



Sandie Taylor

Forensic Psychology

the basics

Third Edition

ROUTLEDGE


‘This latest edition of *Forensic Psychology: The Basics* maintains the balance between depth, relevance and accessibility which made the previous editions so valuable for those commencing their journeys on a forensic psychology pathway. The updates to research on genetic factors and current correctional policies show a commitment to contemporary academic research and practice, while the strong focus on adverse childhood experiences reflects a growing awareness within the system of the role these play in criminal justice involvement. Particular highlights in the current edition are the discussions around vulnerability, agency and strengths-based approaches – all challenges which feature prominently in criminal justice practice.’

Rachel Taylor, PhD, *senior lecturer of psychology at the University of South Wales, UK*



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FORENSIC PSYCHOLOGY: THE BASICS

This third edition of *Forensic Psychology: The Basics* continues to provide an accessible overview of the core topics and theories in this fascinating discipline.

The book provides an engaging discussion of core topics and theory in forensic psychology, alongside information about the role of a professional forensic psychologist. In addition to the established topics such as the psychology of crime and criminality, police psychology, victimology and correctional psychology, this edition has been fully updated to include coverage of:

- The impact of labelling offenders
- The effectiveness of new assessment
- Rehabilitation programmes

Special topics such as terrorism, the effects of war on ex-service personnel and offender profiling have been updated, and further attention is paid to recent changes to legislation in the UK and other countries. The book also explores the importance of nature and nurture for people who commit offences, with a special focus on how this is relevant to the development of psychopathic tendencies.

This invaluable guide is essential reading for students across a range of disciplines, including psychology, criminology and law, as well as general readers seeking a concise and jargon-free introduction to forensic psychology.

Sandie Taylor has over 25 years of experience teaching Forensic, Criminological and Investigative Psychology and Criminology at both graduate and undergraduate level at the University of West London, Bath Spa University, Cardiff University and the University of South Wales (where she is currently a visiting lecturer). She has also written a large number of peer-reviewed articles and has authored several academic textbooks including a multidisciplinary approach to crime and criminality.

THE BASICS

The Basics is a highly successful series of accessible guidebooks which provide an overview of the fundamental principles of a subject area in a jargon-free and undaunting format.

Intended for students approaching a subject for the first time, the books both introduce the essentials of a subject and provide an ideal springboard for further study. With over 50 titles spanning subjects from artificial intelligence (AI) to women's studies, *The Basics* are an ideal starting point for students seeking to understand a subject area.

Each text comes with recommendations for further study and gradually introduces the complexities and nuances within a subject.

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FORENSIC PSYCHOLOGY: THE BASICS

Third edition

Sandie Taylor

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FORENSIC PSYCHOLOGY AND THE ROLE OF THE FORENSIC PSYCHOLOGIST

Interestingly, the word ‘forensic’ derives from the Latin word *forensis*, which when translated into English means ‘of the forum’ – the central area of ancient Rome where the city’s law courts were held. Since then, the term ‘forensic’ has evolved to include scientific principles and practices applied within a legal context, and as such is a recognised specialised area that links psychology and law. An excellent way of introducing what a forensic psychologist does is by using examples of personal accounts (see [Box 1.1](#)).

Box 1.1 Dr Ruth Tully and Dr Breann Martin (Practising in Britain and America respectively)

My assessment session ... was for a Court report ... asked to assess the intellectual functioning, suggestibility, and personality of an adult male ... remanded into custody whilst awaiting trial for a serious violent offence ... After leaving the prison ... I dealt with ... emails about ... assessments ... therapy sessions for patients who ... see me related to trauma ... and the risk assessment training.

(Cited by Dr Tully, 2017)

We do a variety of forensic evaluations ... competency ... personal responsibility ... psychodiagnostics ... risk assessments: violence, stalking, sex offending, partner violence ... At the state hospital I sit as the psychology member for our risk

review ... like a parole board. We determine who out of our guilty (except for insane) clients are ready for ... privileges and ... are ... ready to leave ... hospital.

(Cited by Upton, 2023)

What should be immediately apparent to the reader is the diversity of work carried out by forensic psychologists. Much of this work arises out of the core areas taught in most forensic psychology courses. These core areas include:

- Police investigations
- Psychology of crime and delinquency
- Victimology and victim services
- Legal psychology
- Correctional psychology.

While this list provides us with some insight as to what forensic psychology entails, Blackburn (1996) gives us a succinct working definition, stating that forensic psychology is:

the provision of psychological information for the purpose of facilitating a legal decision.

(Blackburn, 1996, p. 7)

The British Psychological Society (BPS) expands on this, defining forensic psychology as follows:

... relates to the psychological aspects of legal processes in courts... is also often used to refer to investigative and criminological psychology: applying psychological theory to criminal investigation, understanding psychological problems associated with criminal behaviour and the treatment of those who have committed offences.

(British Psychological Society, 2023)

This will provide the backbone for our discussion of forensic psychology. First, however, we will explore the history of forensic psychology and how it developed into a discipline in its own right.

THE HISTORY OF FORENSIC PSYCHOLOGY

An important question to consider is that of when forensic psychology actually began. While the term ‘forensic psychology’ is a relatively recent one, the roots of the science date back at least 100 years. The development of forensic psychology has been helped along by influential figureheads who used their research findings and experience as evidence in a court of law.

