripts are examined. Data will be analysed for characteristics of the offenders in general, and potential patterns linked to different types of CSAM offences will be explored. The work is part of a Phd project and demographic data will be presented at the conference.

Adaptive and cognitive functioning in forensic examinations

POSTER NO. 6

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Key words (max 4 words): Cognitive adaptive forensic neurodevelopmental

This Norwegian study investigated the interplay between cognitive functioning and adaptive behavior in 50 individuals (aged 17–70) undergoing forensic mental health evaluations (2018–2022). Participants were categorized into five diagnostic groups: intellectual disability (ID), autism spectrum disorder (ASD), co-occurring ID/ASD, other mental health diagnoses, and no diagnostic code. The WAIS-IV measured cognitive functioning, while the ABAS-3 assessed adaptive behavior. One-way ANOVA with Bonferroni correction revealed significant score differences across groups. The ID group exhibited the lowest scores on all measures. The ASD group showed higher cognitive scores but deficits in social and practical adaptive domains. The ‘other mental health’ group performed better yet still below population norms. The findings underscore the necessity of evaluating both cognitive and adaptive abilities in forensic settings. Relying solely on IQ scores inadequately reflects real-world functioning and legal capacity. Integrating WAIS-IV and ABAS-3 results offers a more holistic assessment, promoting fairer legal determinations, particularly for individuals with neurodevelopmental conditions.

Mortality among individuals with substance use disorder – does violent criminal behaviour have an impact?

POSTER NO. 7

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Key words (max 4 words): Violent offending, mortality, SUD

Conflict of interest mentioned: None

Understanding violent criminality and its impact on health and premature mortality is essential for developing effective interventions. This study examined the association between violent offending and premature mortality (death before age 65) among individuals with substance use disorders (SUDs). The cohort comprised all Swedish patients diagnosed with SUD between 1 January 2013 and 31 December 2014 and was stratified into three age categories. Standardized mortality rates (SMRs) were significantly elevated compared with the general population across all age groups. In the two younger groups, SMRs were higher among individuals convicted of violent versus non-violent crimes (ages 15–29: 42.4 vs. 36.6; ages 30–44: 28.0 vs. 23.0). Cox regression analyses showed that each violent conviction was associated with an increased hazard of premature mortality (ages 15–29: HR 1.10, 95% CI 1.04–1.17; ages 30–44: HR 1.06, 95% CI 1.03–1.09). After adjustment for non-violent convictions, the association remained significant only in the youngest group (HR 1.06, 95% CI 1.00–1.13). These findings suggest that violent offending may serve as a marker of high-risk behaviors contributing to premature mortality among young individuals with SUD. Longitudinal studies are needed to clarify underlying pathways and protective factors.

School background and psychosocial functioning in patients within the Swedish forensic psychiatry

POSTER NO. 8

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School background and psychosocial functioning in patients within the Swedish forensic psychiatry

Applicant: Emma Rådemo, forensic social worker, collaborative doctoral student at The Swedish National Board of Forensic Medicine and the Department of Social Work, University of Gothenburg.

Main supervisor: Elisabeth Punzi, licensed psychologist, associate professor in psychology and senior lecturer at the department of Social Work, University of Gothenburg.

This doctoral project aims to study how educational background and school experiences in forensic psychiatric patients affect their psychosocial functioning. That is the ability to independently manage the content and challenges of everyday life. An in-depth knowledge of the population and understanding of their needs can contribute to evidence-based assessments and interventions that prevent recidivism and support an independent life beyond forensic psychiatric care.

Planned studies:

- 1: Forensic psychiatry, social work and the importance of experience-based person-centered research. Conceptual article.
- 2: School experiences and psychosocial functioning: a retrospective cross-sectional study of patients undergoing forensic psychiatric investigation in Sweden.
- 3: Interview study with patients in a Swedish forensic psychiatric hospital.
- 4: Interview study with professionals in forensic psychiatric care.

Current poster will present the doctoral projects overall aim, the planned studies and preliminary results from study 2.

Symptoms of ADHD, antisocial behavior, and cognitive performance: A longitudinal twin study

POSTER NO. 9

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Key words (max 4 words): antisocial behavior, ADHD, cognitive performance, twin study

Conflict of interest mentioned: We have no conflicts of interest to report.

Objective: To investigate longitudinal associations between adolescent attention-deficit / hyperactivity disorder (ADHD) symptoms and later antisocial behavior and to test whether the associations are independent of familial factors shared by co-twins and whether cognitive performance moderates these associations. **Method:** In a population-based sample of Finnish twins ($N = 602\text{--}1330$, 53% female), we assessed ADHD symptoms with teacher assessments and a diagnostic interview in adolescence, symptoms of antisocial personality disorder with a diagnostic interview in young adulthood, and criminal behavior across the lifespan with self-reports in early midlife. Cognitive performance was assessed with commonly used test measures in adolescence and young adulthood. **Results:** Adolescent ADHD symptoms were consistently associated with an increased risk for antisocial symptoms (incidence rate ratio [IRR] = 1.18–1.27) and criminal behavior (IRR = 1.16–1.20) later in life. Within-pair and interaction analyses suggested that the associations were to a large degree independent of familial factors, and cognitive performance level did not moderate them. **Conclusion:** At the population level, subclinical ADHD symptoms are associated with an increased risk for antisocial behavior. The association is not fully explained by familial background and is independent of cognitive performance level.

Prevalence and correlates of gambling problems among forensic psychiatric patients: A multi-site study

POSTER NO. 10

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Key words (max 4 words): Gambling problems; forensic psychiatry; severe mental illness; prevalence

Conflict of interest mentioned: None

Despite growing recognition of gambling problems (GP) as a significant public health concern, their prevalence and impact among forensic psychiatric patients (FPPs) remain insufficiently examined. Given the strong associations between GP, mental distress, financial harm, and gambling-motivated criminal behavior, investigating GP in this high-risk group is essential.

This study aimed to estimate the prevalence of gambling and GP among FPPs in Denmark and to compare these patterns with a gender- and age-matched normative population sample. A cross-sectional survey was conducted among 214 FPPs across 19 forensic units. Participants reported past-year gambling behavior, financial indicators, and completed the Problem Gambling Severity Index (PGSI), while clinical and diagnostic information was extracted from electronic health records.

