CRIME SCENE

PSYCHOLOGY BEHIND BARS AND IN FRONT OF THE BENCH
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Message from the Chair

Sandy Jung

With this column, my role as Section Chair comes to a close. As I reflect on my time as Chair, I am humbled by and grateful for the experience and the opportunity to serve our discipline. It has truly been a pleasure to work with our diverse Section membership who bring varied interests and expertise to this field. I am in awe of the commitment and integrity of the current and past Section Executive members with whom I have had the great fortune to work and who tirelessly volunteered their time. Stepping in as the new Chair, Dr. Keira Stockdale will bring to this Section strong leadership and knowledge, and I am confident she will do a great job supporting psychology in the criminal justice field.

Although there have been many contributions by Section members, including those made by members serving on the Executive, I also want to acknowledge the work done by Sebastian Bagiole (Membership Coordinator) and Alisha Salerno-Ferraro (Student Representative) who brainstormed ideas to reach out to members and increase membership and subsequently led to developing a social media presence at the start of this year. At the time of writing, our Twitter account (@CPA_CrimJustice) already has 80 followers and 140 tweets!

In light of the ongoing pandemic and concerns about COVID-19 variants, this year’s annual CPA Convention will remain virtual. We will have a virtual Section Annual General Meeting on June 9th, after the CPA’s AGM the same day. I hope we will be able to connect with you at the meeting (registration for the Convention is not needed to attend the Section AGM—links will be send via email beforehand).

In closing, I hope to see you at the virtual CPA Convention and our Section AGM, and hopefully we will see one another in-person again for next year’s Convention in Calgary, as well as our marquee event, the N5 conference, in 2023. I thank you all for supporting the Section, and I applaud all the important work you do every day in promoting criminal justice psychology.
We are looking to fill two positions on our Executive Committee:

**Vice-Chair [Chair-Elect]:** As part of the Executive Committee, the Vice-Chairperson fulfills the duties of the Chairperson when that person is temporarily absent or otherwise unable to perform the duties of the office, and perform duties assigned by the Chairperson or requested by the Executive Committee. The Vice-Chairperson helps support the Chairperson by providing counsel and advice, attending all general meetings of the Section and of the Executive Committee, and serves on at least one subcommittee.

When the Chairperson finishes their term or resigns, the Vice Chairperson will automatically be nominated for election to the position of Chairperson who provides the overall supervision and administration of the affairs of the Section; ensures that all policies and actions approved by the Section membership or by the Executive Committee are properly implemented; presides at general meetings of the Section, set the agenda, and chair meetings of the Executive Committee; represents the Section on the CPA Council of Sections, to the CPA Board of Directors, and to external bodies, or appoint a designate to represent the Section; and provides an annual report to Section members and to the CPA.

**Director-at-Large, Social Media Coordinator:** Develops, maintains, curates, and monitors social media for the Section with the goals of boosting membership, community engagement, and building fans and followers to Section social media platforms. The Social Media Coordinator will also be responsible for promoting Section benefits and events. To be successful in the position, the Social Media Coordinator should have familiarity with and interest in using various social media services (e.g., Twitter, Facebook, Instagram, etc), and with criminal justice psychology issues to select appropriate content.

Individuals interested in this position are encouraged to submit a statement of interest, a short biographical paragraph (120 words) that will be shared with the membership, and a copy of their CV to the Section Chair, Dr. Sandy Jung (sandy.jung@macewan.ca) by June 2, 2021.

Nominees are encouraged to attend the Section Annual General Meeting (AGM). The election will take place immediately following the AGM by a virtual voting platform (link will be emailed to all Section members).
The Criminal Justice Psychology Section of the Canadian Psychological Association is offering small seed funding to support undergraduate and graduate student research. We are looking for student research proposals that support the goals of the Criminal Justice Psychology Section and could be advanced by a small grant ($500 to $1,000). The purpose of this Section is to promote the development of Criminal Justice Psychology as a special interest area in psychology. This special interest area includes research and professional practice on criminal behaviour, delinquency, policing, corrections, forensic mental health, and the application of psychology to criminal and civil law, and to crime prevention. Submissions that focus on inclusion and diversity or on COVID-19 related issues are encouraged. This Special Funding Opportunity is contingent on the availability of funds (estimated at $3,000, which is the total for all projects, for 2021) and the requests received.

Applicants should meet the following eligibility requirements for consideration:

1. Only proposed research that is part of an undergraduate honours thesis or graduate thesis/dissertation is eligible for award consideration.

2. The applicant, at the time of submission, should be a member of the Criminal Justice Psychology Section or in the process of becoming a member.

If you would like to submit your research proposal for consideration, your submission should include the following:

1. Cover letter containing a physical address, email address, and telephone number, along with the amount requested

2. Letter of support from your faculty supervisor

3. Three-page, single-spaced proposal outlining your research (must include background, rationale, methodology, hypotheses)

4. One-page budget and justification that outlines how the funds would be expended over the 12-months of the award period (specific amount should be specified for each item; e.g., $17.50 per hour for 20 hours of RA work, $5 per participant for 50 participants)

Submissions will be reviewed and adjudicated by the Section Executive and/or members of the Awards Subcommittee.

Funding must be expended by June 30, 2022 (12 months following receipt of the award). The award will be announced in Crime Scene, on the Section website, and via a global email to the Section membership. The award recipient will also be strongly encouraged to attend the CPA convention (either virtually or in person) and
present their research. Post-research, award recipients will be asked to provide a summary synopsis of their research and findings in the Crime Scene newsletter.

Submissions must be received by June 30, 2021, and forwarded to the current Chair of the Criminal Justice Psychology Section (Dr. Sandy Jung; Sandy.Jung@macewan.ca).

If you have any questions about this award, please contact Dr. Natalie Jones, Director-At-Large, Awards Coordinator (nataliejenniferjones@gmail.com).

Continuing Professional Development Opportunity

CPA would like to add to their library of on-demand Continuing Professional Development (CPD) content available to members across Canada. They are looking to expand their potential sources and include our own internal experts, Section members who possess a wide range of expertise and information that should be shared.

There are many topics that may be of interest to our Criminal Justice Psychology Section members, such as how to start a forensic private practice, overview of relevant Canadian case law, or other topics for which our members would like training. Sessions should be a minimum of one hour in length, including Q&A. The CPA offers an honorarium for materials that are developed into on-demand CPD. CPA will provide the platform for delivery of live webinars and supervision of the session.