Table 1.1 highlights four key figureheads whose testimony, research and publications have impacted on the development of forensic psychology as a respectable discipline and helped shaped the role and status of what forensic psychologists do within a legal framework. From evidence presented by figureheads such as Schrenk–Notzing and Marston, for example, research determining whether a defendant has provided a false confession is now within

Table 1.1 Key figureheads that helped to shape forensic psychology

<i>Key figureheads</i>	<i>Contribution towards the development of forensic psychology</i>
James McKeen Cattell 1895	He asked students at Columbia University to respond and rate their degree of confidence in the answers they gave to a series of questions. He found many inaccuracies in the responses provided, and that correctness and confidence were unrelated – some students were overly confident in their incorrect answers while others had little faith in their correct answers. By doing this experiment he highlighted the problems associated with jury perceptions of confident eyewitnesses with accuracy.
Albert von Schrenk–Notzing 1896	He testified at a murder trial, providing evidence of the detrimental effects suggestibility has on witness testimony. He referred to mainstream psychological research on memory to argue how pre-trial media coverage could confuse witnesses into believing they had seen what was reported in the press when they had not. This is an error of perception resulting in the falsification of information. His testimony highlights the relationship between psychology and law as his expert advice arises from within a legal context used to inform the courts of a legal decision.

(Continued)

Table 1.1 (Continued)

Key figureheads	Contribution towards the development of forensic psychology
Hugo Munsterberg 1908	He published 'On the Witness Stand: Essays on Psychology and Crime' where he discussed the flaws of eyewitness memory, the role of hypnosis within a legal context and the detection of false memories. Investigators trying to establish the number of shots fired during the assassination of President Kennedy referred to Munsterberg's research some 60 years later
William Marston 1917	He established the link between systolic blood pressure and lying. After he testified in the case of <i>Frye v. US</i> (1923), the acceptance of expert witnesses in court judging the psychology of testimonial reliability had begun. His work also led to the development of the polygraph.

the domain of forensic psychology. Forensic psychologists have developed ways (albeit not foolproof) of distinguishing different types of confession, including false confessions. This is important and would have been a blessing, for example, during the Salem witch trials of 1692, where 19 women were accused of practising witchcraft and were forced to confess by being tortured. It is the role of the forensic psychologist in British and American society to ascertain whether a confession is false or true and, if false, why it was falsely made.

Another important role for the forensic psychologist derived from past developments is the determination of whether a defendant is fit to stand trial, and the decision as to whether an insanity plea is appropriate. If we go as far back in history as 1772 BC, for instance, the insanity defence was mentioned in Hammurabi's code, the legal code of ancient Mesopotamia. The Romans also had an equivalent concept, *non-compos mentis*, used to describe an individual who had little mental control over their behaviour and therefore could not possibly be guilty of a crime. In the past, the determination of insanity has generally been based on biblical tests of 'knowing good from evil' or on the 'wild beast test'. The wild beast test was applied in the British case of *Rex v. Arnold* in 1724. Under the rules of the test, a defendant considered to be

unaware of what he was doing was considered to behave like a wild beast and therefore should be acquitted. In a similar vein, the Criminal Lunatics Act of 1800 decreed that a mentally ill defendant should be acquitted on grounds of insanity and detained in an institution until considered fit for release into society. To ascertain a defendant's mental state required expert knowledge about the human mind – a role seemingly fit for a forensic psychologist. This ability to ascertain the mental state of a defendant was put to the test when, in 1843, Daniel McNaughton shot the secretary of the Prime Minister instead of his target the Prime Minister, whom he believed was persecuting him. He was clearly deluded and was deemed insane, which meant he was not accountable for his actions. This case led to the introduction of the McNaughton Rules (to the U.K. in 1843 and the U.S. in 1851), which holds that a person found insane cannot be guilty of a crime they have committed. To this day, forensic psychologists are called upon to assess the mental state of a defendant and ascertain fitness to stand trial using the insanity plea. This has significant implications for the individual who commits an offence. We can ask questions regarding the individual's ability to acknowledge responsibility and be cogent enough to decide whether to offend or not. This also links in with the notion of **self-agency** and free-will (see [Box 1.2](#)) and how forensic psychologists in the past have misused psychological applications as a means to ascertaining an individual's cogency (see [Box 1.6](#)).