Past-year gambling was reported by 45.8% of FPPs, and 30.4% met criteria for GP. Severe problem gambling (PGSI ≥ 8) was present in 12.1%, representing a more than sixfold increase compared with the normative population. Among those who had gambled, two-thirds experienced GP. Higher-risk gamblers more frequently reported financial difficulties and gambling-driven criminal acts.

The findings demonstrate that GP are highly prevalent and clinically meaningful among FPPs. Routine screening and targeted interventions are needed to address gambling-related harm within forensic psychiatric services.

TracFOR 2033 – A prospective longitudinal cohort study of forensic treatment orders in the Capital Region of Denmark

POSTER NO. 11

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Key words (max 4 words): prospective longitudinal cohort study

Conflict of interest mentioned: None

Introduction

The number of individuals subject to psychiatric treatment orders in Denmark has increased substantially, from approximately 1,450 in 2001 to an estimated 3,000 today. Psychiatric centres in the Capital Region of Denmark are responsible for the treatment of around 1,100 of these individuals. Forensic psychiatric treatment orders aim to reduce recidivism by lowering the risk of new criminal offences; however, empirical evidence regarding their effectiveness remains limited.

Methods

TracFOR 2033 – Tracking Forensic Psychiatric Treatment Orders is a prospective longitudinal cohort study examining individuals subject to forensic psychiatric treatment orders in the Capital Region of Denmark. The cohort includes approximately 450 individuals referred for enforcement of treatment orders in 2018, 2020, and 2022, who will be followed until 2033. Data are collected from clinical records and include psychiatric and criminal history, socio-demographic characteristics, treatment trajectories, and interdisciplinary and cross-sectoral collaboration. The study (*Ret Spor 2033*) has been approved under Section 46(2) of the Danish Health Act.

Expected Results

The study is ongoing. Key outcomes include the incidence, timing, and nature of new criminal offences committed while subject to a forensic psychiatric treatment order, particularly violent offences, and associated risk and protective factors. Baseline cohort characteristics will be presented.

KANT – Mapping current and former forensic psychiatric placement orders at Mental Health Centre Sct. Hans

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Key words (max 4 words): Forensic psychiatric placement orders

Conflict of interest mentioned: None

Introduction

The total number of forensic psychiatric patients in Denmark is estimated at approximately 3,025, of whom approximately over 300 are subject to placement orders in psychiatric hospitals. In recent years, several regions have reported an increase in placement orders, placing growing pressure on forensic inpatient capacity.

Methods

In the Capital Region of Denmark, most individuals subject to placement orders are admitted to Mental Health Centre Sct. Hans. KANT is a quality improvement and development project aimed at mapping and analysing selected parameters related to current and former forensic psychiatric placement orders managed by Mental Health Centre Sct. Hans. The project aims to examine psychiatric and criminal history, characteristics of the current treatment course, and prosecutorial practice regarding approval of leave and temporary absence. Patients whose placement orders were converted to treatment orders between 2021 and 2026 will be included. Forensic psychiatric placement orders managed by other psychiatric centres in the Capital Region may also be included.

Expected Results

The project is expected to provide systematic knowledge on the management of placement orders in forensic psychiatry. Preliminary results will be presented at the conference.

SUIS – Substance Use Indicator Score: A new and useful screening tool within a forensic psychiatric inpatient ward

POSTER NO. 13

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Key words (max 4 words): substance use; screening tool

Conflict of interest mentioned: None

Approximately 60% of forensic psychiatric patients in the Capital Region of Denmark have a substance use disorder in addition to other psychiatric diagnosis. Substance use represents a significant clinical challenge in forensic inpatient settings, as it is associated with an increased risk of criminal and violent behaviour and may undermine the effectiveness of therapeutic interventions.

To support systematic assessment of substance use among forensic psychiatric inpatients, there is a need for a clinically applicable and standardised assessment tool capable of capturing patients' current exposure to substance use, whether their own or that of other patients. SUIS (Substance Use Indicator Score) was developed in order to address this need.

SUIS is a seven-item clinical assessment instrument evaluating patients' substance use and exposure to others' substance use. It was piloted over a one-month period across all ten forensic inpatient wards at Mental Health Centre Sct. Hans, comprising 149 patients. Inpatients were scored daily by the multidisciplinary staff team based on systematic clinical observation.

The pilot study demonstrated staff scoring 40% of patients affected by their own or others' substance use. Daily scoring supported structured professional reflection and informed clinical decision-making regarding substance use management. Further results will be presented at the conference.

Workshop 1: Treatment and assessment

Chairpersons: Peter Andiné and Björn Hofvander

- 12.30-12.50:** Understanding within Forensic Psychiatric Inpatient Patient Perspectives in WHODAS Self-Ratings: A Qualitative Study
Malin Källmann
- 12.50-13.10:** Exploring the prevalence of problematic gambling behavior among forensic psychiatric patients in Sweden
Natalie Laporte
- 13.10-13.30:** Measures of Risk for Violence and of Aggression in a Life History Perspective Linked to Lethal Violence Among Swedish Justice-Involved Women
Karin Trägårdh
- 13.30-13.50:** Tracing Clinical Understanding of Functioning Through Care-Governing Documents in Forensic Psychiatry
Lina Norrbin
- 13.50-14.10:** Can we predict violence against others in non-affective psychosis? A review and metaanalysis
Gitte Ahle
- 14.10-14.30:** The decision-making process in Swedish forensic psychiatric investigations: a mixed methods exploration of how expert opinions take shape
Olof Svensson

Understanding within Forensic Psychiatric Inpatient Patient Perspectives in WHODAS Self-Ratings: A Qualitative Study

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Key words (max 4 words): disability, psychosis, WHODAS 2.0, person-centred care

Conflict of interest mentioned: The authors declared no potential conflicts of interest with respect to the research, authorship and/or publication of this article.