If you are interested in offering a webinar on one of these topics or other topics that you feel may be of interest to our Section members, please contact the Section Chair, Dr. Sandy Jung (sandy.jung@macewan.ca), to start looking into this process.
Since the deinstitutionalization of persons with mental illness (PMI) in the 1980s, the need for a model of response and care for these persons in the community has become a growing issue. The increased interaction between police and PMI highlighted a need for police personnel to be more knowledgeable about the signs and symptoms of mental illness, as well as appropriate interventions and interactions. To combat the ongoing issue, police services around Canada have implemented a number of response models. While there are a number of similarities across the models, the acceptance and application remains haphazard.

The Crisis Intervention Team is one of the most developed and widely implemented model that originated in Memphis, TN, USA. This model uses specially trained police officers to respond to calls involving PMI. Once responding to a call, the officers use a problem-solving approach and in turn liaise with the necessary mental health resources. In other cases, some services have a designated mental health officer whose primary task is to be the contact between mental health and criminal justice systems. The officer may respond to calls upon request or offer support to other first responders. Additionally, the mental health officer often provides case management services for PMI in constant contact with police.

Another popular model in Canada is the use of Mobile Crisis Teams. In this model, the police and mental health workers team up to respond to PMI calls. The mental health worker could be a nurse, social worker, or other mental health professional who travels with a designated police officer. Calls may come directly to the team from police dispatch, or the mobile team may be dispatched after the initial assessment from first responders. In some instances, the team provides proactive and follow up services.

Some lesser-known models include a comprehensive advanced police response, a sequential model, and the community developmental model. In the comprehensive advanced police response model, all police first responders receive advanced mental illness education and training. Therefore, all police officers are expected to be able to handle most situations involving PMI. Po-
Police develop agreements with mental health agencies in the sequential response model. Once a situation has been de-escalated and police presence is no longer necessary, a PMI can be taken to an agency which will immediately assume responsibility and ensure that the PMI is connected to services. The community development model is a cooperative venture between the police and mental health agencies. It involves frequent training of all first responders and active inter-agency liaison committees.

Canadian police organizations include municipal, provincial, and federal services which vary quite dramatically in size depending on the community they serve. This is also the case for the nature and extent community mental health services which impacts the magnitude of the role the police service. Many of the aforementioned models have been altered and adapted to fit the needs of the communities. However, despite the implementation of numerous models, the interactions between the police and PMI can end in devastating loss. In fact, CBC News reports have suggested that 2020 was a particularly deadly year for police encounters with PMIs.

The ever-present problem signifies that there may be other issues underlying these interactions. These could encompass issues of training, police discretion, ethical decision-making, procedural justice, and police attitude about mental illness. All police academies currently offer mental health instruction as part basic training, but the extent of this training varies. Consequently, while the officers have had some training, the level of knowledge is often variable with, in some cases, large gaps. In order to better understand the phenomenon, priorities should center on measuring the effectiveness of these models, the police mental health training, and identifying elements that support improved outcomes for PMIs who encounter the police.

CONGRATULATIONS

Christopher Lively

Recipient of the 2020 CPA Student Research Grant for his research on youth interrogation rights
 Reported cases of intimate partner violence (IPV) have generally increased over the years, but the increase has been more dramatic since the start of the pandemic (e.g., 11.6% increase, according to Statistics Canada, 2020; see Mittal & Singh, 2020, for discussion). Given that the potential for continued abuse is facilitated by the climate imposed by the pandemic (e.g., restrictions, social isolation), thus escalating the number of calls for help, first responders, such as law enforcement, need to be able to effectively prioritize their resources to victims who may be at a higher risk for revictimization and violence severity. Effective risk management means that more intensive services and follow-up should be allocated to higher risk cases (Hilton & Ennis, 2020). The use of evidence-based tools enables objective decision-making and removing decisions that rely on intuition, which can have detrimental effects on prioritizing cases appropriately (Engel & Whalen, 2010). Thus, it is critical to have evidence-based practices at the forefront of policing.

Widely accepted as a model for effective rehabilitative practices in correctional settings, the principles of risk, need, and responsivity (RNR) are well-supported (Bonta & Andrews, 2017). More specific to the assessment of risk, the risk principle states that more intensive services should be reserved for offenders who are at a high risk of reoffending (Andrews et al., 1990). In order to assess IPV risk, numerous risk assessment schemes have been published and empirically supported. For instance, the Ontario Domestic Assault Risk Assessment (ODARA), followed by the Spousal Assault Risk Assessment (SARA), may be the most commonly used risk tools by police (Saxton et al., 2020). The ODARA is an actuarial tool that was originally created for police to assess perpetrators’ risk for IPV reoffending (Hilton, 2021; Hilton et al., 2004), and shown to have good psychometric properties (see Hilton, 2021; van der Put et al., 2019). The SARA is a structured professional judgment tool, which was originally intended for use by mental health professionals (Kropp et al., 1995), and has demonstrated good predictive validity (van der Put et al., 2019). A 15-item version of the SARA called the B-SAFER was developed for police use, but empirical examinations of its predictive validity have been mixed (e.g., Belfrage & Strand, 2012; Gerbrandij et al., 2018; Loinaz,
Despite the availability of validated tools, police services do not always utilize risk tools, and those that employ a tool may not make evidence-based decisions guided by the risk evaluation. It is likely that there are many implementation challenges in law enforcement and police may emphasize field experiences and intuition over evidence-based procedures (Jung & Pagé, 2017). As a result, policies are often put into place that do not align with empirically supported practices. An example can be seen in Alberta where a tool, such as the Family Violence Investigative Report (FVIR) was mandated by the provincial government (Alberta Justice and Solicitor General, 2014), and yet the FVIR demonstrated poor validity predicting violent and IPV recidivism outcomes (Jung & Buro, 2017). With this in mind, it is important to evaluate police policies and decisions to ensure they commensurate with risk-based decisions. Hence, the current study focuses on a domestic violence policy of a Canadian police agency, in order to examine if decisions based on their organization’s policy are grounded in validated assessments of risk for violence. We particularly focused on a policy that outlines criteria for referring or triaging individual cases to a specialized unit. This study is exploratory and questions whether decisions made according to a police policy at a Canadian policy agency are relevant to risk when assessed using a validated risk tool.