Box 1.2 Importance of self-agency and free-will

Forensic psychologists commonly assess whether an individual who has committed an offence is competent to stand trial – in other words is this person of a cogent state of mind to comprehend the allegations made by the prosecution. Moreover, has this person the mental capacity to defend oneself and rebuff these allegations if innocent. Since the Mc Naughton Rules were introduced in the U.K. and U.S., the assessments by forensic psychologists have played a pivotal role in manipulating the fate of such individuals. As pointed out by Arnold (2021), sometimes these evaluations of

competency can be clouded by cultural misunderstandings, especially if there are language boundaries. For instance, the use of the MacArthur Competence Assessment Tool-Criminal Adjudication (MacCAT-CA) in the U.S. is difficult to understand for individuals whose English is a second language. This means that a failure to understand and provide consent of treatment, for instance, can be misinterpreted as being incompetent. Moreover, providing a deviance label, such as incompetency to stand trial, can become long-term and trigger a self-fulfilling prophecy or belief in the label. This has the effect of removing self-agency (such as self-generated control over one's actions). Self-agency and decision making will be largely removed from the individual when incarcerated in a forensic health or prison facility (although there are moves towards including a self-agency approach in treatment interventions, see [Chapter 4](#)). Ellis and Bowen (2017) investigated a number of factors which could contribute towards creating a culture of desistance from violence among prisoners who were serving anywhere between one year and life imprisonment. Factors included relationship attachment; prosocial support; prosocial attitudes, resilience and self-agency. Self-agency was measured using the Agency for Desistance Questionnaire which considered intention and perceived ability to change, and expectancy of change. They found that having higher levels of prosocial attitudes, resilience and self-agency predicted desistance from violence, but it was self-agency as a stand-alone factor that predicted desistance best. Ellis and Bowen recommended the inclusion of positive social interaction and increased self-agency into prison environments. Increased self-agency and positive social interaction can also be introduced to therapeutic interventions and community-based initiatives for those who have offended. Of further interest to the notion of self-agency and free-will, is the question of whether individuals decide to commit offences of their own volition? This is especially important when the individual is considered to be vulnerable and suggestible to the will of others. In some cases, this is easy to fathom. For some individuals such behaviour is driven by psychotic episodes where self-agency

and free-will are greatly attenuated. There are those who have been assessed as having psychopathic traits which enable them to commit acts considered heinous. Do psychopathic traits make them responsible for behaving this way or do they commit crime using free-will? It is well established that our behaviour is driven largely by the circumstances we find ourselves in. But to commit crime, in particular violent and dangerous crime, is a decision most of us will not make. Our moral compass or conscience enables us to control potentially impulsive, dangerous and aggressive behaviour. In the case of less serious criminal behaviour, the Rational Choice Model modified by Cornish and Clarke (1986) includes micro-models used by individuals to rationalise their decisions to be involved in a criminal lifestyle, commit crimes and ways of doing it. Whatever, the case, the decision is one of self-agency and free-will.

Another role of the forensic psychologist derived from past developments, this time in psychology itself, is the use of assessments. Of particular importance are intelligence and personality tests used to assess normal mental or cognitive functioning (see [Chapters 3](#) and [5](#)). Tests using questions and problem-solving tasks to assess intelligence were first used in 1889 by Alfred Binet, and later in the work of David Wechsler, who developed the Wechsler Adult Intelligence Scale in 1921. Such tests as these and personality tests like the Minnesota Multiphasic Personality Inventory (MMPI), developed in 1939 by Starke Hathaway (a psychologist) and J.C. McKinley (a psychiatrist), remain widely used as assessment tools by forensic psychologists today.

It is clear from these examples that the contributions of past research, testimony and publications have helped to shape forensic psychology as a discipline and define the role of forensic psychologists. In fact, they have helped to create two types of forensic psychologist with very different roles – the academic and the practitioner. The academic and practitioner and their varying roles will be our next topic of consideration.

HOW HISTORY HAS SHAPED FORENSIC PSYCHOLOGY: ACADEMIC AND PRACTITIONER

Forensic psychologists – whether academics or practitioners – are interested in the same theories, issues and subject matter but deploy their skills rather differently. The difference in the acquired skill base for academics and for practitioners of forensic psychology primarily derives from their working environments, what their aims and objectives are and their daily job activities. This difference can be traced back historically to the different pathways taken. There are those, for example, who have taught and researched forensic psychological phenomena (i.e. primarily the academic) and those who have applied their knowledge of forensic psychological phenomena to contexts deriving from their work environment (i.e. primarily the practitioner). This, however, does not preclude the academic from acting as a professional expert in a court case, or the practising forensic psychologist from imparting knowledge to students at a university. Academics who teach forensic psychology tend to have a range of different training backgrounds, qualifications and experiences of the area. Practitioners, on the other hand, are expected to undergo specialised training and experience. To become a forensic psychologist in the U.K. there are two routes that can be followed: the accredited degree process or completion of a doctorate programme. In the case of the accredited degree process, the student will need to complete a psychology degree or conversion course that has been accredited by the BPS. Then a master's degree in forensic psychology followed by two years of supervised practice (stage 2 of the BPS qualification in forensic psychology). After completing a master's degree, in the U.K. students can gain practitioner status by doing a PG Diploma in Practitioner Forensic Psychology. The doctorate pathway is a revised qualification introduced in 2021 by the BPS. It is the equivalent of an accredited master's degree with the conditional two years of supervised practice. Entry for this is useful for people who have a degree and relevant work experience such as in a prison.