Aim Forensic psychiatric inpatient rehabilitation is guided by symptoms, daily functioning, and perceived risk. Patient-reported outcome measures (PROMs), such as the World Health Organization Disability Assessment Schedule 2.0 (WHODAS), capture the patient perspective and support person-centred care. This study explored how forensic psychiatric patients reason when completing WHODAS self-ratings to understand differences between patient and staff ratings.

Method A qualitative design was applied. Eighteen inpatients with a psychotic disorder and a history of aggression at a Swedish low- to medium-secure forensic psychiatric clinic were interviewed using concurrent verbal probing while completing the WHODAS.

Results Three themes emerged: difficulties understanding and expressing language associated with the questionnaire; cognitive difficulties; and contextual rating difficulties related to the inpatient environment. Participants often struggled to interpret items, recall experiences within the 30-day period, and adapt questions to a restrictive institutional context. Despite this, many experienced the rating as meaningful and reflective.

Discussion WHODAS self-ratings were not equally usable due to variations in language comprehension, cognitive functioning, and contextual relevance in inpatient care. Supported use of PROMs, including clarification and dialogue, may enhance patient participation and contribute to more person-centred rehabilitation planning.

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

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Key words (max 4 words): problematic gambling, forensic psychiatry

Conflict of interest mentioned: A former supervisor of mine is a member of the conference board, but has not been involved in this project.

Problematic risk behaviors such as gambling have been linked to recidivism in prison populations, yet little is known about their prevalence among forensic psychiatric patients. This group represents a small proportion of the general population but accounts for substantial societal costs due to long periods of compulsory care and a high risk of reoffending. Although psychiatric conditions contribute to this risk, additional behaviors—including substance use, self-harm, and gambling—may also play an important role. Previous research has shown that gambling disorder is markedly overrepresented among violent offenders, but its extent within Swedish forensic psychiatry remains unexplored. The present study aims to explore and describe the prevalence of problematic gambling, its' clinical co-variates, and received treatment interventions in a sample of forensic psychiatric inpatients. Data were collected through medical file reviews of gambling behavior screenings for 150 patients treated at a large high-security forensic psychiatric clinic in Sweden during 2025–2026. By addressing an under-researched risk factor, the study may support the development of more targeted interventions and improved rehabilitation strategies for this complex and vulnerable patient.

Measures of Risk for Violence and of Aggression in a Life History Perspective Linked to Lethal Violence Among Swedish Justice-Involved Women

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Key words (max 4 words): lethal violence, non-lethal violence, justice-involved women, risk assessment

Measures of Risk for Violence and of Aggression in a Life History Perspective Linked to Lethal Violence Among Swedish Justice-Involved Women Abstract There is a knowledge gap regarding justice-involved women committing lethal and severe violence. The overall aim was to investigate links between measures of risk for violence and of aggression in a life history perspective and lethal violence among Swedish justice-involved women. It also examined whether such measures substantially differed between women with versus without a severe mental disorder (SMD). All registers of women (N=175) charged with lethal or attempted lethal violence and subjected to a forensic psychiatric investigation in Sweden between 2000 2014 were included. The Historical Clinical Risk Management-20 (HCR-20), the Level of Service Inventory-Revised (LSI-R), and the Life History of Aggression (LHA) were used. Findings indicate that those charged with lethal violence seemed less burdened (e.g., lower levels of risk factors related to clinical/personal, financial, and leisure/recreational problems) compared to those with non-lethal violence. Further, risk and aggression measures did substantially differ between the SMD (n=84) and the no-SMD group (n=91), accentuating different features within the subgroups, where the former showed more clinical issues and the latter more antisocial patterns and substance use.

Tracing Clinical Understanding of Functioning Through Care-Governing Documents in Forensic Psychiatry

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Key words (max 4 words): Functioning, Rehabilitation, Care content

Conflict of interest mentioned: None to declare

Psychiatric rehabilitation within Forensic Mental Health Services (FMHS) requires attention to both symptom reduction and functional components essential for discharge, community reintegration, and long-term quality of life. Despite the centrality of functioning in rehabilitation and risk management, it remains unclear to what extent FMHS documentation captures clinically and diagnosis-relevant dimensions of functioning. This study therefore examines how functioning is conceptualized and represented in formal care-governing documents. In the Swedish FMHS context, care plans, risk assessments, and court submissions constitute the formal documentation through which patient care is summarized and directed. These documents hold both legal authority and clinical influence. This study analyzes such documents from 50 patients across five Swedish FMHS clinics, using the International Classification of Functioning, Disability and Health (ICF) as framework. With a coding protocol based on relevant psychiatric ICF Brief Core Sets, the study investigates: (1) which functional categories appear across documents, (2) the extent to which clinically and diagnosis-relevant functioning is included, (3) how emphases differ between document types, and (4) potential systematic differences across clinics.

Data analysis is ongoing. The forthcoming findings will clarify how well FMHS documentation reflects clinically meaningful functioning and how representations vary across document types and clinical settings.

Can we predict violence against others in non-affective psychosis? A review and metaanalysis

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Key words (max 4 words): Schizophrenia, psychopathology, crime

Conflict of interest mentioned: none

Introduction: The risk of committing violence against others is increased in patients with non-affective psychosis compared to the background population. However, the profile of patients with non-affective psychosis, who commit violence against others, is not fully known. Prior reviews and meta-analyses have included heterogenous psychosis populations and operated with broad definitions of violence. In this study, we narrowed the focus to patients with non-affective psychosis and restricted the definition of violence to physical violence committed against others.

Methods: Following the PRISMA guidelines, we searched PubMed, PsycInfo, and Ovid Embase for studies comparing patients with non-affective psychosis with and without a history of violence against others.

Results: 13 studies with a total of 1,446 patients were included. Few predictors of violence were identified across the studies. In the meta-analysis, only higher score on Hare Psychopathy Checklist-Revised (PCL-R) and shorter years of education significantly predicted belonging to the violence group

across studies. None of these predictors were robust after Bonferroni correction. No differences were found in psychopathology on the Positive and Negative Syndrome Scale (PANSS), substance use, cognition, duration of illness, marital status, employment status, and age of onset of illness between patients with a history of physical violence against others and those without such a history.