**Method**

**Sample**

The sample included 249 cases of non-fatal domestic violence reported to a Canadian local police service in 2017. Half of the sample were identified as Caucasian (50.6%), while Aboriginal and Metis was the second largest group (23.3%) and Black was the third largest (10.4%). Less than 10% of the sample was represented by each of the following ethnicities, Hispanic, Asian, South Asian, and Middle Eastern. The average age of the accused was 34.6 years (SD = 9.67) and 32.0 years (SD = 9.24) for the complainant. In terms of violent offences, most of the cases were charged for assault (66.7%), followed by forcible confinement (27.2%), assault causing bodily harm with a weapon (22.9%), and uttering threats (21.3%). Other violent offences included aggravated assault (1.6%), sexual assault (2.8%), and attempted murder (0.4%).

**Measures**

**ODARA.** The ODARA is a 13-item actuarial tool, with a total score ranging between 0 to 13, and was designed to be used by police and other frontline workers to be able to assess and predict a subsequent instance of spousal assault (Hilton, 2021). The ODARA is both reliable (ICC = 0.95; Hilton et al., 2004), and valid for predicting IPV recidivism (AUC = 0.67, Messing & Thaller, 2012; AUC = 0.70, Jung & Buro, 2017).

**FVIR.** The FVIR is a 20-item interview-based tool that was created in Alberta to aid police and frontline workers with investigating domestic violence cases, and its use in Alberta is mandatory (Alberta Justice and Solicitor General, 2014). While the FVIR items were not intended to produce a summed total, the yes or no questions enables a tally of the score to be calculated (Jung & Buro, 2017). The FVIR was shown to predict new charges (AUC = 0.67; Jung & Buro, 2017), but not violent or IPV reoffending, and does not incrementally add to the ODARA when predicting violent outcomes (Olver & Jung, 2017).

**Procedure**

Approval from the police service and the authors’ institutional ethics board was obtained, and subsequently, domestic violence cases were identified by a police analyst at the police service. Data was extracted from those cases if they met the following criteria: ODARA and...
FVIR items were completed by the primary investigating officer, the case involved a male-to-female incident, and the occurrence was reported in 2017. Using the local police service’s policy, domestic violence cases that are deemed serious or complex are referred to a specialized police unit with detectives. The policy outlines that a case is deemed serious or complex if it: (a) leads to a charge for aggravated assault or attempted murder, use or display of a firearm, serious sexual assaults, forcible confinement, and/or kidnapping or abductions; (b) involves strangulation or choking that results in loss of consciousness; or (c) involves a current or former member of the police service as the suspect or complainant. To categorize cases that would typically be deemed serious or complex according to the police service’s policy, cases that lead to a charge of aggravated assault, forcible confinement, possession of a weapon, and/or attempted murder were considered to be high severity cases (i.e., specialized detectives would subsequently conduct the investigation, rather than police constables in the community police division), and comprised 85.1% of the sample ($n = 212$). Those deemed less serious or complex comprised 14.9% of the sample ($n = 37$) and would not be referred to the specialized police unit.

Results

Cases that were deemed serious or complex, according to the police service’s policy, were compared to those that would not be transferred to the specialized domestic violence police unit on the ODARA and FVIR items using chi-square ($c^2$) tests, and on the summed scores of the ODARA and FVIR using independent samples $t$-tests.

Serious/complex and non-serious/complex groups were compared on the ODARA total score and individual items, and descriptive and inferential statistics are reported in Table 1. The overall sample mean of the ODARA was 5.88 ($SD = 2.69$). The total ODARA score did not significantly differ between the two groups. Even upon examining the ODARA items, only a single item differed, showing that more cases deemed serious/complex (57.1%) had confined their victim during the index offence than those not deemed serious/complex (14.8%).

The FVIR total score and items were examined and findings are reported in Table 2. The overall sample mean of the FVIR was 9.38 ($SD = 3.55$), and no significant difference was found between the serious/complex group and the non-serious/complex group. The presence of each FVIR item did not differ between the two groups for a majority of the 20 items. However, a greater proportion of the serious/complex cases had victims who were concerned for their safety, involved partners who were pending separation just prior to the index offence, had accusers who violated past court orders for no contact, and had involved the victim being drugged by the accused.

Discussion

The purpose of this research was to identify if the level of severity of the index offence used to prioritize cases was associated with the risk for a perpetrator to commit future instances of IPV. While this is an exploratory study with a single police agency, our findings provide us with the opportunity to draw some preliminary conclusions about actual practices at a police agency and adherence to the risk principle.

Our results show that there were too few meaningful differences between the high and low severity groups. If decisions were based on risk, then we would expect to be associated with assessed risk to find the severity of the index offence to be associated with assessed risk. Essentially, no differences emerged with respect to the ODARA. Not surprisingly, the only item on the ODARA that differed between the two categorized groups was confinement of the victim during the index offence; however, one of the criteria used to determine index severity was forcible confinement. Given that the total ODARA score was not significantly different, it seems
that decisions based on policy did not align with a validated measure of IPV risk.

The FVIR results also did not show many differences. More severe or complex cases had complainants who were fearful for their safety, separation that was recent or pending, had suspects who violated court orders, and had suspects who drugged the complainant, than cases that would be deemed less severe or complex according to the criteria used by the police agency. Similar to the ODARA findings, no difference in the summed total of items emerged, even with the provincially-created tool, the FVIR.

What does this mean for practice? Given that our findings did not show significant risk-related differences between the high and low severity groups, one might question whether the police policy of using specialized unit resources to investigate the cases with more severe or complex index offences aligns with the risk principle (Bonta & Andrews, 2017). According to the police service’s current practices, cases where the index offence meets the criteria for severe or complex would be allocated more service and therefore considered higher in priority. However, the distinction between high severity and low severity does not appear to be related to violence risk as measured by the ODARA, suggesting that the criteria used may be flawed. The implications are relevant in light of recent attention drawn to law enforcement’s need to employ evidence-based practices, including a mandatory validated risk tool, when it comes to IPV investigations (Gill & Fitch, 2016; Gill et al., 2016). Policies should explicitly reflect evidence-based practices. Andrews et al. (1990) assert that the risk principle has two important characteristics—prediction and matching. First, a risk tool is needed to accurately assess for risk, and second, to determine how much resources need to be allocated to an individual. Hence, a risk tool should be employed and used to prioritize cases. Although the police service examined in this study had recently begun employing the ODARA (see Jung & Pagé, 2017), it is also important to ensure that there is a direct pathway between risk assessment and risk management and that employing a risk tool is not merely a bureaucractic exercise (Viljoen et al., 2018).

