

Brazilian Journal of Forensic Sciences, Medical Law and Bioethics

Journal homepage: www.ipebj.com.br/forensicjournal



Neuropsychological Assessment in the Forensic Context: A Scoping Review

Letícia Venturi da Silva^{1,*}, Amer Cavalheiro Hamdan¹

¹ *Department of Psychology, Federal University of Paraná, Curitiba, PR, Brazil*

*Corresponding author. E-mail: leticiaventuri@outlook.com. ORCID: 0000-0002-8383-7521

Received 10 April 2022; Accepted 18 August 2022

Abstract. The introduction of neuropsychologists in legal practice allowed for the field of forensic neuropsychology to arise. However, it is still a recent field of knowledge that is in continuous development. The existing literature highlights the incipience of studies in this area and the need for adaptation of instruments and methods. Thus, this scoping review aims to analyze how neuropsychological assessment has been employed so far in the forensic context. In order to do this, a search and a follow-up were conducted in the databases PsycInfo, Scopus and Web of Science. The query used for both searches was "(neuropsychological assessment OR neuropsychological test)" AND "forensic" OR "forensic neuropsychology". Initially, 1001 papers were identified, and after a two-stage screening process, 83 articles were included for analysis. Regarding neuropsychological assessment, the most investigated constructs were cognitive levels, memory and symptom validity. The heterogeneity of employed instruments we found in the studies evidenced the great existing variability in forensic neuropsychological practice. Among the most assessed populations were individuals with psychiatric, psychological or neurological diagnoses and male adult detainees in general. With this review, we expect to provide an overview on the current state of forensic neuropsychology, as well as information that may serve as a starting point for new research and further developments in the field.

Keywords: Neuropsychology; Forensic psychology; Neuropsychological test.

1. Introduction

The justice system requires scientifically based evidence in order to make the fairest and most appropriate decisions possible. Thus, it is always looking for other fields of knowledge and new methods to support its decision-making process¹. One such field is neuropsychology, and the intersection between its methods and the law has recently established itself as a new field of study and practice.

The development of systematic methods for evaluating psychological consequences from traumatic events and investigating the association of affective and cognitive processes in socially disruptive behavior has allowed neuropsychology to find space to enter the boundaries of legal practice². Due to it being an evidence-based way of addressing the relationship between brain (mental state) and behavior, neuropsychology can significantly contribute to understanding criminal conduct or civil demands³ in forensic contexts. Neuropsychological assessment results can also provide important complementary data to other professionals in situations related to the law¹.

The introduction of neuropsychologists in legal practice has thus generated the field called forensic neuropsychology. It is still a recent field of knowledge, in continuous development, and the existing literature highlights the incipience of studies in the area regarding the necessity of ethical adaptation of instruments and methods to the legal context⁴.

Ensuring that the instruments and methods of forensic neuropsychology are adapted to ethical principles is vital. Otherwise, there is a risk of non-scientific and questionable practices occupying this field of intervention³. This evidences the importance of developing ethical guidance alongside the field itself⁵, as well as the need to educate and train forensic neuropsychologists, given the insufficiency of specialized professionals to meet current demands⁶.

The inappropriate use of neuropsychological knowledge can contribute to spreading prejudices, stigmatizing notions and over-pathologizing of issues related to mental disorders and their possible correlation with judicial problems². Responsible application of this knowledge ensures a reliable and evidence-based practice, granting forensic neuropsychology the potential to assist in the primary function of the judiciary system: the search for truth and the promotion

of justice³. However, in order to do so, a clearer notion of how forensic neuropsychological practice stands in its current form is required.

Hence, the main objective of this scoping review is to analyze how neuropsychological assessment has been used in the forensic context. Specifically, we intend to answer three questions: (1) *What is the purpose of neuropsychological assessments in the legal context?* (2) *What are the most used instruments in neuropsychological assessments?* (3) *In the forensic context, neuropsychological assessment is commonly used to assess which population?* Thus, we expect to provide an initial and broad screening of forensic neuropsychology, adding to the existing reflections on issues present in the literature.

2. Methods

2.1 Protocol

The present study consists of a scoping review of the literature on forensic neuropsychology, aiming to understand how neuropsychological assessment has been used in the forensic context. Scoping reviews are a technique used to systematically map broader concepts and topics in a research area⁷ allowing researchers to identify the main terms, theories, sources of evidence and gaps in the analyzed field⁸.

