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- Articles
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Articles

Vicenzutto, A., Joyal, C.C., Telle, E., & Pham, T.H. (2022) Risk Factors for Sexual Offenses Committed by Men With or Without a Low IQ : An Exploratory Study. *Frontiers in Psychiatry*, 13 (avril 2022).

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ORIGINAL RESEARCH
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Risk Factors for Sexual Offenses Committed by Men With or Without a Low IQ: An Exploratory Study

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Although risk factors associated with offending and recidivism are relatively well-established for mainstream sexual offenses, much less is known about men with a low IQ who have sexually offended (MIQSO), let alone those with forensic involvement. In this exploratory study, 137 convicted for the commission of at least one sexual offense and found not criminally responsible because a mental disorder were recruited in a maximum-security hospital. They were all assessed with the SORAG (static risk factors) and the RSVP (dynamic risk factors). Compared with MIQSO ($N = 76$), men with an average or higher IQ who have sexually offended (MSO, $N = 61$) obtained significantly higher scores on static factors related with general delinquency (histories of alcohol abuse, non-violent criminality, violent criminality, and sexual offense) and dynamic factors related with sexual delinquency, paraphilia, and recidivism (chronicity, psychological coercion, escalation, sexual deviance, and substance abuse). In contrast, MIQSO obtained significantly higher scores on major mental illness, problems with planning and problems with self-awareness. Logistic regressions revealed that both the SORAG and RSVP were useful to predict group membership. It is concluded that risk factors related with general and sexual delinquency better describe offenses committed by MSO, whereas risk factors related with mental disorder, lack of insight and contextual impulsivity better describe offenses committed by MIQSO.

Keywords: sexual offense, low IQ, SORAG, RSVP, forensic

INTRODUCTION

Although the prevalence of men with a low IQ who have sexually offended (MIQSO) is notoriously difficult to ascertain (1–3), the association between lower IQ and higher odds of committing general, violent or sexual criminality is well established (4–6). In fact, people with a low IQ (i.e., a total score of 70 or less) are at increased risk to both commit and being victimized of sexual abuse (7–9). Evaluating and treating patients with a low IQ or an intellectual disability [ID; i.e., having both a low IQ and deficits in adaptive functioning (10)] in forensic settings represent one of the most complex challenge in psychiatry (11), especially among those who have committed a sexual offense (8). Determining the specific (if any) clinical and criminogenic factors of sexual offenses committed by men with a low IQ treated in forensic settings is of utmost importance, not

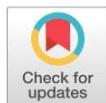
Lavallée, A., Pham, T.H., Gandolphe, M-C., Saloppé, X., Ott, L., & Nandrino, J-L. (2022) Monitoring the emotional facial reactions of individuals with antisocial personality disorder during the retrieval of self-defining memories. *Plos One*, June 8, 2022, 1-15.

PLOS ONE

RESEARCH ARTICLE

Monitoring the emotional facial reactions of individuals with antisocial personality disorder during the retrieval of self-defining memories

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Abstract

OPEN ACCESS

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Data Availability Statement: All relevant data are within the paper and its [Supporting Information](#) files.

While a deficit in the recognition of facial expression has been demonstrated in persons with antisocial personality disorder (ASPD), few studies have investigated how individuals with ASPD produce their own emotional facial expressions. This study examines the production of facial emotional expressions of male inpatients with ASPD in a forensic hospital compared with a control group as they retrieve autobiographical memories. This design constitutes a specific ecological experimental approach fostering the evocation of personal feelings. Two indicators characterizing the activation of facial expression were used: activation of emotional action units and emotional dominance. The results showed that individuals with ASPD 1) activated angrier facial expressions than control participants for both indicators, 2) displayed a higher dominance of angry facial expressions during the retrieval of positive self-defining memories than control participants and 3) recalled significant memories that were less associated with neutral facial states than the control sample, regardless of the valence of their memories. These findings highlight the core role of anger in ASPD and the possible development of pathological anger, which would distinguish trajectories toward anxious or mood disorders and trajectories characterized by external disorders.

Introduction

Facial expressions (FEs) are part of body language and can spontaneously convey internal experiences or be intentionally adjusted to allow social communication, interaction and regulation [1–4]. While research has mainly focused on the ability to recognize emotional facial expressions and has identified difficulties in FE recognition in various mental and personality disorders [5–8], fewer studies have investigated the ability to produce emotional FEs in personality disorders, especially in individuals with antisocial personality disorders (ASPD) [9, 10]. However, ASPD is associated with emotional disturbance, and subjects with ASPD are

Ducro, C., & Pham, T.H. (2022) Convergent, Discriminant and Predictive Validity of Two Instruments To Assess Recidivism Risk Among Released Individuals Who Have Sexually Offended : The SORAG and the VRAG-R. *International Journal of Risk and Recovery*, 5(1), 14-28.