How do we move forward? Evidence-based practices needs to be at the forefront of policing. However, this has proven to be a difficult challenge with many elements that need to be taken into consideration. Increasing effective communication between researchers and frontline staff is of utmost importance for evidence-based policing to have a successful impact. As Engel and Whalen (2015) mention, there are great benefits to having relationships among police and academics, but this relationship needs to be reciprocal. Without input from researchers, police have less resources to assist them in practice, and can also resort to old habits, such as relying on intuition and personal experiences. Further, without evidence-based practice, there leaves room for ambiguity and can result in different understandings of what constitutes evidence-based policing. On the other hand, researchers need to listen to the concerns of police and other frontline staff, in order to effectively translate knowledge that would lead to a greater alignment with evidence-based practices. Brown (2017) states that, although relationships between police and researchers have improved within recent years, it is crucial to encourage these relationships when moving forward.

This study only examines one police service and one area of police practice, namely case prioritization of reported IPV offences; hence, it is important to note that the policies examined in this study do not necessarily reflect other police agencies, and the practices in this area of policing does not necessarily reflect all other practices at this particular police agency. However, the current study provides some insight into one agency’s practices that do not appear to align with what is known about evidence-based approaches to reduce IPV risk.
### Table 1

**Comparison on ODARA items and total score between cases deemed serious or complex and not serious/complex, categorized according to the police service’s policy**

<table>
<thead>
<tr>
<th>ODARA items and total</th>
<th>Serious/complex ($n = 37$)</th>
<th>Not serious/complex ($n = 212$)</th>
<th>$c^2/t$</th>
<th>$p$</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Prior domestic incident (partner/children)</td>
<td>57.1% (20)</td>
<td>52.4% (110)</td>
<td>0.27</td>
<td>.601</td>
</tr>
<tr>
<td>2. Prior non domestic incident</td>
<td>36.4% (12)</td>
<td>47.9% (101)</td>
<td>1.52</td>
<td>.218</td>
</tr>
<tr>
<td>3. Prior custodial sentence more than 30 days</td>
<td>28.6% (10)</td>
<td>35.1% (74)</td>
<td>0.56</td>
<td>.453</td>
</tr>
<tr>
<td>4. Failure on prior custodial release</td>
<td>54.1% (20)</td>
<td>46.7% (99)</td>
<td>0.68</td>
<td>.409</td>
</tr>
<tr>
<td>5. Threat to harm or kill during index offence</td>
<td>45.9% (17)</td>
<td>34.0% (72)</td>
<td>1.97</td>
<td>.160</td>
</tr>
<tr>
<td><strong>6. Confinement of victim during index offence</strong></td>
<td><strong>57.1% (20)</strong></td>
<td><strong>14.8% (31)</strong></td>
<td><strong>32.69</strong></td>
<td>&lt; .001</td>
</tr>
<tr>
<td>7. Victim Concern</td>
<td>81.1% (30)</td>
<td>68.9% (146)</td>
<td>2.27</td>
<td>.132</td>
</tr>
<tr>
<td>8. More than one child together</td>
<td>32.4% (12)</td>
<td>40.6% (86)</td>
<td>0.87</td>
<td>.350</td>
</tr>
<tr>
<td>9. Victim’s bio child from previous marriage</td>
<td>39.4% (13)</td>
<td>40.1% (83)</td>
<td>0.01</td>
<td>.939</td>
</tr>
<tr>
<td>10. Non domestic violence against others</td>
<td>48.6% (18)</td>
<td>52.4% (111)</td>
<td>0.17</td>
<td>.677</td>
</tr>
<tr>
<td>11. Substance abuse problem</td>
<td>62.9% (22)</td>
<td>72.0% (152)</td>
<td>1.22</td>
<td>.269</td>
</tr>
<tr>
<td>12. Assault on victim pregnant</td>
<td>16.2% (6)</td>
<td>16.5% (35)</td>
<td>0.002</td>
<td>.965</td>
</tr>
<tr>
<td>13. Victim barriers to support</td>
<td>62.9% (22)</td>
<td>67.6% (142)</td>
<td>0.31</td>
<td>.579</td>
</tr>
<tr>
<td><strong>ODARA total score</strong></td>
<td><strong>6.00 (2.84)</strong></td>
<td><strong>5.86 (2.66)</strong></td>
<td><strong>-0.69</strong></td>
<td>.492</td>
</tr>
</tbody>
</table>

$N = 249$. Percentages and frequencies (in parentheses) are listed for categorical variables, and mean and standard deviation (in parentheses) for continuous variables. Bolded lines indicate a significant difference between groups. ODARA = Ontario Domestic Assault Risk Assessment.
Table 2
Comparison on FVIR items and total score between cases deemed serious or complex and not serious/complex, categorized according to the police service’s policy