2.2 Data sources and search strategy

The initial search was conducted in the electronic databases PsycInfo, Scopus and Web of Science, on August 19th, 2020. The search query used was "(neuropsychological assessment OR neuropsychological test)" AND "forensic" OR "forensic neuropsychology". A follow-up search was conducted on June 12th, 2022, to identify any additional articles published after the initial search. This was done in order to update our findings and to further base this review. The same three databases were consulted, and the search query was identical to the one used in the first search.

2.3 Eligibility criteria

Studies were eligible for inclusion if they had (a) empirical research designs (not systematic or literature reviews, descriptive studies, letters to the editor, book

chapters, books, dissertations, thesis, opinion texts or corrections) and if they (b) approached in any way the use of neuropsychological assessment or tests in a forensic context. As for the exclusion criteria, papers were excluded from the review if they were (a) not written in Portuguese, Spanish or English, (b) not fully available online, and/or were (c) published before 2015, ensuring that only the most recent publications regarding the main topic of interest were selected.

2.4 Study selection process

A two-stage screening process was used to assess the relevance of studies identified in the search and their adequacy to this review's purpose. The first step was to select studies based on reading their titles and abstracts in the databases and then deciding on their inclusion or exclusion based on the previously established criteria. On the first search round, after the exclusion of 150 duplicate papers, 644 studies were screened. Scopus had 150 results, from which 62 were excluded (see Figure 1 for details on the reasons for exclusion), leaving the remaining 88 articles for the second-stage screening. In the Web of Science database, the search resulted in 46 articles. Of these, 29 were excluded and 17 were selected for the second-stage screening. In PsycInfo, from a total of 448 results, 411 were excluded and the remaining 37 articles were included in the second-stage screening. Thus, a total of 142 articles were included in the second-stage screening.

During the follow-up search, 207 new results were found in the 3 databases combined. After the exclusion of duplicates ($n = 86$), the titles and abstracts of the remaining 121 results were read, and their inclusion or exclusion was decided based on the same previously established criteria. Scopus provided 39 new results, from which 27 were excluded (see Figure 2 for details on the reasons for exclusion), leaving 12 articles for the second-stage screening. In the Web of Science database, there were 44 new results, from which 37 were excluded, leaving 7 articles for the second-stage screening. In PsycInfo, from the 38 new results, 26 were excluded and 12 were included in the second-stage screening. A total of 31 articles were included in the second-stage screening after the follow-up search.

2.5 Data extraction process and final sample

The following data were extracted from the 142 studies selected from the first search: the complete reference, type of study design, sample characteristics and instruments utilized. After this in-depth reading of the 142 articles, the papers inconsistent with the purpose of the review (n = 77) were excluded, totaling 65 studies selected for complete analysis.

The same data was extracted from the 31 articles included in the follow-up search. After this in-depth reading, other 13 papers were excluded for not being consistent with the purpose of this review, totalizing 18 studies selected for the complete analysis. Adding the two searches together, a total of 83 papers were analyzed in this review.