Conclusions: Predictors of violence previously identified in other studies proved non-significant in our more narrowly focused and stringent review and meta-analysis. More research is needed to improve characterization and identification of patients with non-affective psychosis at risk of committing violence against others.

The decision-making process in Swedish forensic psychiatric investigations: a mixed methods exploration of how expert opinions take shape

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Key words (max 4 words): Decision-making, Forensic psychiatry, Forensic psychology, Expert opinions,

Conflict of interest mentioned: None

Expert opinions significantly influence how offenders with mental disorders are handled within the legal system, making reliable and unbiased decision-making essential. This thesis examined the decision-making processes of experts involved in Swedish forensic psychiatric investigations, using a mixed-methods approach.

Study I shows that the decision-making is flexible and organic, enabling efficiency and precision but perhaps posing challenges with reliability. Study II finds that experts combine multiple information sources, with case characteristics influencing how many are used, and reveals variation in opinions on the medico-legal issues. Study III demonstrates that experts generate and revise multiple hypotheses as new information emerges. They show variation in their final opinions on the medico-legal issues and at the same time feel most certain about their opinions at the end of the process. Study IV highlights that ambiguous cases are particularly challenging; experts emphasize clinical factors, whereas the court focuses more on crime-related and procedural aspects. Courts also take the experts' decision-making processes into account when assessing the reliability of the experts' conclusions.

Overall, the findings indicate an opportunity to strengthen decision-making processes by mitigating risks to reliability, systematically leveraging expert variation during the process, and providing courts with sufficient transparency to independently evaluate expert opinions.

Workshop 2: Treatment and assessment

Chairpersons: Dorte Sestoft and Mette Brandt-Christensen

- 12.30-12.50:** Community reinforcement approach-treatment for substance use disorder in forensic psychiatric care: patient characteristics for engagement and completion
Malin Hildebrand Karlén
- 12.50-13.10:** Aggression and Coercive Measures in Swedish Forensic Inpatient Psychiatry: Exploring Collaborative Violence Risk Management
André Tärnhäll
- 13.10-13.30:** Staff conceptions of continuity in forensic psychiatric care: A phenomenographic study
Gustav Björnberg
- 13.30-13.50:** Patient participation in forensic psychiatry - A general structure of previous studies through the lens of procedural justice
Andreas Söderberg
- 13.50-14.10:** Measuring emotion regulation in forensic settings
Adam Meddeb
- 14.10-14.30:** Forensic Psychiatric Patients' Perspectives on Collaboration and Shared Decision-Making in Structured Violence Risk Management Plans
Johan Berlin

Community reinforcement approach-treatment for substance use disorder in forensic psychiatric care: patient characteristics for engagement and completion

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Key words (max 4 words): Community reinforcement approach, Forensic psychiatric care, Substance use disorders, Co-morbidity

Conflict of interest mentioned: None

Substance use/substance use disorders (SUD) are major risk factors for violence among persons with severe mental disorders. Community reinforcement approach (CRA) is recommended for patients with co-morbidity but research is sparse regarding if CRA is feasible for patients with co-morbidity within forensic psychiatric care (FPC). To know what characterizes patients in that can engage in, and complete, CRA treatment is also important for FPC treatment planning. The aim was to outline characteristics among those FPC patients who has shown capacity to conclude CRA treatment at a

high-security FPC clinic in Sweden (n=118) compared to patients who did not. Of patients engaged in CRA the majority completed, but most patients had not been engaged in CRA. Very few patients reported worry about their SUD, but more were interested in getting help. Results inform how the SUD treatment selection can be adapted to better accommodate various subgroups of comorbid FPC patients.

Aggression and Coercive Measures in Swedish Forensic Inpatient Psychiatry: Exploring Collaborative Violence Risk Management

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Key words (max 4 words): forensic psychiatry, aggression, coercive measures, risk management

Background Inpatient aggression is a central issue in forensic psychiatry and is closely linked to the use of coercive measures, yet contemporary estimates remain limited. Structured approaches such as collaborative violence risk management plans (CVRMs) aim to translate violence risk assessments into practical strategies in collaboration with patients to reduce adverse outcomes.

Purpose This study aims to describe the cumulative incidence, incidence rates, and temporal patterns of aggression and coercive measures in Swedish forensic inpatient psychiatry, and to compare adjusted rates between patients exposed to a CVRM intervention and those receiving treatment as usual.

Methods We conducted a retrospective consecutive cohort study of 200 inpatients (100 exposed; 100 unexposed to CVRMs) across three Swedish forensic psychiatric clinics, with a 24-month follow-up. Background characteristics and monthly outcome data on aggression and coercive measures were extracted from case files.

Results Preliminary results will be presented, covering cumulative incidence, incidence rates, and temporal patterns for total aggression and subtypes (physical, verbal, sexual, and object-directed aggression) stratified by severity, along with corresponding patterns in the use of coercive measures.

Significance These findings provide the largest and most comprehensive contemporary Swedish estimates of aggression and coercive measures in forensic inpatients and can inform violence-prevention interventions.

Staff conceptions of continuity in forensic psychiatric care: A phenomenographic study

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Presentation (length of oral presentation 30 minutes): Oral

Abstract title (required): Staff conceptions of continuity in forensic psychiatric care: A phenomenographic study

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Key words (max 4 words): Continuity, qualitative methodology, phenomenography, forensic psychiatry

Conflict of interest mentioned: The authours declare no conflict of interest

Continuity is often used to describe coordinated, person-centred care without unnecessary disruption. The forensic psychiatric care system in Sweden is complex, influenced by laws, regulations, risk assessments, and collaboration across many professional groups, clinics, and counties. Continuity in this context is challenging, and lack of continuity may result in fragmented and unsafe care. Despite this, continuity in forensic psychiatric care remains underexplored, underscoring the need for further research.

This study aims to explore forensic psychiatric staff members' conceptions of continuity in forensic psychiatric care. Forensic psychiatric staff members have unique professional knowledge about the care process, making their conceptions important for understanding how continuity is formed in everyday forensic psychiatric practice.