In the U.S., certification as a Diplomate in Forensic Psychology is awarded by the American Board of Professional Psychology (ABPP). According to the Division of Criminological and Legal Psychology (DCLP) Training Committee 1994, there are numerous skills and a

Table 1.2 Skills of a practising forensic psychologist

Conceptual understanding of work within a legal structure
Understanding of achievements gained through psychological application within a legal and clinical context
Understanding of what type of psychology is relevant to offenders, witnesses, victims and investigators
Understanding of forensic psychological applications in areas of assessment and how assessment should be approached; investigation and court procedure; making decisions of guilt or innocence and whether treatment or rehabilitation is appropriate; professionalism at all times and how to apply this in a report and testimonial presentation
Practical experience in one or more sub-areas of forensic psychology

range of knowledge that a forensic psychologist must possess before he or she is allowed to have Chartered status – which, in the U.K., means that they can qualify as a practising forensic psychologist (see [Table 1.2](#)). These skills and the outlined knowledge base are also required for forensic psychologists practising in the U.S.

These skills are important, enabling a practising forensic psychologist to operate within the context of a legal structure and to apply their specialised expertise in a variety of situations. Their specialised expertise is diverse, but there are two areas that are fundamental to the role of the forensic psychologist which we will consider in the next section.

FUNDAMENTAL EXPERTISE ACQUIRED BY FORENSIC PSYCHOLOGISTS

Forensic psychologists perform a variety of roles, most of which involve two fundamental skills – those of assessment and therapeutic intervention.

Assessment

Assessment has become an important aspect of a forensic psychologist's work. It is increasingly used to inform them of an appropriate course of action, such as which therapy would best suit an offender with specific needs or what areas of problem behaviour can be improved using therapeutic intervention. Offenders are normally

assessed on entering the correctional system (i.e. prison, probation or a special hospital) and when they are ready to leave (i.e. to be released into the community or reduced supervision), but can also be assessed during periods of psychological crisis (e.g. when there are relationship problems, a death in the family or recurring mental illness). In the U.S., this assessment can include the determination of competency to be executed in death penalty cases. The following are common areas of assessment:

- Custody issues
- Competency to stand trial
- Risk of danger to self or others
- Lethality/dangerousness
- Insanity
- Vulnerability
- Personality (i.e. antisocial).

Therapy

There are many different types of therapeutic intervention available to forensic psychologists; such therapies, however, have to be relevant in the treatment of offenders. Psychotherapy is commonly used because it is concerned with the treatment of behavioural problems exhibited by individuals. These problems can present wide-ranging symptoms such as anger management issues, communication difficulties and anxiety. These have to be taken into consideration when determining the best psychotherapeutic approach, whether this is delivered in an individual, group, family or couples format. Forensic psychologists endeavour to use therapeutic techniques that have been empirically tested and are known to work in the treatment of specific problems. Behavioural treatments can be designed to deal with issues of anxiety, hence the use of relaxation techniques. Hypnotherapy can be used to treat anxiety problems and has also been useful in the treatment of memory problems, in the management of addictive behaviours and in enhancing cognitive performance. However, it is the ‘talking’ therapies, or psychotherapy, that many forensic psychologists resort to. Psychotherapy draws upon different theoretical areas from psychology. Some of the most effective psychotherapies that forensic psychologists use are described in [Box 1.3](#).

Box 1.3 Main therapies used to treat problem behaviour

Cognitive therapy: used as a means of identifying automatic thoughts that interfere with an individual's perceptions, and often distort their understanding of information. This approach enables the individual to identify the occurrence of these thoughts and to evaluate their causation. With the help and guidance of therapists, these dysfunctional and often disabling thoughts and beliefs (i.e. cognitions) can be challenged and responded to appropriately.

Behavioural therapy: used as a means of changing or modifying behaviour through the alteration of environmental factors responsible for initially causing the onset of problem behaviour. It is through the repeated presentation of the anxiety-provoking **stimulus** (i.e. an object, person or situation) that an individual can become desensitised (i.e. comfortable with) to the feared stimulus. It is these changes to the environment which alter behaviour, and the underlying thoughts and emotions underpinning the behaviour.

Cognitive-behavioural therapy (CBT): as the name suggests, this approach combines cognitive with behavioural therapy. CBT focuses on the environment, behaviour and cognition in a highly structured, ordered and goal-directed way. The contribution of thoughts in the causation of an individual's symptoms is addressed by changing them. Another element of CBT is a problem-solving aspect, where offenders are taught new skills to help resolve any interpersonal problems. This is achieved through using the stages of CBT, whereby problems are defined; goals are set; a schedule implemented to help change behaviour and thoughts; and the outcomes evaluated for schedule effectiveness.

Interpersonal therapy: used to address problems with relationships with others, which can be due to, for example, social skill deficits, or disputes over changes or transitions in one's own role within a family (e.g. the individual suddenly finds that they are no longer head of the family, or has difficulty coping with grief that affects relationships).

Family therapy: this involves all family members and is used to correct the dynamics of dysfunctional relationships occurring

as a consequence of distorted communications. This might involve helping family members come to terms with, and learn about, their loved one's condition (e.g. coping constructively with a mental illness such as schizophrenia).

Psycho-education: used to inform individuals about their diagnosis or condition and its treatment. Such individuals are taught how to identify early signs of relapse and what preventative measures to adopt. As this might be a long-term problem, it is important that strategies are in place to enable individuals to cope with prolonged behavioural and emotional difficulties. Psycho-education therapy extends to family members, as their cooperation in helping sufferers to comply with treatment reduces the risk of relapse.