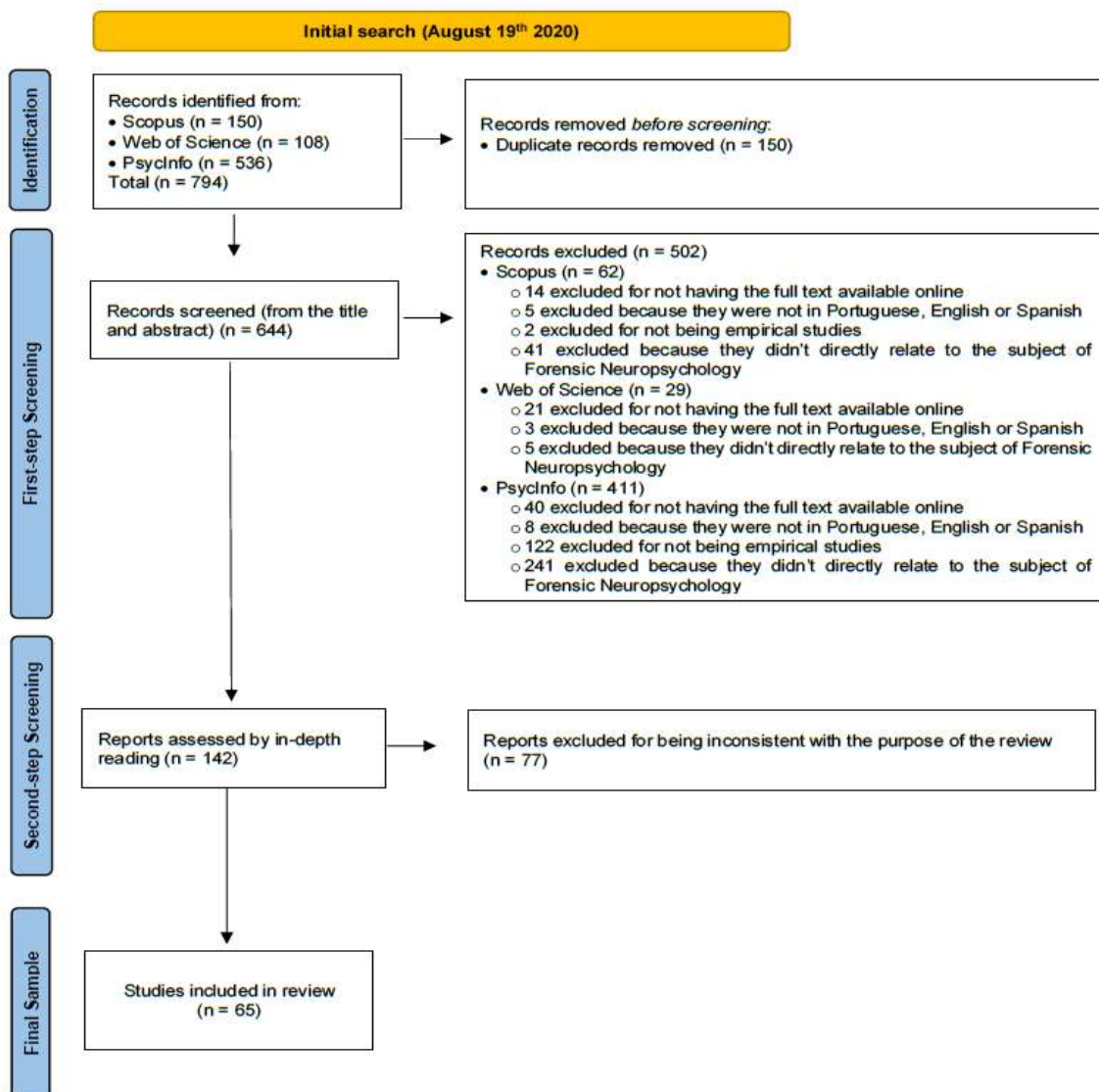


Figure 1. Literature search flowchart diagram.