This qualitative study uses a phenomenographic approach. Fifteen forensic psychiatric staff members from four forensic psychiatric clinics in different counties across Sweden were interviewed. The participants include nurses, assistant nurses, social workers, psychologists, and rehabilitation assistants.

Based on the aim and the phenomenographic approach, the ongoing analysis is expected to identify qualitatively different ways in which forensic psychiatric staff members conceive of continuity, and to clarify how continuity is formed, supported, or disrupted throughout the forensic psychiatric care process.

Patient participation in forensic psychiatry - A general structure of previous studies through the lens of procedural justice

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Key words (max 4 words): Forensic psychiatry, Patient participation, Procedural justice

Conflict of interest mentioned: -

This is a presentation of a general structure, based on three previous empirical phenomenological studies, focusing on patient participation in forensic psychiatry. The analysis is a meaning oriented thematic analysis grounded in reflective lifeworld research. We address the concept of procedural justice and the four pillars that constitute the ground principles of this concept; voice, neutrality, respect and trust. The general structure is discussed against these principles. We argue that focusing on treating patients in a procedurally just way gives better guidance for forensic psychiatry to accomplish higher perceived patient participation. We give arguments for why a working method based on procedural justice that focuses on a fair process also provides a natural space for the staff to adopt a more caring approach. We conclude that the process around decisions are as important, or even more important, than the outcome itself. Hence, we therefor suggest to operationalize a structure based on the core principles of procedural justice in forensic psychiatry along with a plan for future evaluation and research.

Measuring emotion regulation in forensic settings

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Key words (max 4 words): Emotion regulation, forensic psychology, measurement, psychometrics.

Conflict of interest mentioned: None to be reported.

Emotion regulation (ER) has become an increasingly prominent construct in forensic psychiatry and psychology, featuring in etiological models of antisocial behavior, risk assessment frameworks, and treatment programs targeting violence and recidivism. Despite a growing body of research, uncertainty remains regarding how ER is conceptualized and measured in forensic settings. This presentation summarizes findings from a pre-registered systematic review examining how ER has been operationalized and assessed in forensic populations, and evaluates evidence for the reliability and validity of commonly used measures. Across 59 studies, ER was predominantly assessed using self-report questionnaires. Seven distinct measurement models were identified, reflecting marked conceptual heterogeneity. Reported reliability estimates were generally acceptable when provided, but reporting practices were inconsistent. Few studies evaluated measurement validity within the target population. Evidence for construct validity was mixed yet broadly supportive, although variability in operational definitions was common and rarely addressed explicitly. The absence of conceptual clarity and standardized measurement practices limits cumulative knowledge development and constrains clinical translation. Recommendations are offered to improve conceptual transparency, reporting standards, and methodological rigor in forensic research on ER.

Forensic Psychiatric Patients' Perspectives on Collaboration and Shared Decision-Making in Structured Violence Risk Management Plans

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Key words (max 4 words): Violence risk management, collaborative approaches, qualitative research

Conflict of interest mentioned: The author has previous/ongoing or potential research collaborations with all Swedish members of the scientific committee.

Aggression and violence remain common in forensic psychiatric inpatient settings, and previous research has highlighted the need for collaborative approaches to violence risk management. This study explored how forensic psychiatric inpatients experienced participating in the establishment of a Collaborative Violence Risk Management plan based on individual early warning signs and idiosyncratic risk scenarios. Thirteen Swedish forensic inpatients convicted of violent offences were interviewed about the process. Participants had a mean age of 37 years and were predominantly diagnosed with schizophrenia spectrum disorders, but with extensive comorbidities. Interviews were transcribed verbatim and analyzed using manifest inductive content analysis.

Eight overarching categories were created: participation and shared decision-making, perceptions of risk, staff roles, patient responsibility, and the caring relationship. Most participants described the collaborative violence risk management process as meaningful and useful, reporting improved understanding of personal risk factors, triggers, and early warning signs. Experiences of respectful, trusting staff–patient relationships were viewed as central to successful collaboration and to creating a safer ward environment. However, a minority reported limited collaboration and perceived little benefit from the process.

Findings highlight both strengths and challenges in implementing collaborative violence risk management and underscore the importance of authentic shared decision-making in forensic settings.

Workshop 3: Register-based studies

Chairpersons: Markku Lähteenvuo and Kirsten Nitschke

15.00-15.20: The Population Attributable Impact of Severe Mental Disorders on Specific Violent Offences

Jaroslav Rokicki

15.20-15.40: Criminally insane murderers – preliminary results from a quality register at Vestre Viken Health Authority

Pia Jorde Løvgren

15.40-16.00: Life situation and mortality among former forensic psychiatric patients

Ebba Noland

16.00-16.20: Identifying forensic psychiatric populations in national health registers: a Danish validation stud

Lisbeth Uhrskov Sørensen

The Population Attributable Impact of Severe Mental Disorders on Specific Violent Offences

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Key words (max 4 words): severe mental disorders; violent crime; population-attributable fraction

Conflict of interest mentioned: No conflict of interest.

The relative risk of violent offending is known to be higher among individuals with schizophrenia spectrum and bipolar disorders (severe mental disorders; SMDs) than the general population. However, these groups account for only a small proportion of violent crime. Less attention has been paid to specific violent offences and the crucial distinction between relative risk and public health burden. To assess SMDs' population attributable impact on specific violent offences, this nationwide Norwegian registry study included approximately 5.7 million individuals over 15 years. It examined the population-attributable fraction (PAF) of SMDs for specific violent offences. SMDs contributed the most to severe offences, particularly among men. However, these events were extremely rare. Consequently, the overall public health burden of severe violence remains minimal. In contrast, prevalent forms of violence showed modest PAFs. Our results suggest that emphasizing rare, severe events may reinforce stereotypes linking SMDs to extreme violence, while overlooking that most violence is unrelated to SMDs. Since these rare, severe incidents disproportionately fuel the stigma surrounding SMDs, addressing them is essential. Early clinical identification should aim to intercept the trajectory toward severe violence, treating these low-frequency but high-consequence events as a critical step in both patient care and stigma reduction.