ORIGINAL ARTICLE



Convergent, Discriminant and Predictive Validity of Two Instruments to Assess Recidivism Risk Among Released Individuals Who Have Sexually Offended: The SORAG and the VRAG-R

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Recidivism risk assessment has played an essential role in the criminal justice system for many years. Various risk assessment tools have been developed and recalibrated over the years for the purpose. Two such instruments, the Violence Risk Appraisal Guide (VRAG) and the Sex Offender Risk Appraisal Guide (SORAG), were both revised before being combined into the VRAG-R. The aim of our study was to evaluate the convergent, discriminant and predictive validity of the SORAG and the VRAG-R in a cohort of 294 released individuals who have sexually offended in French Belgium. Results suggest that the tools have good convergent validity and the ability to discriminate the risk level of individuals who have sexually offended with victims younger than 14 years old, whether intra- or extra-familial, from that of others at higher risk for re-offending. Where predictive validity is concerned, the scores on both instruments predict nonviolent nonsexual recidivism with a large effect size, and general recidivism (any type of recidivism) and violent nonsexual recidivism with a medium effect size. Sexual recidivism is not predicted at a statistically significant level by either the SORAG or the VRAG-R. Violent recidivism (sexual and non-sexual combined) is moderately predicted by the SORAG and the VRAG. However, these predictive qualities vary by the age of the victim. Certain combinations of items can be good predictors. In this regard, the VRAG-R items "failure on conditional release" and "marital status" together constitute a predictive model for general recidivism and sexual recidivism. The addition of the item "age at index offense" improves this model for general recidivism.

Keywords: VRAG-R, SORAG, predictive model, sex offences, recidivism, risk assessment

Use of Recidivism Risk Assessment Tools

The assessment of offender risk and, more particularly, of violence risk has played a key role in the criminal justice system for years. At the international level, 50% to 70% of clinicians use a recidivism risk assessment instrument during their evaluations (Singh et al., 2014; Viljoen et al., 2010). These instruments serve four purposes:

- identify key risk factors in individuals;
- estimate a risk level;

- help with risk management; and
- help with risk communication (Mills, 2017; Mills et al., 2011).

In French Belgium, risk assessment instruments are used in more than half of all evaluations (Pham et al., 2016). Some instruments are more widely used and deemed more useful than others. This use and perceived usefulness are primarily related to recidivism risk assessment rather than case management. Assessment practice has changed over the years and these instruments

Bertsch, I., Courtois, R., Reveillere, C., & Pham, T. (2022). Le recours aux dossiers des patients est-il nécessaire pour l'évaluation du risque de récidive sexuelle, violente et générale? *L'Encéphale*, 48(3), 265-272.

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Article de recherche

Le recours aux dossiers des patients est-il nécessaire pour l'évaluation du risque de récidive sexuelle, violente et générale ?



Is the use of patient records necessary to assess the risk of sexual, violent and general recidivism?

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INFO ARTICLE

RÉSUMÉ

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Dossier de soins

Évaluation

Risque de récidive

RSVP

LS/CMI

Introduction. – La diversité des sources d'informations recueillies lors des évaluations du risque de récidive sexuelle, violente ou générale d'infracteurs sexuels et/ou violents est primordiale. En France, un accès limité aux informations contenues dans les dossiers médicaux et pénaux pourrait entraîner une utilisation erronée de ces échelles. L'objectif de l'étude est de tester l'utilité du recours au dossier médical pour la cotation d'échelles de risque de récidive sexuelle, violente et générale.

Matériel et méthode. – Cent vingt-huit auteurs de violences ont été évalués à l'aide de trois échelles de risque de récidive sexuelle, violente et générale. Les scores et les items des échelles ont été comparés selon (a) qu'ils aient été cotés avec les dossiers médicaux et un entretien ou (b) seulement avec un entretien.

Résultats et discussion. – Des différences ont été observées uniquement chez les agresseurs sexuels et pour les échelles RSVP et LS/CMI. L'utilisation de dossiers médicaux atténue le poids des facteurs présents et futurs, majore le poids des facteurs passés et de facteurs qui peuvent entraîner plus d'émotions négatives chez l'évaluateur. Le fonctionnement psychique des personnes évaluées, l'attitude de l'infracteur et la nature de certaines informations sont discutés afin d'éclairer ces résultats.

Conclusion. – L'accès aux informations des dossiers des personnes évaluées devrait être questionné en France pour une utilisation éthique des échelles d'évaluation de risque de récidive.

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ABSTRACT

Introduction. – Sexual, violent and general recidivism risk scales are widely used in a number of countries. Their psychometric qualities are generally considered to be good. However, in practice they may vary in the quality of prediction of risk of sexual, violent and general recidivism, in particular because of the sources of the information collected. In France, the medical records of incarcerated patients are kept by health-care professionals. Although regulated, the content and quality of these records vary widely from one patient to another. The criminal justice system holds the criminal records of convicted and imprisoned persons. There is no set list of documents contained in these records. For caregivers and researchers, access to criminal records is difficult because of the confidentiality to which legal professionals are subject. The aim of our study was to investigate whether using medical files in addition to structured interviews can improve the assessment and management of the risks of sexual, violent and general recidivism.

Material and Method. – A total of 128 perpetrators of violence were assessed using three scales of risk of sexual, violent and general recidivism. Scores for the items of the scales were compared between (a) those that were based on medical records and an interview, and (b) those based only on an interview.