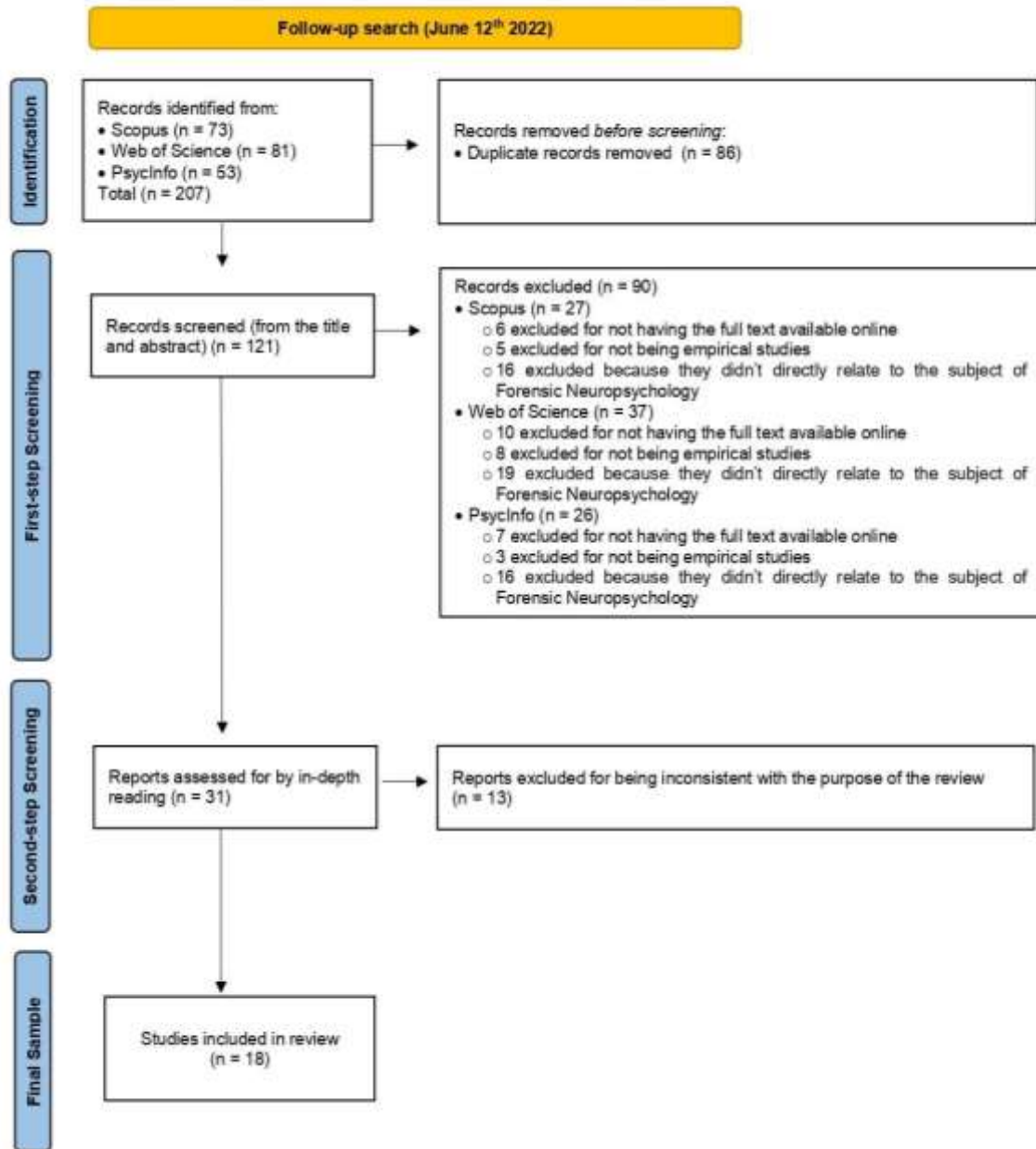


Figure 2. Literature follow-up search flowchart diagram.

3. Results

The literature search resulted in a total of 1001 articles (sum of the records identified in the initial and follow-up search; see Figure 1 and Figure 2). After the exclusion of the duplicate papers (n = 236) and the analysis of titles and abstracts, 592 articles were excluded, and the data of 173 were extracted. 90 other studies were then excluded for being inconsistent with the review's purpose. The final 83 articles were included for analysis.

The most frequent study designs (Table 1*) were case-control (n = 33; 40%), non-randomized clinical trial (n = 23; 28%) and cross-sectional analytical studies (n = 16; 19%). There were also 5 cohort studies (6%), 3 randomized clinical trials (4%) and 3 retrospective studies (4%).

In total, 41 articles (49%) used at least one neuropsychological test to investigate the sample's intelligence levels. Neuropsychological instruments were used by 24 papers (29%) to evaluate memory. Symptom validity was investigated by 39 papers (47%) with at least one instrument used for this purpose. Among the most common instruments were the Test of Memory Malingering (TOMM) (n = 18; 22%), Victoria Symptom Validity Test (VSVT) (n = 8; 10%) and the Medical Symptom Validity Test (MSVT) (n = 7; 8%).