Criminally insane murderers – preliminary results from a quality register at Vestre Viken Health Authority

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Key words (max 4 words): Forensic, homicide, Criminally insane, schizophrenia

An observational quality assurance register was started at Vestre Viken health trust in 2016. The setting is a 12-bed medium secure forensic mental health ward where patients with severe mental illness and a risk of violence are treated. Patients were referred from other parts of the health care system or placed under court order for involuntary treatment. This register now contains data from June 1, 2016, to December 31, 2025. Data were extracted from electronic patient journals. In this lecture, we will describe the establishment and structure of this observational quality assurance registry, and present results from the first paper from the project published in 2021. We will also present preliminary findings regarding patients who have committed homicide and were judged criminally insane by the court and who received a verdict of involuntary mental health treatment.

Life situation and mortality among former forensic psychiatric patients

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Key words (max 4 words): forensic psychiatry, post-discharge outcomes, mortality, latent class analysis

Former forensic psychiatric patients face elevated mortality, yet the impact of post-discharge life circumstances remains underexplored. This study examines mortality risk across different post-discharge profiles in a national cohort of 1,146 Swedish patients discharged 2009–2018. Using latent class analysis, four subgroups were identified based on social, clinical, and economic factors: High support, General psychiatric needs, Working, and Family. These groups differed in psychiatric care utilization, labor market participation, social integration, and formal support. Mortality outcomes, including external causes, were obtained from the Swedish Cause of Death Register and analyzed in relation to subgroup membership. Results indicate that mortality risk is unevenly distributed, with higher rates among subgroups characterized by psychiatric and social vulnerability. Substance abuse and psychiatric rehospitalization were key correlates of elevated risk. Findings highlight the critical role of post-discharge life circumstances in shaping outcomes and emphasize the need for holistic, context-sensitive interventions. Targeted support addressing clinical, social, and economic vulnerabilities may reduce mortality and improve long-term adjustment for individuals transitioning out of forensic psychiatric care.

Identifying forensic psychiatric populations in national health registers: a Danish validation study

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Key words (max 4 words): Register, validity, national, epidemiology

Conflict of interest mentioned: None

Background

Identifying forensic psychiatric patients in Danish national health registries has been difficult, restricting research to small or local samples. This study evaluates the Danish National Patient Register (DNPR) by assessing the criterion concurrent validity of administrative trajectory markers for identifying incident forensic psychiatric patients.

Methods

We used a population-wide design including all Danish residents aged ≥ 15 years (≈ 5 million). Incident forensic psychiatric patients in 2022 were identified using a DNPR trajectory start marker. Validity was evaluated against confirmed cases in the Central Criminal Register (CCR) using sensitivity, specificity, and positive predictive value (PPV).

Results

A total of 323 patients were identified in DNPR; 289 (90%) were confirmed in the CCR. Sensitivity of any trajectory start marker was 0.755 (95% CI 0.708–0.797) and PPV was 0.895 (0.856–0.926). PPV varied across regions and markers, highest (0.950) for outpatient treatment sentences with optional hospitalization.

Conclusions

Trajectory markers appear useful for identifying incident forensic psychiatric cases in Danish health registers.

Workshop 4: Further Topics

Chairpersons: Per Balling and Charlotte Burns

15.00-15.20: Sexual health and sexual vulnerability among patients in forensic psychiatric care
Anna Lindskog

15.20-15.40: Structured Health Dialogues to Improve Cardiometabolic Health in Forensic Psychiatric Inpatients: A Randomized Feasibility Trial
Mikael Vestlund

15.40-16.00: Are Delusions Beliefs? Philosophical perspectives and implications for forensic psychiatry
Susanna Radovic

16.00-16.20: Charles Manson vs. Ted Bundy: Two very different psychopaths
Michael Schiøth

Sexual health and sexual vulnerability among patients in forensic psychiatric care

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Key words (max 4 words): Sexual health, sexual vulnerability, forensic psychiatry, equitable care

Conflict of interest mentioned: The authors declare no conflicts of interest.

Research on sexuality and sexual health in the context of mental illnesses is limited – especially within forensic psychiatry. This study is part of a doctoral project aiming to increase knowledge about sexual health and sexual vulnerability among patients in Swedish forensic psychiatric care.

The study aims to map and analyze self-reported data of sexual health and sexual vulnerability. It uses an exploratory cross-sectional design, based on self-reported survey data from 77 patients across five forensic psychiatric clinics in Sweden. The study identifies unmet needs and vulnerabilities among patients, showing how forensic psychiatry professionals can advance equitable care. By integrating sexual health into everyday clinical practice, the project contributes to promoting sexual health within forensic psychiatric care.

The findings are expected to provide valuable knowledge, not only for professionals working and patients being cared for in forensic psychiatry, but also for psychiatric care in general.

Strengthening knowledge in this area can help to promote more equitable access to care and support for a vulnerable population by aiming for that sexual health becomes an integral part of comprehensive mental healthcare.

Structured Health Dialogues to Improve Cardiometabolic Health in Forensic Psychiatric Inpatients: A Randomized Feasibility Trial

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Key words (max 4 words): Forensic psychiatry; Cardiometabolic health; Lifestyle intervention; Randomized controlled trial

Conflict of interest mentioned: The author declares no conflicts of interest.

People with severe mental illness have 1.4–2 times higher cardiometabolic risk and a 13–15 year reduction in life expectancy, largely driven by modifiable lifestyle factors. The 2025 Lancet Psychiatry Physical Health Commission 2025 emphasizes the need to move from efficacy research toward implementation of structured lifestyle interventions in routine mental health care. A recent published systematic review of the Swedish Health Dialogue model demonstrated moderate evidence for reduced all cause and cardiovascular mortality, alongside improvements in blood pressure, cholesterol, glucose, waist circumference, and dietary behaviors.

Building on this evidence, we are conducting a single center randomized feasibility trial of Structured Health Dialogues (SHD) in compulsory forensic psychiatric inpatient care in Växjö, Sweden. Participants are allocated to SHD plus treatment as usual or treatment as usual alone. The intervention integrates systematic assessment of lifestyle behaviors, biological risk markers, and psychosocial context into a visualized cardiometabolic risk profile supporting person-centered goal setting.