<table>
<thead>
<tr>
<th>FVIR items and total</th>
<th>Serious/complex (n = 37)</th>
<th>Not serious/complex (n = 212)</th>
<th>$c^2 / t$</th>
<th>$p$</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Suspect’s criminal violence history</td>
<td>54.3% (19)</td>
<td>66.7% (138)</td>
<td>2.01</td>
<td>.156</td>
</tr>
<tr>
<td>2. Previous domestic violence history</td>
<td>88.2% (30)</td>
<td>77.0% (157)</td>
<td>2.20</td>
<td>.138</td>
</tr>
<tr>
<td>3. Complainant’s perception of future violence</td>
<td>68.8% (22)</td>
<td>59.9% (112)</td>
<td>0.90</td>
<td>.342</td>
</tr>
<tr>
<td>4. Complainant’s perception of safety</td>
<td>90.9% (30)</td>
<td>72.3% (146)</td>
<td>5.24</td>
<td>.022</td>
</tr>
<tr>
<td>5. Alcohol/drug usage</td>
<td>68.6% (24)</td>
<td>76.7% (158)</td>
<td>1.07</td>
<td>.301</td>
</tr>
<tr>
<td>6. Mental illness</td>
<td>36.4% (12)</td>
<td>34.8% (70)</td>
<td>0.03</td>
<td>.864</td>
</tr>
<tr>
<td>7. Suicidal ideation</td>
<td>48.5% (16)</td>
<td>37.1% (75)</td>
<td>1.54</td>
<td>.214</td>
</tr>
<tr>
<td>8. Current status of relationship</td>
<td>84.4% (27)</td>
<td>76.1% (153)</td>
<td>5.24</td>
<td>.022</td>
</tr>
<tr>
<td>9. Escalation in abuse</td>
<td>82.4% (28)</td>
<td>66.5% (135)</td>
<td>3.41</td>
<td>.065</td>
</tr>
<tr>
<td>10. Children exposed</td>
<td>45.7% (16)</td>
<td>59.6% (124)</td>
<td>2.37</td>
<td>.124</td>
</tr>
<tr>
<td>11. Firearms</td>
<td>60.0% (21)</td>
<td>49.8% (100)</td>
<td>1.25</td>
<td>.263</td>
</tr>
<tr>
<td>12. Use of firearms and other weapons</td>
<td>18.8% (6)</td>
<td>13.9% (26)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>13. Court orders</td>
<td>42.9% (15)</td>
<td>16.5% (33)</td>
<td>12.73</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>14. Employment</td>
<td>44.1% (15)</td>
<td>40.5% (81)</td>
<td>0.16</td>
<td>.692</td>
</tr>
<tr>
<td>15. Forced sex acts/activities</td>
<td>51.4% (18)</td>
<td>54.0% (108)</td>
<td>0.08</td>
<td>.778</td>
</tr>
<tr>
<td>16. Infliction of pain or incapacitation</td>
<td>17.6% (6)</td>
<td>19.1% (38)</td>
<td>0.04</td>
<td>.842</td>
</tr>
<tr>
<td>17. Suspect has drugged the complainant</td>
<td>64.7% (22)</td>
<td>43.2% (86)</td>
<td>5.39</td>
<td>.020</td>
</tr>
<tr>
<td>18. Stalking</td>
<td>58.8% (20)</td>
<td>63.0% (126)</td>
<td>0.22</td>
<td>.642</td>
</tr>
<tr>
<td>19. Barriers</td>
<td>34.3% (12)</td>
<td>21.1% (43)</td>
<td>2.94</td>
<td>.086</td>
</tr>
<tr>
<td>20. Other relevant info</td>
<td>17.6% (6)</td>
<td>21.3% (43)</td>
<td>0.23</td>
<td>.628</td>
</tr>
<tr>
<td>FVIR summed total score</td>
<td>10.17 (3.81)</td>
<td>9.25 (3.50)</td>
<td>1.43</td>
<td>.154</td>
</tr>
</tbody>
</table>

$N = 249$. Percentages and frequencies (in parentheses) are listed for categorical variables, and mean and standard deviation (in parentheses) for continuous variables. Bolded lines indicate a significant difference between groups. Some chi-square tests could not be conducted as expected count did not meet statistical assumption for the test. FVIR = Family Violence Investigative Report.
References


Artificial intelligence (AI) has been put forth as a potential means of improving and expediting violence risk assessment in forensic psychiatry. Furthermore, it has been proffered as a means of mitigating bias by replacing subjective human judgements with unadulterated data-driven predictions. A recent ethics analysis of AI-informed violence risk assessment enumerated some potential benefits, ethics concerns, and recommendations for further discussion. The current review builds on this previous work by highlighting additional important practical and ethics considerations. These include extant technology for violence risk assessment, paradigmatic concerns with the application of AI to risk assessment and management, and empirical evidence of racial bias in the criminal justice system. Emphasis is given to problems of informed consent, malfeasance (e.g., the known iatrogenic effects of overly punitive sanctions), and justice (particularly racial justice). AI appears well suited to certain medical applications, such as the interpretation of diagnostic images, and may well surpass human judgement in accuracy or efficiency with respect to some important tasks. Caution is necessary, however, when applying AI to processes like violence risk assessment that do not conform clearly to simple classification paradigms.


Many forensic assessment measures are developed and validated under research conditions but applied in the field, where professionals or paraprofessionals have varied training, unknown fidelity to administration procedures, and contextual pressures related to their institutions or legal system. Yet few studies examine the generalizability of psychometric properties of these scales as actually applied in field settings. This study examined 4,433 individuals assessed by probation officers on the Static-99R or STABLE-2007 sexual recidivism risk scales in British Columbia, Canada. Sexual, violent, and any recidivism were examined. Static-99R and STABLE-2007 had moderate accuracy in discriminating recidivists from non-recidivists, and both scales added
incrementally in predicting all three outcomes (with Static-99R demonstrating higher accuracy). Organizing the items into constructs, sexual criminality, general criminality, and youthful stranger aggression incrementally predicted all three outcomes. For violent and any recidivism, the incremental effect of sexual criminality was in the negative direction (i.e., high sexual criminality was associated with relatively lower rates of violent and any recidivism). Calibration analyses indicated that recidivism rates were lower than what would be predicted by the norms for the scales. The current study also presented a meta-analysis of 15 field validity studies of Static-99R and 4 field validity studies of STABLE-2007. Results of the current study and meta-analysis support the field application of Static-99R and STABLE-2007, while emphasizing the importance of training and proper implementation.


**Purpose:** Relatively little research has been conducted with high-risk violent (non-sexual) offenders to establish whether measures administered to evaluate change during offending behaviour programmes contain risk relevant information. The present study aims to contribute to the evidence base relevant to decisions concerning whether or not psychometric assessments indicate how the violence risk presented by an individual may be understood differently pre- to post-treatment. **Methods:** Two hundred and twenty-seven persistently violent offenders participating in Correctional Service of Canada’s Violence Prevention Program were assessed on measures of anger, impulsivity, and dynamic items of the Violence Risk Scale (VRS; Wong & Gordon, 1999–2003; Violence Risk Scale, University of Saskatchewan, Saskatchewan, CA) prior to and after programme completion and subsequently followed up in the community for an average of 3 years. Data were examined using receiver operating characteristic and logistic regression analyses employing fixed follow-ups. **Results:** With pre-treatment status controlled, change on few of the measures convincingly predicted violent or general recidivism. An exception was that changes in VRS dynamic score were associated with decreased general (but not violent) recidivism, controlling for baseline pre-treatment risk. **Conclusions:** The measures tested are widely used to evaluate progress in violence interventions yet the implicit assumption that they contain risk relevant information has not been empirically validated. Since reduction in dynamic risk factors translates into reduced likelihood of reoffending, but psychometric measures provide little indication of change in recidivism risk, treatment providers are advised to carefully contextualize pre- to post-treatment change within a comprehensive evaluation of static and dynamic risk using a measure such as the VRS. Present results are discussed further in terms of implications for policy and clinical practice, as well as future research directions.