Overall, more than 140 different types of instruments were identified. Table 1 provides a description of all instruments used in neuropsychological assessments in the forensic context of the analyzed articles. Among the main neuropsychological tests used were the California Verbal Learning Test (CVLT) (n = 15; 18%), Word Memory Test (WMT) (n = 14; 17%) and the Trail-Making Test (TMT) (n = 13; 16%). The Wechsler Scales were also used in several researches: in 27 (33%), one of the editions of the Wechsler Adult Intelligence Scale (WAIS) - WAIS-R, WAIS-III, WAIS-IV or WAIS-IV-NL - was applied, 10 (12%) others used the Wechsler Memory Scale (WMS) - 3rd, 4th edition or Revised -, and the Wechsler Abbreviated Scale of Intelligence (WASI) was used in 5 (6%) studies. The Psychopathy Checklist-revised (PCL-R) was part of the instruments in 8 (10%) studies, such as the Repeatable Battery for the Assessment of Neuropsychological Status (RBANS), also used in 8 (10%) papers.

Regarding samples, we found that 38 (46%) studies had a sample made up of forensic patients, detainees admitted to forensic institutions/hospitals and/or individuals with psychiatric, psychological or neurological diagnoses. 15 (18%) studies specifically investigated patients diagnosed with psychiatric/psychological disorders - such as Conduct Disorder, Psychotic Disorders or Personality Disorders. 9 studies (11%) specifically addressed individuals with Schizophrenia Spectrum Disorders and other 7

*Table 1 can be accessed through this link:
https://drive.google.com/file/d/1dO6RgqF_gfKbeSrTDBllatkeJ8vY5MkJ/view

studies (8%) had patients with Psychopathy or antisocial disorder as their sample. The sample of other 15 (18%) studies didn't focus on one specific condition, instead investigating forensic hospitals' general population. Furthermore, another 8 (10%) papers focused on investigating patients with a history and diagnosis of neurological conditions, such as stroke, acquired brain injury, traumatic brain injury or dementia.

45 (54%) papers focused on the forensic population involved in criminal or civil lawsuits without identified or diagnosed health conditions. 18 (22%) were adults arrested for one or more crimes (in general). 13 (16%) investigated individuals convicted of violence or assault - 3 (4%) specifically for sexual assault and 4 (5%) for sexual abuse or assault against minors. 7 (8%) articles assessed adolescents or children who committed a crime or were incarcerated. 5 (6%) investigated adults who committed murder, but only one paper focused specifically on women convicted of this crime. 2 (2%) recent papers also focused on evaluating veterans and U.S. service members' justice claims. Finally, 2 others (2%) assessed children who were victims of crime.

4. Discussion

4.1 What is the purpose of neuropsychological assessments in the legal context?

From the analysis of the 83 selected articles, we ascertained that 47% of the studies involving the application of tests sought to investigate the validity of the symptoms presented by those evaluated⁹⁻¹³. This data is congruent with legislation that determines that deficits or neurological conditions can decrease sentence time, legally acquit the accused or even provide monetary compensation in civil cases¹⁴. Thus, the retrieved data demonstrates the relevance of the investigation of symptom validity in the conduction of trials and lawsuits.

Neuropsychologists are called upon to intervene in the forensic context when there are questions about the adequacy of the examinee's neuropsychological functions^{15,16}. In other words, to assist in determining the individual's competence to stand trial and assume responsibility for the crime^{2,17}. Cognitive functions seem to be especially relevant in determining

one's ability to be judged. Research has mainly converged on the investigation of memory and cognitive functions^{2,18}.

An expressive number of articles stated that neuropsychological assessment is commonly conducted to investigate the individual's cognitive functions. Intelligence tests were used in 49% of the studies, which may be related to the fact that cognitive deficits have an influence on volitional behavior and, consequently, with criminality¹⁹⁻²¹. Also, cognitive impairment and competence to stand trial could be associated factors¹⁸, which demands more research to further explore this correlation. Intelligence levels in forensic contexts are also an up-to-date relevant research topic, since it was found that the estimated prevalence of intellectual disability in the forensic population appears to be higher than expected²².

Memory functions are also commonly investigated since they have significant associations with the validity of individuals' performance or symptoms^{14,23-25}. As well as witness capability to provide evidence in a trial²⁶. The importance of global neuropsychological assessment in the forensic context can also help in the examination of specific situations such as, for example, simulation of symptoms and performance in tests²⁷⁻²⁹.

