

Symposium | Forensic Psychiatry and Violence : [Symposium 61] Ethnic diversity, psychiatric conditions, and transgressive behavior: Insights from cases in forensic mental health care

 Sat. Sep 27, 2025 9:00 AM - 10:30 AM JST | Sat. Sep 27, 2025 12:00 AM - 1:30 AM UTC  Session Room 8 (Meeting Room 1)

[Symposium 61] Ethnic diversity, psychiatric conditions, and transgressive behavior: Insights from cases in forensic mental health care

Moderator: Charlotte Clous (Centre for Transcultural Psychiatry Veldzicht), Marjolein De Pau (Department of Special Needs Education, Ghent University)

[SY-61]

Ethnic diversity, psychiatric conditions, and transgressive behavior: Insights from cases in forensic mental health care

Charlotte Clous², Marjolein De Pau¹, Morten Deleuran Terkildsen^{3,4,5}, Ilaria Rossetto⁶ (1. Department of Special Needs Education, Ghent University (Belgium), 2. Centre for Transcultural Psychiatry Veldzicht (Netherlands), 3. Department of Forensic Psychiatry, Aarhus University (Denmark), 4. Institute of Clinical Medicine, Health, Aarhus University (Denmark), 5. DEFACTUM - Public Health Research (Denmark), 6. University of Milan, School of Medicine (Italy))

[SY-61-01]

Exploring the impact of mandatory repatriation on cultural identity and pathways to recovery of migrant forensic psychiatric patients in a Dutch Centre for Transcultural Psychiatry.

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[SY-61-02]

A Tapestry of Self: Laila's Intersectional Identity in Forensic Mental Health Care

*Marjolein De Pau¹, Tom Vander Beken¹, Stijn Vandeveld¹, Sara Rowaert¹ (1. Ghent University (Belgium))

[SY-61-03]

Culture and Care in Practice: A Greenlandic Forensic Psychiatric Ward in Denmark

*Morten Deleuran Terkildsen^{1,2,4}, Parnûna Heilmann³, Karen Aalling Mikkelsen¹, Irene Thorsager Kruitbosch Jensen¹, Ida Margrethe Nielsen^{1,3}, Harry Kennedy^{1,2,5}, Lisbeth Uhrskov Sørensen^{1,2} (1. Department of Forensic Psychiatry, Aarhus University Hospital Psychiatry, Denmark (Denmark), 2. Department of Clinical Medicine, Health, Aarhus University, Aarhus, Denmark (Denmark), 3. Psychiatric Area, Queen Ingrid's Hospital, Nuuk, Greenland (Greenland), 4. DEFACTUM - Public Health Research, Aarhus, Denmark (Denmark), 5. Trinity College Dublin, Dublin (Ireland))

[SY-61-04]

Forensic Psychiatry and Migrant Populations in Italy: Clinical Challenges and Culturally Informed Response

*Ilaria Rossetto¹, Stefano Tambuzzi¹, Cristina Cattaneo¹, Lia Parente², Felice Francesco Carabellese² (1. University of Milan (Italy), 2. University of Bari (Italy))

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Keywords : forensic mental health、ethnicity、culture