**Objectives:** The purpose of this study was to develop new 10-year recidivism rate norms as well as to update 5-year norms for the Static-99R risk tool for routine/complete samples. We also presented the extrapolated sexual recidivism rates from this new 10-year norms for follow-up periods of 11 to 20 years. **Hypotheses:** We hypothesized that absolute recidivism base rates (B0; i.e., the intercept centered on the median score of 2) would vary; however, the relative predictive accuracy (i.e., discrimination; B1) would be stable across samples. In addition, compared to the estimated sexual recidivism rates with a fixed 5-year follow-up time, the estimated rates with a fixed 10-year follow-up time would be expected to be consistently higher across the Static-99R scores. **Method:** The current study included 12 independent samples (N = 7,224 for the 5-year recidivism rate norms and N = 1,599 [k = 6] for the 10-year norms) classified as routine/complete
samples, that is, relatively random samples from a correctional system. Logistic regression parameters (B0 and B1) across the studies were aggregated using fixed-effect meta-analyses. **Results:** There was statistically significant variability in the base rates (B0), whereas the between-sample variability in the relative risk parameters (B1) was no more than would be expected by chance. As expected, the 10-year base rates were approximately 1.5 times higher than the 5-year base rates (7.20% vs. 4.58%), and the extrapolated 20-year sexual recidivism rates were approximately double the observed 5-year sexual recidivism rates. **Conclusions:** The current study provides empirical evidence to estimate 5- and 10-year sexual recidivism rates based on Static-99R total scores. Evaluators who are especially concerned about long term sexual recidivism risk (e.g., civil commitment) can report the expected sexual recidivism risk based on the new 10-year norms and the extrapolated sexual recidivism rates for follow-up periods of 11 to 20 years.


Although many instruments have been validated to assess risk of sexual recidivism among men, no similar tool exists for women who have sexually offended. As a result, some jurisdictions use male-based instruments to assess women despite the lack of validation research examining the predictive utility for this subgroup. This study examined the utility of the Static-99R in predicting sexual recidivism among women. Based on a sample of 739 women convicted of sexual offenses in Texas, findings show that the total score was not significantly associated with sexual recidivism. When looking at individual items, other than a history of prior sexual offenses and non-contact sexual offenses, no item of the Static-99R was significantly associated with sexual recidivism among women. Furthermore, only three items (female victims/solo offender, 4+ sentencing dates, and having not lived with a romantic other for 2+ years) were significantly associated with nonsexual recidivism. These findings indicate that the Static-99R is not suitable to assess risk of recidivism among women convicted of sexual offenses.


The limited research concerning trauma secondary to committing crime in justice-involved persons has been restricted to male forensic psychiatric and violent offender populations. We aimed to extend this by examining justice-involved persons’ memories about their crimes, and exploring factors involved in intrusive memories across offence types. One hundred justice-involved adult males completed a questionnaire package examining offence-related shame, guilt, instrumentality-reactivity, and memory characteristics. Forty-three percent reported intrusive memories of a crime they committed. These were experienced across all crime types, especially those with reactive elements. Shame was found to be the most significant correlate of intrusive memories over and above all other factors. While further research is needed (e.g., with justice-involved women), results are in line with theoretical foundations of posttraumatic stress disorder and shed light on psychological consequences of offending. The findings have implications for clinicians and researchers alike, in that intrusive memories and shame may be precipitating factors for related risk factors and would relatively be worth considering when evaluating patterns of violence and creating relapse prevention plans.
The present research sought to examine the interrelations of emotion, crime characteristics, and self-reported psychopathy; and to examine criterion related validity of the Self-Report Psychopathy Scale Short-Form (SRP-SF). One hundred Canadian adult male offenders were interviewed with a series of structured questionnaires examining offense-related distress, shame, and guilt; offense instrumentality-reactivity; psychopathy; and institutional violence. Results revealed a significant negative association between SRP-measured psychopathy and offense-related guilt, but not offense-related shame or distress. Higher psychopathy scores were also associated with greater planning and control of the offense, higher levels of anger during the offense, and engagement in institutional violence. Receiver Operator Characteristic (ROC) analyses demonstrated SRP total, affective, and lifestyle facet scores yielded the strongest predictive accuracy for institutional violence followed by the interpersonal and antisocial facets. Results provide support for the predictive accuracy and construct validity of SRP-SF. Findings also reflect the instrumental-reactivity continuum of offenses with potential implications for the treatment and correctional needs of high psychopathy men, both in terms of emotional and interpersonal areas, in addition to the more traditionally targeted criminogenic foci. Researchers and clinician alike are encouraged to further explore this understudied topic.


Although offense-supportive cognitions are related to the maintenance of contact sexual offending behavior, it is unknown whether this finding also applies to online sexual offending behavior. A few studies have examined the cognitions of men convicted for using child sexual exploitation material, but findings remain limited due to important methodological limitations. Furthermore, fewer studies have investigated the cognitions of men who use the internet to solicit sexual activities with children. The objective of this study was to examine the nature of the cognitions that support online sexual offending against children. The content of police interviews was analyzed using a thematic analysis to identify the cognitive themes present in the offense-related views expressed by 20 men who consumed child sexual exploitation material, 15 who sexually solicited children, and 18 who committed both types of online offenses. Results revealed eight cognitive themes that reflected four underlying themes related to interpersonal relationships, the sexualisation of children, perceptions of the self, and perceptions of the virtual environment. Findings indicate that while the cognitive themes of the three groups are similar, their specific content varies according to the types of offenses. Implications for future research are discussed.
The interface between forensic psychology and the general public is often characterised by a rather uncomfortable – even salacious – depiction of the offender as 'evil predator'; and as professionals we are either thought to have superhuman analytical skills or to be hopelessly deluded and inept. Like many of my colleagues, I chose to conduct my work behind the closed doors of the mental health and criminal justice systems, due to concerns about client confidentiality, professional integrity, and the inevitably sensitive nature of decisions that are made in relation to those individuals who have committed the most serious of violent offences. Yet after thirty years of practice, I have cautiously ventured into the broader public arena to try and explain some of the more counter intuitive aspects of our work to a confused and divided public.