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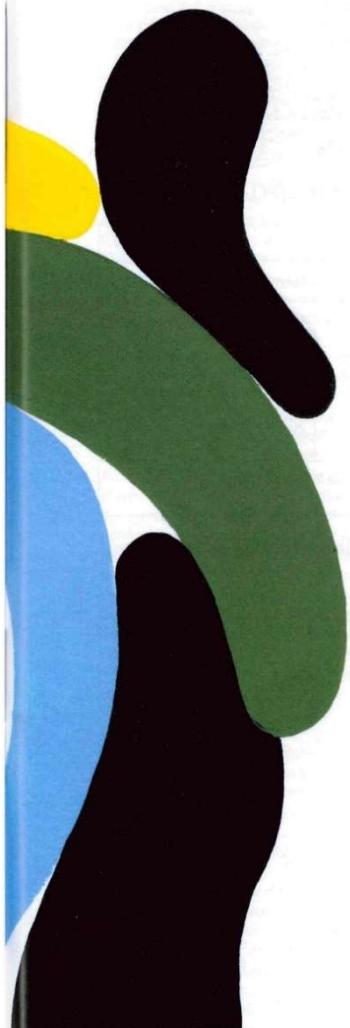
<https://doi.org/10.1016/j.encep.2021.03.003>
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Delannoy, D., Benouamer, C., & Pham, T.H. (2022) Le mensonge et la manipulation : De la définition générale à son évaluation médico-légale. *Santé Mentale*, 267(Avril 2022), 62-67.



MENSONGE, MYTHOMANIE DOSSIER

: évaluation médico-légale



Les traits de mensonge pathologique et de manipulation constituent des caractéristiques importantes pour le diagnostic de psychopathie. Deux échelles structurées permettent de les objectiver et de les distinguer.

À 48 ans, Jacques est issu d'une foyer instable. Son père, alcoolique, était très peu présent dans l'éducation des enfants. Sa mère proférait des violences psychologiques à l'encontre de son fils. L'adolescence de Jacques a été mouvementée et il aurait « hérité des mêmes vices que son père : fréquentation de prostituées, des bars, buvait de l'alcool, jouait... ». À l'âge adulte, il a commis de nombreux délits et crimes (meurtre, viol, vol, coups et blessures, trafic de stupéfiants, extorsion...). Incarcéré plusieurs fois, Jacques dit s'être rapidement intégré à l'ordre carcéral. Il a dû jouer les caïds pour « survivre dans cette jungle » et évoque des trafics de toutes sortes, y compris ceux organisés par les surveillants pénitentiaires. Il se pose d'abord « en victime » (« je devais survivre ») mais très vite, l'excitation et la fierté démesurées qu'il retire de ses faits et gestes délinquants prennent le dessus. Jacques se décrit comme un virtuose de la manipulation et de l'escroquerie. On peut d'ailleurs observer sa tentative de manipulation (se faire passer pour une victime du système carcéral) mais son narcissisme reprend le dessus et il valorise ses attitudes criminelles.

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Après plusieurs incarcérations, Jacques, qui présente des troubles psychopathiques, a fini par être interné dans un hôpital psychiatrique sécurisé. Lors du premier entretien, il tutoie directement le psychologue et utilise un langage familier. Il a une tendance très logoréique. Il ne diverge pas dans ses propos mais noie le discours de détails peu utiles. Il n'hésite pas à mimer des gestes de coups lorsqu'il évoque certains conflits avec les autres patients. Ces comportements reflètent à aussi une tentative de manipulation dans la relation thérapeutique : par ses expressions, Jacques cherche à positionner le clinicien à un niveau plus familier, tandis que la logorée et les mimétismes visent à s'imposer et assoir une présence dominante. Le psychologue est perçu comme un rouage du système et, en tentant de le mettre « dans sa poche », Jacques pense pouvoir influer sur la durée de son enfermement.

Jacques a été condamné pour meurtre avec l'aide d'un complice. Lorsque cet événement est mentionné durant l'entretien, il se présente comme « le co-auteur des faits », et insiste fortement sur le préfixe « co »..., avec tout ce qu'il suppose dans son imaginaire, plus que dans la réalité judiciaire. Durant ces faits, il a également volé la veste de la victime. Au moment de l'arrestation, il portait ce vêtement, sans percevoir alors où était le problème car, selon lui, il ne se sentait pas coupable des faits.

Lors de son incarcération, il a également commis des viols sur des co-détenus. À leurs évoctions, il ne reconnaît absolument pas ses actes.

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- Le SSM Chapelle-aux-champs, équipe de traitement d'auteurs d'infractions à caractère sexuel
- L'équipe CAP-ITI
- Alice Chiarugi, psychologue, équipe Rizome-Bxl
- Dimitri Van Weyenbergh, psychologue au Centre de planning familial de Watermael-Boitsfort
- Laeticia Borremans, psychologue
- Olivier Servais, professeur d'anthropologie du numérique à l'UCLouvain



**Merci et à très vite pour notre
prochaine newsletter !**