This presentation will describe the study rationale, trial design, and implementation strategy, and discuss early experiences from trial initiation, including recruitment procedures and practical challenges of delivering structured lifestyle interventions in a high security forensic setting.

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Are Delusions Beliefs? Philosophical perspectives and implications for forensic psychiatry

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Key words (max 4 words): delusion, belief, criminal responsibility

Conflict of interest mentioned: No conflicts of interest

A longstanding philosophical debate concerns whether delusions should be understood as beliefs or as a different kind of psychological state. In standard psychiatric definitions, delusions are explicitly characterised as beliefs. This appears plausible: delusions typically express judgments about states of affairs, such as “My partner is having an affair,” “I am being followed by aliens,” or “I do not exist.” However, delusions often fail to conform to the norms that ordinarily govern belief. They are frequently maintained despite overwhelming counter-evidence, conflict with widely shared background beliefs, and may even contradict the individual’s own reasoning.

Within psychiatry, the assumption that delusions are beliefs has largely gone unchallenged; it is embedded in diagnostic criteria and informs much contemporary empirical research. In forensic contexts, the belief model is also typically taken for granted. Delusions are often treated as beliefs that motivate behaviour and are therefore central to explanations of offending, assessments of responsibility, and evaluations of future risk.

The philosophical debate on the nature of delusions has remained largely disconnected from psychiatric research. In this paper, we bring these discussions together. Drawing on philosophical work as well as psychiatric research on delusions, we examine whether the assumption that delusions are beliefs is justified. We argue that while some delusions plausibly qualify as beliefs, others do not. Recognising this heterogeneity has important implications for how delusions are interpreted in forensic psychiatric assessments and how the risks associated with them are understood.

Charles Manson vs. Ted Bundy: Two very different psychopaths

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Key words (max 4 words): Psychopathy; Anti-social personality disorder; Rorschach; serial killers

Conflict of interest mentioned: Vice-president of the Danish Rorschach Society

Minority investor in the International Rorschach Institute, who publishes CS-R manuals

The PCL-R is by many forensic professionals considered the Golden standard for assessing psychopathy, but data beyond what is offered in the PCL-R is both important and necessary to further qualify the forensic assessment of psychopathology as well as risk of recidivism. The Rorschach test offers a more deep dive into the personality structures of test persons who meet the cut-off of 30+ on the PCL-R. This presentation seek to demonstrate this by exploring the Rorschach profiles of two of the most notorious psychopaths in modern American history – Charles Manson and Ted Bundy. After the deaths of the individuals, the profiles are public record in the US and the subject of several international articles. While both Manson and Bundy were routinely assessed and, apart from a few outliers, scored between 36-40 (Manson) and 32-36 (Bundy) on the PCL-R, their Rorschach profiles paint a more nuanced picture. Where as Bundy's inner world was comprised of extreme narcissism, complex dysphoria and unmet needs, which, coupled with sexual sadism, fueled his sexual murders, Manson's profil gives an impression of a more classical antisocial personality, but with a inner emptiness and deterioration combined with possible slips into psychosis.

Workshop 5: Forensic patients

Chairpersons: Unn Haukvik and Malin Pauli

17.00-17.20: A national clinical study of violent offenders undergoing a forensic psychiatric investigation in Sweden
Peter Andiné & Katarina Howner

17.20-17.40: Autism spectrum disorder and lethal violence: Swedish forensic psychiatric investigation profiles regarding background, offence and motives
Sara Rodre

17.40-18.00: The Time Before the Crime: A Case-Control Study on Risk Patterns Preceding Criminal Offences in Individuals Undergoing Forensic Psychiatric Investigation in Sweden
Tim Tengberg

A national clinical study of violent offenders undergoing a forensic psychiatric investigation in Sweden

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Key words: Forensic psychiatry, investigations, severe mental disorder, violent offender

(Peter Andiné and Katarina Howner will be the speakers)

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Key words (max 4 words): Forensic psychiatry, investigations, severe mental disorder, violent offender

Conflict of interest mentioned: No conflicts of interest.

We present a national clinical study involving 378 violent offenders (including 16% women) who underwent forensic psychiatric investigation at the National Board of Forensic Medicine in Sweden during 2021–2025. Participants who provided informed consent and participated in the study ac-

counted for 26% of all individuals investigated during the study period and 47% of those who met the inclusion criteria (violent crime, knowledge of the Swedish language, and ability to give informed consent). The research protocol encompassed medicalpsychiatric, psychological, and social domains, supplemented by self-reported measures, yielding a total of 1,355 variables. The overarching aim of the study is to explore associations among offender characteristics, crime circumstances, and criminal behaviour, including offender-victim relationships, to identify specific patterns relevant to risk prediction and crime prevention. By integrating data from multiple clinical and contextual domains, the study aims to deepen the understanding of how individual factors and situational dynamics interact in violent offending. In our presentation, we will outline the study's work packages and discuss the methodological challenges and unique opportunities encountered in conducting clinical research within forensic psychiatric investigation facilities. Particular attention will be given to issues related to recruitment, data quality, and the integration of research procedures into forensic practice.

Feb 28, 2026 / Peter Andiné, Katarina Howner

Autism spectrum disorder and lethal violence: Swedish forensic psychiatric investigation profiles regarding background, offence and motives

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Key words (max 4 words): deadly violence, autism spectrum disorder, forensic psychiatric evaluations, qualitative analysis

Conflict of interest mentioned: None, besides that most of the authors work as clinicians at the National Board of Forensic Medicine.

Deadly violence by individuals with autism spectrum disorder (ASD) is recurrently discussed, yet offence characteristics and motives remain poorly understood. This study used forensic psychiatric evaluations (FPE) reports to identify patterns linking ASD-related functioning to offence features and motives, and to compare cases assessed with versus without severe mental disorder (SMD). A qualitative thematic content analysis was conducted on a randomized Swedish sample of FPEs ($n = 20$) concerning murder/attempted murder (2013–2018); 10 cases were assessed as SMD and 10 as non-SMD. Across cases, prior violent offending was rare and motives were frequently described as difficult to comprehend, contributing to diagnostic and SMD-related uncertainty. Offences were often described as “problem-solving” under stress, including misinterpretations of others’ intentions or sensory overload. Subgroup differences emerged, with the non-SMD group more often intoxicated during the offence (and victims more often intoxicated) and showed more heterogeneous violence, including sexual elements, strangulation and dismemberment. The SMD group more often showed pronounced cognitive difficulties, lower psychosocial functioning, and greater school-related impair-

ment. These findings suggest heterogeneous pathways to lethal violence in ASD with implications for tailored risk assessment and prevention.