A cluster of diverse events consolidated this decision: a personally unpleasant experience of media exposure in relation to a high profile offender; the astonished expressions on sentencing Judges’ faces as I shared about the low sexual recidivism base rates during their training on sexual offenders; and the distressing victim statements put before the Parole Board in England and Wales that evidenced the victims’ ongoing terror of their perpetrator, fixed in time despite twenty years passing since the offence. Yet, it is not only those who directly encounter the criminal justice system who hold on to misconceptions, but also sometimes the specialist professionals themselves. What I call the ‘moral imperative’ in forensic psychological work is rarely openly acknowledged, and yet we see it persist in the myths that are perpetuated about serious offenders. For example, in my own research, we were able to demonstrate how professional risk assessment judgements could be manipulated by introducing emotive elements into perpetrator narratives (Blumenthal et al., 2010). I discovered Daniel Kahneman’s (2011) book ‘Thinking, Fast and Slow’ rather late in my career; it provides compelling empirical support for a more theoretical understanding of why we all struggle against counter-intuitive ideas about those who commit destructive acts of violence.

Kahneman refers, for example, to the ‘illusion of truth’ – that an idea that is repeated and therefore becomes familiar is more likely to be thought...
of as true – and that we are all prone to ‘cognitive ease’ and ‘exaggerated emotional coherency’ in which we seek the explanations that require the least mental effort (those that are intuitively comforting), and that we avoid negative or conflictual emotional states of mind, if need be, suppressing information that is ambiguous in order to maintain coherence.

We can see how these ideas play out in the public narrative about sexual and violent crime as expressed by the media. How, for example, is it possible for a terrible act of violence to be perpetrated by a reasonable person; how one person committing a terrible offence shortly after release from prison confirms in the public’s mind that everyone released from prison is high risk; why is a crime always described as ‘motiveless’ when actually we deem the motive to be unreasonable; and how can it be possible to describe an individual as posing a low future risk, thereby seeming to invalidate or trivialise the victim’s traumatic experience? The rhetorical questions persist and can be professionally uncomfortable. I could not conclude without posing a couple of questions that are particularly pertinent to our profession: why do a surprising number of practitioners persist in insisting that denial and lack of remorse are key determining factors in recidivism, despite ten years of research to the contrary; and why continue to advocate treatment interventions to those who pose too low a risk to benefit from such interventions? Why is it not acceptable to describe an individual as posing a low future risk if the individual has committed a heinous crime, as this invalidates the victim’s experience?

It seems to me that there is a role for forensic psychologists and their peers to try to engage with those of the public who are curious about violent acts, and who are open to developing a more morally uncertain – perhaps even cautiously compassionate – response to those in our communities who perpetrate heinous acts. As we have seen with the development of Circles of Support and Accountability (see www.communityjusticecenter.com) and similar endeavours, it is to the advantage of us all to engage in the problem.

Jackie Craissati is a Consultant Clinical & Forensic Psychologist and Director of Psychological Approaches. She has a national role in advising on the assessment and management of highly complex offenders, and has recently published Forensic Case Histories: Understanding Serious Offending Behaviour in Men.

References


Clinical psychologists working in forensic settings take on a variety of professional roles. Among these roles is providing an expert opinion about some type of psycholegal issue. In Canada, psychologists’ involvement in criminal cases is welcomed by the courts in some areas (e.g., risk assessment, dangerous offenders), but rare in other contexts (e.g., fitness to stand trial and criminal responsibility). According to Canadian case law, admissibility of expert evidence is guided by criteria set out in previous cases (R. v. J-L.J., 2000; R. v. Mohan, 1994). As psychologists who both completed graduate school and specialized clinical training in the United States, the process of navigating psychology’s role in Canadian courts has been an interesting one. We have been fortunate to serve on the CPA’s Criminal Justice Task Force, which has resulted in new connections and collaboration with other forensic psychologists across the country; however, this process has raised several questions about the standards (or lack thereof) for establishing competence in forensic mental health practice in Canada. In this article, we offer our reflections and opinions on how to identify and establish standards in our specialty area.

We begin by noting that competence in any area of practice should be guided by the developmental level of the trainee or professional. For example, standards for competence have been outlined for forensic psychology by the Counsel of Specialties (Forensic Specialty Counsel, 2007). In clinical-forensic psychology, the process of becoming an expert ideally begins sometime during graduate school, depending on the opportunities available to students. In Canada, we know of only a handful of clinical graduate programs with a specialty track or stream in forensic psychology. At the residency level, a quick search of the Association of Psychology Postdoctoral and Internship Centers (n.d.) directory reveals 17 programs with some type of forensic or correctional training opportunity in Canada. Beyond residency, there have historically been few opportunities for formalized postdoctoral fellowship training in Canada. Although both of us were fortunate to complete this training (one in Canada, one in the United States), we are not aware of any ongoing formal postdoctoral offerings in forensic psychology in Canada. This provides a stark contrast to fellowship opportunities for forensic psychology in the United States, where postdoctoral training is strongly encouraged and
more readily available for trainees (American Psychology-Law Society, n.d.).

Once a clinical psychologist is registered for independent practice, there should ideally be an ongoing process of maintaining competence in specialized areas of psychology. In our experience, however, there are not many continuing education offerings available that are relevant to certain areas of Canadian forensic mental health practice. If you are a forensic psychologist, ask yourself this question: when is the last time you saw a Canadian specific workshop offered on fitness to stand trial assessments, criminal responsibility, or dangerous offender evaluations? A practice survey of Canadian forensic psychologists revealed that 91% of respondents indicated they would like to have more opportunities for forensic psychology workshops in Canada (Hill & Demetrioff, 2019). Although there are many excellent continuing education workshops accessible online from the United States (e.g., CONCEPT, American Academy of Forensic Psychology), they generally lack relevance to Canadian specific forensic practice.

Another avenue for presenting a high level of expertise in court is to obtain a specialized credential or certification in forensic practice. Psychiatrists in Canada, for example, have the option of pursuing a subspecialty designation in forensic psychiatry through the Royal College of Physicians and Surgeons. Although this process is still relatively new, it is a noticeable credential that allows psychiatrists to stand out as experts. Forensic psychologists, on the other hand, do not have a parallel process for becoming board certified in Canada. The closest option is to obtain board certification through an American process via the American Board of Professional Psychology (ABPP); however, there are several challenges for Canadian forensic psychologists. For example, forensic board certification in the United States includes a written exam covering nearly 200 pieces of case law that are irrelevant to forensic mental health practice in Canada (American Board of Forensic Psychology, 2019). There are also some differences in the types of evaluations completed by forensic psychologists in the United States, such as death penalty work. Further, there are barriers created by the Criminal Code of Canada (1992) related to psychologists conducting court ordered fitness and criminal responsibility assessments. As such, Canadian psychologists that have had training in the United States to develop competence in those areas, but not able to do that work in Canada, may be at a loss for producing work samples required in the ABPP certification process (American Board of Forensic Psychology, 2021). These factors make it less desirable for Canadian psychologists to invest energy in a time-consuming process. Despite these potential roadblocks, we believe that having some sort of credentialing or certification process for Canadian forensic psychologists would help us increase our visibility as experts in a variety of legal areas. Along with several colleagues, we have begun a process of connecting with the American Board of Forensic Psychology to see if their application process could be adapted for Canadian practitioners. We hope to have updates to share with the Criminal Justice Section in a future newsletter.