PROFESSIONAL PRACTICE

Professional practice is of particular importance to practising forensic psychologists, who not only owe a level of professionalism and reliability to their 'clients' but also have a duty to maintain the standards of their profession, and need a method of protecting themselves against malicious allegations. Professional practice encompasses a wide number of issues, which we will cover next.

Professional skills

Professional skills involve a rather eclectic and diverse set of abilities. One important skill for the forensic psychologist, however, is the ability to problem solve. As difficult decisions are often made under changing and challenging situations, forensic psychologists need to have good effective problem-solving abilities, which are required for the determination of appropriate treatment programmes and choices of assessment. Decisions based on professional judgement must conform to the stipulated Code of Practice determined by the professional body representing the forensic psychologist. This means that decisions deemed to be suitable for the individual must be within the context of an ethical and acceptable solution under the Code of Practice. The professionalism of the forensic psychologist should foster skills such as competency in what they do and confidence in

their knowledge and practice-based abilities – it is this which leads to good judgement and decision making. When an offender presents symptoms of disordered thought, for example, it is the forensic psychologist's responsibility to make a clear assessment of what is causing the problem and decide what the best treatment available is. To make such a judgement requires competency, and confidence in the knowledge and experience acquired over the years.

Professional skills also involve the ability to identify issues which might require advice and guidance from other agencies. Knowing the parameters of a situation is useful in determining the extent of relevant input the forensic psychologist can make. Being aware of legal boundaries and clinical research can help inform decision making, but might also highlight limitations of a forensic psychological approach, leading to guidance and cooperation being sought from health professionals, councils, counsellors and other relevant professionals and agencies. An offender on probation might need forensic psychological input to help with issues of anger management – so they might be required to attend anger management sessions. However, if these issues stem from problems associated with living conditions such as housemates taking drugs, then the solution to this situation is beyond the capabilities of the forensic psychologist, but within the remit of the council or housing association.

There are likely to be ethical dilemmas which forensic psychologists need to recognise through skills of reflection, supervision and consultation with peers. Help and advice can come from a variety of sources in addition to working peers. The Division of Forensic Psychology's (DFP) website provides a resource for subject knowledge and skills for forensic psychologists, and is renowned for its promotion of the profession (British Psychological Society, 2023). The DFP disseminates information on current developments in the field, as well as advice and training opportunities for forensic psychologists.

Choice of intervention

Decisions concerning the nature of offender treatment and rehabilitation programmes develop from years of experience. These are helped by appropriate assessment and one-to-one interviews with offenders as a means of establishing details of their mindset,

upbringing and psychological vulnerability. Such attention to detail can also be used by the penal system to establish the best location for the prisoner. A prisoner assessed as psychologically vulnerable might, for instance, be best placed closer to home or even in an alternative institution to a prison. Information about the offender is pertinent in tailoring the best type of treatment and/or rehabilitation for the individual concerned.

Writing reports

As part of their daily routine, forensic psychologists need to be able to keep appropriate records of individuals they see. These records should be written using appropriate language that is mindful and respectful. Furthermore, the content reported should be respectful to the individual concerned; and this means that information must also be recorded, processed and stored in confidence to prevent any unconsented disclosure. Records of how and when events occurred, such as what happened during a session, must be clearly documented, but only with the consent of the individual. Forensic psychologists are expected to be in a position to produce formal written reports which could be used to help write policies and strategies for improving forensic psychological services. Occasionally, a report is written to the court which provides information to lawyers defending or prosecuting individuals with an offence history.

There has, however, been a movement by some forensic psychologists to exclude language that can be perceived as labelling individuals (see [Box 1.4](#)).

Box 1.4 Should the use of language labels be avoided?

Those who have had contact with the legal or mental health systems are often labelled according to their behaviours and criminal activity. For example, terminology such as offender or criminal describe persons who have behaved in ways which contravene the law of the land. These labels are a shorthand for a cluster of behavioural and personality traits exhibited. They provide a common understanding of what the individual has done, and can, for instance, be used to help ascertain

the seriousness of an individual's behaviour. By describing the crime committed, the individual is landed with a life-long label such as 'sex offender'. It has been argued, by some forensic psychologists, that these labels are hindering a trajectory of positive change for individuals labelled in these ways. These labels prejudice the individual which, such forensic psychologists argue, bias the way they are considered for various assessments and therapy. Assessments for parole or their suitability for engaging in available treatment interventions can be retracted just by virtue of how these individuals are perceived. Willis (2018) also argues that labelling individuals as belonging to the same offence category can compromise how they are reintegrated and rehabilitated, simply because they become a homogenous and not a heterogeneous group of offenders. Negative perceptions from labelling extrapolate beyond the realms of incarceration facilities. Lowe and Willis (2020) demonstrated how offence-based labels such as 'sex offender' significantly reduced the willingness of volunteers to be involved with any projects devised to help these individuals. These labels are likely to perpetuate punitive attitudes (Harris & Socia, 2016) which hinder the social support needed to desist from committing further offences (Willis & Grace, 2008). For example, individuals who have committed sex offences, by law, are registered on the sex offenders list. The endorsed 'self-identification model' trialled in the state of Louisiana, in the U.S., meant that displaying a sign saying 'a sex offender lives here' was enforced as a way of informing the neighbourhood. This occurred as a consequence of 'Megan's Law', named after Megan Kanka who was raped and murdered by a 33-year-old Jesse Timmendequas (Taylor, 2016). While there has been a call for the replacement of such labelling with person-first language, the criminal justice world has been slow to act (Cox, 2020). There are many reasons for this, but it could be that because these labels are so ubiquitous in the criminal justice system that to change them is difficult. While it is important to be aware of the negative repercussions language labels in forensic psychology can have on public perceptions, these labels have been used to classify individuals and as a form of nomenclature for a very long time.