Forensic mental health care operates at the intersection of psychiatry and the criminal justice system, providing treatment for individuals whose mental health conditions have contributed to transgressive behavior. Ethnically diverse clients often face distinct challenges in (forensic) mental health care settings, where cultural differences, language barriers, and systemic biases can shape their experiences of care. While these settings can be sites of hope and recovery, they can also become sites of exclusion and despair where professionals struggle to navigate cultural complexity. This symposium explores the diverse experiences of both forensic clients and professionals in four European cases, analyzing how cultural identity, migration, and institutional practices influence pathways of forensic care and recovery. First, a retrospective study in an Italian forensic unit introduces us into differences in forensic pathways, legal status, and clinical outcomes between migrant and Italian national patients. Second, through a case-study from Belgium we illustrate how intersectional identity shapes experiences of mental health, transgressive behavior and forensic care. For the third presentation, we delve into cultural identity and recovery in the face of mandatory repatriation in a Dutch transcultural forensic clinic. Finally, we explore how culture and care are intertwined in practice in a Greenlandic forensic ward in Denmark. These cases clarify that understanding dynamics of culture and identification is crucial in forensic mental health care, as they are inherent to lived experiences of crime, mental illness and the provision of good care. They also reveal how discursive practices of difference have tangible effects on individuals' trajectories of recovery and desistance from transgressive behavior. The cases underscore the need for (forensic) mental health systems to adopt inclusive, strengths-based and culturally-sensitive approaches that recognize the diverse needs of clients. Through this discussion, we aim to promote greater dialogue between forensic mental health and the broader psychiatric field.

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[SY-61-01] Exploring the impact of mandatory repatriation on cultural identity and pathways to recovery of migrant forensic psychiatric patients in a Dutch Centre for Transcultural Psychiatry.

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Keywords : cultural psychiatry, ethnography, repatriation, cultural identity, recovery

Forensic psychiatric patients with a migration background in the Netherlands face unique challenges when their offences lead to revocation of residence rights, often resulting in repatriation to countries that may feel as alien to them as to their Dutch care providers. This ethnographic study explores how patients in a Dutch forensic transcultural psychiatric facility navigate these imposed repatriation perspectives, focusing on the negotiation of cultural identity and its impact on pathways to recovery. Through hospital ethnography we have examined how sociocultural identification processes influence recovery among ethnic minority forensic inpatients with pre-existing psychotic disorders. The study highlights how treatment progress is hindered by limited social leave and structural 'othering,' at the intersection of criminal and migration law.. We discuss the role of discrimination and cultural identity as potential drivers of increased psychosis risk, extending beyond epidemiological frameworks to include lived experiences of inclusion and exclusion of people in closed forensic mental health care settings. Ethnic density theory frames how sociocultural inclusion can buffer against mental health deterioration, yet imposed multicultural environments and repatriation pressures limit possibilities for cultural expression. Our findings reveal complex patterns of cultural identity formation that challenge binary acculturation models and illustrate how vulnerable people display remarkable creativity, finding new ways to belong through cultural hybridization. By centering patients' voices in their interactions with staff and institutional values, we provide insight into the challenges and opportunities for culturally sensitive forensic mental healthcare. These results underscore the need for personalized, context-based care that integrates cultural identity negotiation and the structural realities faced by migrant patients. The findings may inform adaptations to clinical tools like the Cultural Formulation Interview to better address the nuanced needs of this vulnerable group.

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[SY-61-02] A Tapestry of Self: Laila's Intersectional Identity in Forensic Mental Health Care

*Marjolein De Pau¹, Tom Vander Beken¹, Stijn Vandeveld¹, Sara Rowaert¹ (1. Ghent University (Belgium))

Keywords : forensic mental health、ethnicity、intersectional identity、narrative portraiture

This presentation contributes to the symposium's focus on cultural identity and transgressive behavior in forensic mental health care by exploring how intersectional identities shape recovery processes within institutional settings. While ethnically diverse clients often encounter systemic and interpersonal barriers in forensic care, less is known about how they navigate these experiences in relation to their evolving sense of self. We present an in-depth case study using narrative portraiture—a relational, strengths-based methodology—to explore the lived experience of Laila, a young woman of Amazigh descent engaged in forensic mental health care in Belgium. Her story highlights how identity-related challenges—including migration history, gender, cultural hybridity, and institutional constraints—interact with processes of recovery and desistance. Rather than treating culture as a static trait or risk factor, this case reveals how identity is actively negotiated in and through relationships, institutional structures, and broader social discourses. Laila's narrative invites us to reconsider how forensic mental health care can better accommodate clients' identity work as a central part of recovery. Her experience shows how rigid institutional frameworks can undermine this process, while more responsive environments—those that offer “a place to be me”—enable greater engagement and wellbeing. In line with the symposium's aim to foster inclusive and culturally-sensitive forensic practices, this presentation advocates for a shift toward ethnographic and relational approaches that attend to clients' voices, hybrid identities, and lived experiences. It underscores the importance of moving beyond diagnostic or behavioral frames to recognize the ethical and therapeutic significance of belonging, recognition, and meaning-making in forensic care.