4.2 What are the most used instruments in neuropsychological assessments?

Neuropsychological assessment is mostly used to assess cognitive and memory functions and the presence of neuropsychiatric symptoms. In this review, a significant variability of assessment instruments was observed (140 different types of tests). Therefore, there is a lack of standardization regarding the tools for neuropsychological assessments in the forensic context and an indication that a wide variety of neuropsychological functions are being evaluated in different ways. This fact can be expected due to the field of neuropsychology being relatively recent. However, the lack of standardization of the instruments used by neuropsychologists is also pointed out as a possible problem, since there is evidence showing it can compromise the reliability of results in neuropsychological assessments, the quality of these procedures and how this information is understood by legal professionals².

Most of the studies involved validation and analysis of psychological instruments' applicability to the forensic population, investigating constructs such as symptom validity or malingering³⁰⁻³⁶, performance validity^{11,37-40}, trial competence⁴¹, and psychopathy or antisocial symptoms⁴². Also, other studies investigated the validation and standardization of new instruments developed for this specific setting, regarding the assessment of memory performance¹⁴, executive functions in forensic populations⁴³⁻⁴⁶, social cognition⁴⁷, feigning symptoms^{48,49} and testamentary capacity in older adults⁵⁰.

This data also aligns with the previous discussion regarding the young age of this research field². Since it is still an expanding area for the use of neuropsychological knowledge and practice³, it is expected to be at a stage where neuropsychological instruments are being validated for the forensic population and settings and their usage is thus widely variable.

It is important to highlight that restricting detainees' hands (through the use of handcuffs) during the execution of neuropsychological tests can affect the performance of the assessed individuals⁵¹. Therefore, the generalization of forensic neuropsychological assessments and their results must be considered with caution and properly contextualized.

4.3 In the forensic context, neuropsychological assessment is commonly used to assess which population?

Neuropsychological assessment has been employed to assess a wide variety of neuropsychiatric conditions in the forensic population. Some studies have focused their investigations on samples of hospitalized forensic patients. Forensic patients with psychiatric disorders showed various neuropsychological impairments, mainly related to memory, cognition and impulsivity, which can increase the risk of violent behavior⁵²⁻⁵⁶. This fact matches the literature in that it affirms the importance of neuropsychological assessment of psychiatric and neurological patients, as it can provide important information about risk factors, deficits or associated dysfunctions^{57,58}.

One of the most investigated conditions was schizophrenia. Studies of forensic patients with schizophrenia were frequently associated with the use of violence^{59,60}, such as aggressive behavior and offenses, and especially homicide and other neuropsychiatric conditions⁴². In these patients, social

cognition directly affects the manifestation of violence and the severity of symptoms⁶¹. These findings are essential for thinking about how neuropsychological deficits common in schizophrenia may have implications for a person's capacity to stand trial and take responsibility for their actions⁶²⁻⁶⁴. These data suggest the need for individualized interventions for schizophrenic incarcerated individuals⁶⁵⁻⁶⁷.

Other conditions frequently investigated in the forensic context were psychopathy and personality disorders⁶⁸⁻⁷⁵. The interpersonal and affective traits that characterize psychopathy, including irresponsibility, impulsiveness, and tendencies to ignore or violate social conventions and rules, have been associated with socially deviant behavior and consequences in criminal contexts^{76,77}.

Some researchers have investigated forensic populations convicted of violence or sexual assault. The conclusions of their studies showed lower scores in the tests of immediate memory, visuospatial/constructive and response inhibition^{20,78}. These data support the interpretation of impulsivity, response inhibition, and decision-making as crucial etiological factors in understanding sexually aggressive/criminal behavior⁷⁸⁻⁸¹. However, the importance of idiosyncratic evaluations and rehabilitations was stated, since sex offenders are not a homogeneous group as they are generally categorized by society⁸².

Regarding the underage population convicted of crimes, the general objective of the studies was to try to identify executive dysfunctions in these individuals⁸³⁻⁸⁶. They also investigated possible risk factors for minors to develop criminal behavior in relation to previous environmental conditions, life experiences and comorbid conditions^{87,88}.

Other papers focused on the people who were convicted of homicide. This population was primarily evaluated to identify common neuropsychological deficits and association with criminal behavior^{89,90}. Associated disorders and risk factors related to recidivist criminal action were also investigated⁹¹. Notably, most studies only analyzed criminal authorship in the male population, with only one focusing on a female sample⁹².