Furthermore, there are many people who believe that it is fair game to be landed with a label if that is the crime they have committed. Hence, it will take a long time to change public opinion even if activists campaign for person-first language and forensic psychologists adopt it. Halmari (2011) claimed that people-first language fails to have a meaningful role in altering how the general public behave. Gernsbacher (2017) believes person-first language is merely an empty gesture if it doesn't impact on how those labelled are treated by the public. With the recall to prison of Paul Gadd (Gary Glitter) after breaching the conditions of his licence in March 2023, there has already been a backlash of negativity from the public expressing their views on media outlets (see [Box 4.10](#)). People-first language may well be adopted by forensic psychologists and other practitioners, but they are likely to be alone in this for quite some time yet.

Awareness of ethics

Ethics can be succinctly defined as a 'science of morals or rules of behaviour'. Psychologists uphold standards of professionalism set by their representing body, the BPS, or the American Psychological Association (APA) in the U.S., which promotes ethical behaviour, attitudes and judgements. And forensic psychologists are no exception to upholding the ethics stipulated by the BPS or the APA. The Royal Charter of the BPS specifies a Code of Conduct, first introduced in 1985. In connection with this, the Ethics Committee is used in the process of ethical decision making. It is therefore the Code of Ethics and Conduct which guides all members of the BPS on professionalism. In the U.S., it is the APA that provides the Ethics Code for practising forensic psychologists. Other countries, such as Australia, New Zealand, Canada and Republic of Korea, for example, have Codes of Ethics and Conduct stated in their respective psychological bodies.

The Code of Ethics is highly structured and rule-bound and adheres to four ethical principles – respect, competence, responsibility and integrity – which, combined, act as guides to ethical decision making and behaviour based on ethical reasoning (see [Table 1.3](#)).

Table 1.3 The four ethical principles

<i>Ethical principles</i>	<i>What they entail</i>
Respect	Psychologists should value the dignity and worth of all individuals; be mindful of client perceptions of the authority and influence the psychologist wields; respect the rights and privacy of others including issues of confidentiality and self-determination (i.e. clients wanting to do things for themselves); and respect the need for consent to disclose any confidential information.
Competency	Psychologists should strive to develop and maintain high standards of competency in their work. They should also recognise their limitations in knowledge, skill and experience.
Responsibility	Psychologists should value and uphold their responsibility of care to their clients and in so doing prevent harm, misuse and abuse. This extends to their research participants.
Integrity	Psychologists should value fairness, honesty, clarity and accuracy in all that they do. They should endeavour to maintain the integrity of the profession.

In 1992, a survey was conducted to assess the range of ethical dilemmas forensic psychologists encountered in their practice and, interestingly, there was much similarity in the problems faced by those practising in Britain (surveyed by the BPS), the U.S. (surveyed by the APA) and Sweden (surveyed by the Swedish Psychological Association or SPA; see [Box 1.5](#)).

There have been some cases in the past where forensic psychologists and psychiatrists alike have had to defend themselves against client allegations of unprofessional conduct. A case in question is that of *W v. Edgell* in 1990 (cited in Dolan, 2004). Dr Edgell was a psychiatrist treating a detained patient. The Mental Health Tribunal wanted a report from Dr Edgell concerning the suitability of patient W for release. The report contained confidential information about W's level of dangerousness that would ultimately have prevented any possibility of his release. This information was passed on to his Medical Officer without W's consent. In effect, Dr Edgell had passed on damning confidential information about W without any consent for disclosure and it was for this reason that W took

Box 1.5 Three studies based on Pope and Vetter's 1992 survey questionnaire

Confidentiality was the most commonly reported ethical dilemma – 18 per cent (APA), 17 per cent (BPS) and 30 per cent (SPA). This tended to relate to incidents of child sexual abuse and indiscretion of peers. The second dilemma commonly reported by the APA and SPA was conflicting relationships, where the professional boundaries with a client were compromised in some way (17 per cent and 18 per cent respectively). For the APA, payment issues were placed third, at 14 per cent. This concerned poor insurance cover of the client, attaining money from appointments missed, and the reduction of fees. This figured low in the BPS survey; this is likely to be a direct consequence of having a free National Health Service which covers referrals to forensic psychologists. Other ethical dilemmas included:

- Academia, teaching and training
- Research
- Conduct of colleagues
- Sexual issues
- Assessment
- Harmful interventions
- Competence.

