

## CBS0003

**Introduction and overview of offenders with intellectual disabilities**K. Goethals<sup>1,2\*</sup><sup>1</sup>University Forensic Centre, Antwerp University Hospital, Edegem and <sup>2</sup>CAPRI, University of Antwerp, Wilrijk, Belgium

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**Abstract:** Intellectual disability (according to the DSM-5) or intellectual developmental disorder (according to the ICD-11) is a disorder with onset during the developmental period that includes both intellectual and adaptive functioning deficits in conceptual, social and practical domains. The term learning disability (LD) is also used, although this term shows more specifically deficits in the domain of learning. The term learning difficulties is often used for specific or generalized intellectual impairment that does not meet all of the criteria of LD.

The prevalence of learning disability in prisoners is about 10%. Up to 60% of male prisoners have learning difficulties. Prevalence rates for offending behaviour in patients with LD is higher than in the general population and show a large range, from 2-40%.

The main explanatory factor underlying the link between intelligence and offending is the lack of ability to manipulate abstract concepts. Poor academic performance, common in persons with LD, is also linked to offending.

With regard to sexual offending, some persons with LD may not have learnt the rules that define acceptable and unacceptable behaviour. Sexual offences may amount to inappropriate, impulsive expressions of emotion rather than premeditated violent acts. Violent behaviour in the LD population may be due to frustration, impulsivity or poor problem solving skills. There is no significant difference in the frequency of violent or property offences between individuals with LD and those without. However, sex offences and fire-setting are frequently seen in individuals with LD.

Persons with LD are vulnerable suspects and may also be disadvantaged by the criminal justice system because of a lack of appropriate support and legal representation from early stages in the process.

In this introductory paper these themes will be addressed.

**Disclosure of Interest:** None Declared

## CBS0004

**The psychiatric assessment including fitness to participate in court proceedings for defendants with intellectual disabilities**

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**Abstract:** The very brief presentation will describe the initial approach to the psychiatric assessment of the case presented including the issue of fitness to participate in court proceedings.

The use of screening tools at court to identify people with intellectual disabilities will be highlighted along with what support can be provided for vulnerable offenders in attending court. The potential disposal options for the court such as prison or hospital or community will be outlined. Variation in practice across European countries needs further discussion to ensure the rights of defendants with intellectual disabilities are safeguarded during their participation in court proceedings

**Disclosure of Interest:** None Declared

## CBS0005

**Case-based Workshop: Presentation of offenders with intellectual disabilities: towards an open and inclusive treatment**F. Saeedzadeh Sardahae<sup>1,2,3\*</sup><sup>1</sup>Psychiatry, St Olav University Hospital; <sup>2</sup>Psychiatric clinic, Lukasstiftelsen and <sup>3</sup>Psychiatric clinic, Advansmedical, Trondheim, Norway

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**Abstract:** Legal frameworks and the challenges for treatment and rehabilitation of offenders with intellectual disabilities Speaker: Farzaneh Saeedzadeh Sardahae, MD, PhD, Consultant psychiatrist St. Olav University Hospital, Trondheim, Norway

Lack of timely diagnostic and treatment for mild intellectual disability amongst offenders presents special challenges to clinicians and prison system alike. On the one hand, appropriate treatment for their psychiatric symptoms may not be implemented as they can be mislabeled primarily as behavioral issues. Different approaches to such perceived behavioral issues within judiciary (or prison) system and health care system is a potential conflict area. On the other hand, treatment and rehabilitation of offenders with intellectual disability require both resources and expertise that may not be readily available in prison systems, pre- or past sentencing. Furthermore, the scope of such challenges varies greatly based on different legal frameworks for sentencing offenders with intellectual disability within Europe.

In the first section an overview of Norwegian legal framework for offenders with intellectual disability is briefly presented. Then using the example of a young female offender with mild intellectual disability, drug dependence and multiple psychiatric morbidities, the speaker examines complexities of dual diagnoses, interdisciplinary and multiagency cooperation follow-up and challenges faced in the recovery process. A brief introduction to the current Norwegian follow-up system for offenders with intellectual disability is discussed before examining recent changes in legal framework for sentencing offenders with intellectual disability in Norway, and its ramifications, as well as potential benefits for treatment and future rehabilitation of offenders. Finally, the speaker reflects on points for further improvement, especially considering the multi-agency nature of treatment and rehabilitation of offenders with intellectual disability.

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