The Time Before the Crime: A Case-Control Study on Risk Patterns Preceding Criminal Offences in Individuals Undergoing Forensic Psychiatric Investigation in Sweden

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Key words (max 4 words): Forensic psychiatric investigation

Conflict of interest mentioned: No conflict of interest

Sudden and seemingly unprovoked violent assaults in public spaces, often portrayed in media as “acts of madness”, raise questions about whether earlier psychiatric intervention could have altered the course of events. The majority of individuals who undergo forensic psychiatric investigation in Sweden have had prior contact with psychiatric services, and retrospective record reviews occasionally reveal risk patterns preceding the offense. However, systematic research on such potential warning signs is limited.

This study aims to investigate whether identifiable clinical risk markers distinguish psychiatric patients who later become subjects of forensic psychiatric investigation from comparable patients without subsequent criminal involvement. We are conducting a case-control study including all psychiatric patients in Region Stockholm whose medical records were requested by the Swedish National Board of Forensic Medicine in 2023 in preparation for a forensic psychiatric investigation ($n \approx 250$). Each case is matched to a control by age group, sex, and psychiatric care unit. Twenty-six predefined clinical risk markers are extracted from records covering the three months preceding the suspected offense to identify potential warning signs and missed opportunities for intervention.

Workshop 6: Further Topics

Chairpersons: Gitte Ahle

- 17.00-17.20:** Context Matters: How Prison Environments Shape the Feasibility of VR-Based Aggression Treatment - a synthesis of client, therapist and ward staff experiences
David Ivarsson
- 17.20-17.40:** Experiences of families when a member is in forensic psychiatric care: a phenomenologically based thematic interview study
Gustav Björnberg
- 17.40-18.00:** From Caregiver to Perpetrator: Forensic perspectives on Medical Child Abuse (Münchausen by Proxy)
Pia Jorde Løvgren & Malene Damgaard

Context Matters: How Prison Environments Shape the Feasibility of VR-Based Aggression Treatment - a synthesis of client, therapist and ward staff experiences

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Key words (max 4 words): Virtual Reality Treatment, Aggression Prevention, Prison Environment, Feasibility

Conflict of interest mentioned: None

This presentation synthesizes findings from two qualitative studies examining the feasibility of Virtual Reality Aggression Prevention Training (VRAPT) in Swedish prisons.

Study I explored how 13 imprisoned violent offenders experienced VR use, the usefulness of VRAPT, and their remaining treatment needs after completing the program. Using inductive content analysis, participants described navigating “different worlds”—the prison, the real world, and the virtual environment—which shaped their engagement with VR-assisted training. They generally viewed VR as a helpful tool for practicing emotion recognition, exploring triggers, and learning cognitive-behavioral strategies, although experiences of presence varied. Participants valued individualized scenarios and therapist support but also highlighted contextual barriers, persistent antisocial attitudes, and limitations in transferring skills to everyday prison life.

Study II examined the feasibility of delivering VRAPT from the perspectives of therapists and ward staff, focusing on how the treatment environment influenced implementation. Preliminary insights indicate that contextual conditions, staff roles, and organizational factors shape both the delivery and perceived usefulness of VRAPT.

Together, these studies underscore that VRAPT is a promising and feasible intervention whose effectiveness and ecological validity depends on individual tailoring, therapist competence, and alignment with the prison context, organizational professional roles and overall treatment context.

Experiences of families when a member is in forensic psychiatric care: a phenomenologically based thematic interview study

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Key words (max 4 words): family perspective; forensic psychiatry; phenomenology; qualitative methodology.

Conflict of interest mentioned: The author(s) declare that the research was conducted in the absence of any potential conflict of interest.

Background

This study focuses on the meaning of being a family when a member of the family is cared for in forensic psychiatric care (FPC). Families play a vital role in supporting recovery from mental illness, however, when a member of the family has committed a crime and suffers from mental illness, pressure and stress of a complex nature emerges. The aim of this study was to describe the lived experiences of families when a member is in FPC.

Methodology

Seven family interviews (15 participants) were conducted and analyzed with a thematic reflective lifeworld approach according to Lindberg et al. (2024).

Results

The findings reveal four themes; Being constantly affected by uncertainty; A struggle to maintain family relations – overcoming barriers in the form of restrictions; Trying to help despite inherent powerlessness and It is not just the patient who needs to heal when the family is wounded.

Discussion

A family with a member who is cared for in FPC have support needs that are not fulfilled. Healthcare professionals might be able to provide substantial support to the family by using simple yet effective methods. This oral presentation will highlight the importance of a family-oriented approach as a component in FPC.

From Caregiver to Perpetrator: Forensic perspectives on Medical Child Abuse (Münchausen by Proxy)

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Key words (max 4 words): Child abuse, forensic, Munchausen by proxy, perpetrator

Medical child abuse, also known as Munchausen syndrome by proxy or factitious disorder imposed on another, is a severe form of child maltreatment in which a caregiver fabricates, exaggerates, or induces illness in a child to obtain attention and validation through the medical system. This presentation is given by members of the newly formed Nordic Network of Expertise in Medical Child Abuse. This lecture focuses on the forensic psychiatric characteristics of perpetrators, including typical demographic features, personality traits, and psychiatric comorbidities. Particular attention is given to patterns of deception, manipulation of healthcare professionals, and the complex interplay between conscious intent and underlying psychopathology. The implications for forensic assessment, including evaluation of criminal responsibility, risk of recidivism, and differential diagnosis, will be outlined. Finally, the presentation will address consequences for child protection, legal decision-making, and the need for multidisciplinary collaboration and skills development in managing these complex high-risk cases.