In considering how to identify and establish standards for forensic practice, it may also be useful to connect with the consumers of our forensic work. Judges and lawyers, for instance, are typically the target audience for forensic evaluation reports and testimony in criminal cases. When interacting with legal professionals, we have found that they often need education about forensic psychologists’ scope of expertise. This educational process typically occurs in an informal case-based manner, as opposed to formal course offerings about mental health topics for lawyers. As forensic psychologists, developing a more organized process of providing education to lawyers may also advance our visibility and standing as experts in forensic mental health. Since the onset of the global pandemic, one of the authors (Dr. Hill) has noticed a marked increase in defense lawyers and crown attorneys’ interest in attending forensic mental health seminars offered by videoconference. One positive benefit of video meetings has been our ability to...
invite a wider range of professionals to talks that were previously limited to mental health staff. In the future, we would encourage others to explore options to assist legal professionals in learning more about forensic psychology. This could take place in academic settings (e.g., law schools), continuing legal education offerings for lawyers, or social media campaigns conducted by professional organizations (e.g., Canadian Psychological Association, American Psychology-Law Society).

In conclusion, we offer some initial ideas on how to begin exploring standards for clinical-forensic practice and training at various levels of professional development. At the graduate school and residency levels, it would be interesting to survey trainees to get their perspective on the quality of forensic training experiences offered in Canada. After residency, trainees looking to specialize in forensic practice face the challenge of deciding what setting will provide the best opportunity for growth. It would be great if there were some formal postdoctoral options in Canada, or at least a directory of established forensic psychologists who are willing to provide mentoring and guidance to early career psychologists. When psychologists pursue registration in Canadian provinces, it would be beneficial to have more consistency in specialty areas of competence noted by regulatory bodies. A brief scan of provincial psychology regulatory websites reveals that only 5 of 10 provinces mention specialty areas of competence (e.g., clinical, forensic) that are noted for registrants. For continuing education purposes, collaborating or partnering with existing organizations that provide forensic workshops and training (e.g., CONCEPT; see https://concept.paloaltou.edu/) to create Canadian specific education for forensic psychologists might be exciting. This is by no means an exhaustive list of ideas – we invite colleagues to connect with us to discuss these topics as we strive to find a path forward.

References


Are you a practicing clinician in clinical-forensic (neuro)psychology? Contribute to our upcoming issue!

- Discuss issues and challenges in your practice
- Share your expertise on a relevant clinical topic
- Discuss the intersection of research and clinical practice in your work
CPA’s 2021 Convention

CPA’s Annual Convention will once again be a virtual event this year. The convention will take place over three weeks, from June 7th to 25th, and will include workshops and presentations organized around twelve themes. New this year is the Skills Development Session, whereby presenters will have five minutes to ‘pitch’ the relevance of their work to the session’s assigned mentor, who will provide them with feedback on how to strengthen it (e.g., for grant funding, policy change).

The Criminal Justice Psychology Section has a number of exciting sessions planned, including 12 poster presentations, 3 12-minute talks, 2 workshops, 8 snapshot talks, and 1 symposium.

Here are a few dates to save in your calendars:

◊ June 4 and 5: Pre-Conference Workshop delivered by Dr. R Karl Hanson (Prediction Statistics for Psychological Assessment)

◊ June 9:
  - Symposium delivered by Dr. Sandy Jung (Intimate Partner Violence Risk: Validation and Perceptions)
  - CPA’s Annual General Meeting
  - Criminal Justice Psychology Section Annual General Meeting

◊ June 10 and 11: Criminal Justice Psychology Section Poster Session

More information on the convention can be found [here].

Virtual Events

The 18th Biennial Virtual Symposium on Violence & Aggression will take place June 14 and 15, 2021 in memory of Dr. Steven Wormald.

The IAFMHS 2021 Virtual Conference is taking place June 16-17, 2021.

CPA’s National Annual Convention will take place from June 7-25, 2021 as a virtual event.

APA’s National Annual Convention is scheduled to take place virtually from August 12-15, 2021.

The annual Association for the Treatment of Sexual Abusers (ATSA) Conference will be held online for the first time ever from September 29 to October 1, 2021. There will be many great keynotes including CPA Section Member, Dr. Michael Seto, along with many great presenters.

The International Forensic Psychiatry Lecture Series, hosted by McMaster University and St. Joseph’s Healthcare Hamilton, is a weekly educational webinar series that provides engaging and innovative topics on Forensic Psychiatry.

More information on upcoming conferences can be found [here].
CAREERS

Have You Checked Out the Job Openings on the CPA Website Lately?

If not, here are some positions that may interest you:

◊ Maplehurst Correctional Complex and Vanier Centre for Women is looking for a Psychologist
◊ The Provincial Health Services Authority is hiring a Psychologist at the Forensic Psychiatric Hospital, BC Mental Health and Substance Use Services in Coquitlam, BC
◊ Campion College, a Jesuit liberal arts college federated with the University of Regina, invites applications for a probationary tenure-track appointment at the rank of Assistant Professor in Psychology, with expertise in Social Psychology, Forensic Psychology, &/or Neuropsychology

For a complete listing of career opportunities, see https://www.cpa.ca/careers/

STAY INVOLVED!

Contribute to Crime Scene:

We are always looking for the latest news, events, research, or commentaries that may be of interest to our members! We accept a wide range of submissions and encourage both professionals and students to consider contributing in English and/or French.

Students, this is a great opportunity to boost your CV!

If you have ideas for submission or questions, please contact the Managing Editor, Dr. Kyrsten Grimes (kyrsten.grimes@mail.utoronto.ca).

Do you have ideas, comments, or suggestions?

Feel free to contact any member of our Executive team—we want to hear from you!

Don’t forget to check us out on our Website or on Twitter!

Thank you for supporting the Criminal Justice Psychology Section!