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[SY-61-03] *Culture and Care in Practice: A Greenlandic Forensic Psychiatric Ward in Denmark*

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Keywords : Forensic Psychiatry, Cultural Psychiatry, Culturally Adapted Care

Abstract:

In many forensic psychiatric settings, patients from minority backgrounds must navigate systems embedded with unfamiliar cultural norms. These environments can hinder therapeutic relationships and complicate rehabilitation. This presentation offers a different perspective by exploring a forensic psychiatric ward in Denmark that exclusively treats Greenlandic patients and is designed to reflect and support Greenlandic culture.

At this ward, culture is not peripheral—it is central. Greenlandic-speaking staff, a full-time interpreter, and culturally specific activities such as kaffemik, traditional foods, and national celebrations create a setting where patients are to feel seen and understood. The physical environment is adorned with Greenlandic art and motifs, and the structure of daily life incorporates both therapeutic and culturally meaningful practices. Patients follow personalized weekly schedules, and progression toward greater freedoms is tied to active participation in this culturally integrated mode of care.

Rather than framing culture as a challenge to overcome, this ward illustrates how it can be a vehicle for therapeutic stability, emotional safety, and identity continuity. The design of care here invites reflection on how institutions can create belonging for those who are otherwise socially and geographically displaced.

As forensic psychiatry continues to engage with the complexities of cultural difference, this case invites reflection on a subtle tension: when culture becomes central to care, how can we ensure that the individual, their unique experiences, needs, and personal history,

remains fully visible? Might a strong emphasis on shared cultural identity, however well-intentioned, risk overlooking the diversity that exists within cultural groups themselves?

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Keywords : Cultural Psychiatry, Forensic Treatment, Special Asylum procedures

As part of the 2015 legislative reform that reshaped the Italian forensic psychiatric care system, it is essential to examine the implications for migrant populations—a group particularly vulnerable within this context. This analysis focuses on two aspects: (1) a study conducted in the largest Italian forensic psychiatric unit, specifically investigating migrant patients, and (2) a psychological support service for migrants who have survived torture. The retrospective study analyzed the demographic, clinical, and legal characteristics of 184 migrant patients (134 men and 50 women) admitted between 2010 and 2019 to an Italian forensic psychiatric facility. These were compared to Italian patients matched by age, sex, and admission period. Results showed significant differences: male migrants were more frequently diagnosed with schizophrenia spectrum disorders ($p=0.04$) and less frequently with personality disorders ($p=0.047$) than their Italian counterparts. These differences were not statistically significant among female patients. Discharge outcomes also varied: migrants were more often repatriated or transferred, whereas Italians were more likely to be conditionally released ($p<0.001$). Language and cultural barriers negatively affected diagnostic accuracy and treatment planning. The apparent overdiagnosis of psychosis among migrants may reflect both real clinical differences and diagnostic bias due to limited use of culturally sensitive assessment tools. The study emphasizes the urgent need for trained interpreters, cultural mediators, and clinician training in cultural competence. In parallel, migrants who claim to have been victims of torture are routinely examined at the Institute of Forensic Medicine in Milan for special asylum procedures. Given frequent psychological distress or psychiatric disorders, an integrated approach involving ethnopsychiatry experts is essential for diagnosis and care. These examples highlight the urgent need for intercultural approaches in forensic psychiatry to ensure equitable, high-quality mental health care for a diverse and complex patient population.