(Pope & Vetter, 1992)

Dr Edgell to the Court of Appeal. However, his claim was dismissed on grounds that Dr Edgell acted in a professional manner and pitted confidentiality against public interest. He knew that this type of information would have been withheld at the tribunal hearing, resulting in the release of a dangerous man. W had been detained in a special hospital, as he was diagnosed with paranoid schizophrenia, and was convicted of manslaughter on five counts.

As we have seen, forensic psychologists do encounter ethical dilemmas. In some cases, their judgements can be compromised as an expert witness in court for the prosecution (i.e. the misuse of assessment interpretation and recommendation for treatment; see [Box 1.6](#)).

Box 1.6 Was there misuse of forensic psychological application in the past?

The question of whether forensic psychologists misused forensic psychological applications in the past is interesting but is also part of the wider issue concerning expertise bias and ethical dilemmas arising between forensic practice and the legal system. Merkt et al. (2021) highlight the dual loyalty conflict which forensic mental health professionals such as forensic psychologists face. Those who work in, what they refer to as, court-mandated treatment settings, need to consider both the individual's well-being and the security and safety of the public. These two things do not always go hand-in-hand and can create ethical conflicts such as balancing the individual's rights with public safety. Forensic psychologists working under these conditions often resolve these ethical dilemmas by the use of transparency to both the individual and the representatives of the justice system. Individuals are informed about the limitation of confidentiality and how detailed information about their therapy is relayed to the justice system representatives. Clinical practice can be compromised if this dual loyalty conflict is biased towards the justice system. Ludici, Salvini, Faccio, and Castelnuovo (2015) claim that the use of psychological assessment applied in forensic psychology is a contentious issue. They allude to forensic psychologists experiencing problems of judgement errors in the attribution of causality and to errors of inference from data. Ludici et al. highlight eight roles of the forensic psychologist in the courtroom:

- 1 Application of the insanity plea by assessing mental competency
- 2 Assessment of competency to stand trial
- 3 Assessing risk and possibility of violence
- 4 Assessing personal harm
- 5 Child custody assessment in cases of divorce
- 6 Evaluation of malingering
- 7 Personality assessment
- 8 Interpreting polygraph data (primarily used in the Probation Service for the management of those convicted of sexual offences since 2014; Home Office, 2022).

They also highlight the problem of translating psychological information into legal terminology and applying this to a system such as 'law' which is diverse. There lies the problem. Interestingly, in Ludici et al.'s study they found many 'epistemological errors', where forensic psychologists formed a value judgement from a fact. Also, the error of arguing an interpretation as a fact. Finally, they found that forensic psychologists often understood criminal behaviour using psychological explanations, when in fact committing an offence may instead be a consequence of social factors. Hence, the legal system paying attention to psychological contribution might induce the forensic psychologist to search for psychological causal links. Wakefield and Underwager (1993) outlined the pitfalls of psychological tests used in forensic settings. They discussed the potentially life-changing consequences of misinterpreted forensic psychological assessments for the individuals concerned. These misinterpretations could be due to the forensic psychologist being unethical or incompetent. Children assessments relying on the interpretations of drawings or signs to evaluate personality can lack reliability and validity. For example, a 15-year-old boy's drawings depicting a person were seen as being 'primitive' and symbolised a 'person who acts out their anger in sexualised ways'. Wakefield and Underwager, however, tested the boy and discovered he was blind in one eye and had an IQ of 67 – hence the 'primitive' drawing. This had not been addressed! This example illustrates the importance of considering the stage of developmental achievement. Wakefield and Underwager provide many other examples of misinterpretation and overinterpretation of a variety of tests used to establish sexual abuse or sexual offending, such as the MMPI used as a personality test and the Multiphasic Sex Inventory used to establish deviant sexual behaviours. The wider issue of incompetent assessment and the role of forensic psychologists in the detainment of prisoners globally, such as those detained in Guantanamo Bay, has raised eyebrows (Perlin, 2018). Perlin (2018) has accused organised forensic psychology of silently enabling the mistreatment of those incarcerated in forensic institutions with mental and intellectual disabilities, and how this contravenes international human rights. Such individuals, he argues, are denied rights to make choices about their lives;

administered unregulated psychotropic medications and subjected to institutional abuse. For instance, those who are incompetent to stand trial, as is the case with those having serious mental issues, in Kyrgyzstan are charged for crimes and incarcerated without any future of being treated to enable them to stand trial. Also, in some countries, previously part of the USSR, prosecutors adopt 'Stalin-esque' power to detain individuals without any form of medical assessment. Perlin states that: "Ethical codes mandate that forensic psychologists...behave to ensure that they maximize the values of 'fairness and justice' in their dealings with clients...all of this does present a challenge to concerned psychologists...whose professional work is connected to what goes on in the legal system". In a recent case, concerning porn star Ron Jeremy, it was decreed that he is incompetent to stand trial for 30 counts of rape and other sexual misconduct over a 23-year period. He was committed to a state mental health hospital where he can be held for up to two years. The Los Angeles Superior Court Judge ruled that Jeremy was not competent to assist his defence team. He has remained in prison since his arrest in 2020 (Broadway, 2023). This provides an example of how easy it is to be deemed incompetent to stand trial but nevertheless be incarcerated before proven guilty. Among the BPS Archives, a collection of old psychological tests that included IQ and personality tests were discovered. Of particular interest the manager, Sophie O'Reilly, documented how these IQ tests impacted on the Caribbean children who were tested for their placement within the British educational system. For example, IQ tests had questions which asked children to name what the objects in pictures were called. When these children referred to a tap as a pipe, their response was noted as incorrect. The fact that in the Caribbean a tap is referred to as a pipe was ignored and unfortunately many of these children were sent to schools for the Educationally Sub-normal based on such incorrect answers. O'Reilly points out that this impacted on what these children were able to learn (Rhodes, 2023). Not only are there potential problems with how assessments are used and interpreted by forensic psychologists, but the application of treatment can have a host of its own problems such as lack of consent and the type of treatment intervention forced upon specific groups of people who do not

fit the mould. In the past psychology played a role in pathologising sexual diversity and many LGBT+ people experienced psychological mistreatment. Previously aversion therapy was used as a way of changing the sexual identity, preferences and behaviour of many homosexuals. Educational psychologist, Pauline Collier (2023), described how she underwent aversion therapy in an attempt to change her sexual preference for women in 1965. The electric shock occurred after seeing a photograph of a woman. Sometimes the shock occurred immediately on seeing the photograph, 30 seconds after or not at all. This anticipation of the shock caused even more anxiety. If a button was pressed to replace the photograph of a woman with that of a man, then there was no electric shock.

Working with other agencies

It is important that forensic psychologists cooperate with other related agencies and professionals such as lawyers, judiciary, police and probation and prison officers. This is because the services that forensic psychologists offer sometimes involve the help of other agencies. Offenders in prison, for example, are subjected to a daily routine determined by the prison system and prison officers who are there to enforce it. Therefore, forensic psychologists have to negotiate suitable times and dates with prison officers for meeting their clients. Simple requests such as running group therapy in prisons require clearance with those in charge. This extends to other agencies too, such as probation officers who supervise those on a probation order. Those on a probation order need to report to their probation officer on a daily basis in some cases, and probation officers therefore need to be kept informed of any treatment their clients are receiving or rehabilitation programme that they might be signed up to. In the case of lawyers, there are various roles that the forensic psychologist might have, such as informing the defence lawyer of any psychological issues their client might have that could influence the case. The discussion of sensitive information about a defendant's state of mind requires cooperation with lawyers and negotiation on the boundaries of what is permissible evidence in court. Attending court requires cooperation with the judiciary and an understanding of what is considered to be

permissible expert evidence – hence forensic psychologists need to be fully aware of how the legal system operates.

Working with other agencies can be difficult at times, as there might be incongruent professional codes of conduct. While a lawyer, for example, might want as much information as possible about an individual, it is not necessarily in the best interests of the forensic psychologist to disclose confidential reports concerning their client. Due to professional codes of conduct, especially that which concerns the disclosure of confidential information without the client's consent, forensic psychologists can be left in a tricky situation. This can cause a great deal of distress in situations where the non-disclosure of such information could result in a mentally unstable and dangerous offender being released from a psychiatric unit and being free to reoffend. This dilemma was seen in the case of Dr Edgell, which we have already considered. By divulging confidential information without the consent of his patient, Dr Edgell was contravening the professional codes of conduct. It appears to be a judgement call on the part of the professional. So, while codes of conduct are there to prevent misconduct, there has to be flexibility in the system to allow experts to make decisions in cases that could be potentially dangerous to the public if information is withheld. Nevertheless, forensic psychologists (including clinical psychologists working in forensic health settings such as hospitals and in the community) can provide helpful insights and impart important information to other agencies they are working collaboratively with on a shared case (see [Box 1.7](#)).

Box 1.7 What can forensic/clinical forensic psychologists do for other agencies?

Lawyers

- They can help witnesses to prepare for giving evidence in court by improving their testimony presentation skills.
- They can help convince the jury by providing advice on case presentation and evidence and opening/closing statements.
- In the U.S., lawyers hire forensic psychologists to advise on jury selection.

Judiciary

- They can help the court to comprehend and evaluate the evidence presented. For example, they can explain the consequences of their findings from psychological assessment.
- They can testify regarding a host of issues such as child custody, competency to stand trial, predicting **dangerousness** and mental illness (and clinical forensic psychologists can advise on whether prison or a mental hospital is more appropriate), criminal responsibility, appropriate treatment and/or rehabilitation, and criminal profiling.

Police

- They can offer advice on appropriate interrogation techniques and interviewing skills. For example, from sound psychological theory on how memory operates best, experienced forensic psychologists have devised the cognitive interview technique which many police forces now use.
- They can help in police investigations using criminal profiling techniques. For example, research regarding offender profiling has provided interesting information which links crime scene and victim details to the likely behaviour and motivation of the perpetrator.

Parole boards and mental health review tribunals

- They can offer expert advice concerning the offender's state of mind. For example, based on their assessments forensic psychologists can make predictions about the offender's likely future behaviour and provide this invaluable advice to parole boards. In particular, Markham (2020) has suggested that clinical psychologists working in forensic health settings can provide risk assessment and management advice for offenders within the context of secure and forensic mental health settings (see The Recovery Model below).