4.4. Limitations

The main limitation of this study concerns the eligibility criteria. In this review, only empirical articles were included, which may limit the scope of the obtained information. Future research could include theses, dissertations, book chapters, and literature reviews in order to provide additional information on neuropsychological assessment in the forensic context.

5. Conclusion

This review aimed to analyze how neuropsychological assessment has been used in the forensic context. The results showed the main purposes of the assessment, instruments used, and types of populations investigated. Regarding the purpose of neuropsychological assessment, most of the analyzed studies investigated the validity of instruments and competence for standing trial. Many other constructs and functions can be approached in future research regarding this population and setting.

We identified that some groups are very well represented in this field's research, such as psychiatrically, psychologically or neurologically impaired forensic patients, and male adults. Future studies could focus on investigating understudied populations, such as women, children and the elderly, victims of crimes, prison guards and other professionals involved in the legal context. Such research may add new insights to the neuropsychological effects of crimes or being imprisoned.

Neuropsychologists are gaining more space in the forensic sphere to intervene in many different demands. However, we found there is a wide variety of instruments used in neuropsychological evaluation, and this has possible negative repercussions. Standardizing forensic neuropsychological assessment procedures is necessary in order to safely continue the development of this field and guarantee more reliable assessment results.

Finally, we aimed to provide a profile of the current state of forensic neuropsychology and information that may serve as a starting point for new research that covers topics that were sparsely addressed or not addressed at all in the studies analyzed here. Through this research, neuropsychology can continue to expand and improve its space in the forensic context. It can also fulfill, in a reasoned and ethical manner, its objectives and responsibilities of

basing judicial decisions, which, in turn, will bring significant consequences for the lives of a great number of individuals.

References

1. Serafim AP, Saffi F. A perícia em saúde mental. In: Serafim AP, Saffi F. (orgs.). Neuropsicologia forense. Porto Alegre: Editora Artmed. 2015; 46-56.
2. Serafim AP, Saffi F, Silva TGBD, Almeida CVD, Hokama E, Barros DMD, et al. Forensic neuropsychological assessment: a review of its scope. Archives of Clinical Psychiatry (São Paulo). 2015;42(2):63-7. <https://doi.org/10.1590/0101-60830000000049>
3. Kaufmann PM. Neuropsychologist experts and civil capacity evaluations: representative cases. Archives of Clinical Neuropsychology. 2016;31:487-94. <https://doi.org/10.1093/arclin/acw053>
4. Hom J. Forensic neuropsychology: Are we there yet? Archives of Clinical Neuropsychology. 2003;18:827-45. [https://doi.org/10.1016/S0887-6177\(03\)00076-3](https://doi.org/10.1016/S0887-6177(03)00076-3)
5. Hall HV. Criminal and Civil-Forensic Factors in a Methamphetamine Murder Case. In: Hall HV, Poirier JG. Forensic Psychology and Neuropsychology for Criminal and Civil Cases - Second Edition. Reino Unido: Taylor & Francis Group; 2022, p.3-53. <https://doi.org/10.4324/9781003213307-2>
6. Sweet JJ, Boone KB, Denney RL, Hebben N, Marcopulos BA, Morgan JE, Nelson, NW, Westerveld M. Forensic neuropsychology: History and current status. The Clinical neuropsychologist. 2022;1-16. <https://doi.org/10.1080/13854046.2022.2078740>
7. Arksey H, O'Malley L. Scoping studies: towards a methodological framework. International Journal of Social Research Methodology. 2005;8(1):19-32. <https://doi.org/10.1080/1364557032000119616>
8. Canadian Institutes of Health Research. A guide to knowledge synthesis: a knowledge synthesis chapter. 2010.
9. Dunham KJ, Denney RL. Development of the Poor Validity Profile Analysis for the Medical Symptom Validity Test. Arch Clin Neuropsychol. 2016;31:944-53. <https://doi.org/10.1093/arclin/acw060>
10. Fazio RL, Denney RL. Comparison of Performance of the VIP and WMT in a Criminal Forensic Sample. Arch Clin Neuropsychol. 2018;33:1069-79. <https://doi.org/10.1093/arclin/acy001>

11. Fazio RL, Denning JH, Denney RL. TOMM Trial 1 as a performance validity indicator in a criminal forensic sample. *Clin Neuropsychol*. 2017;31(1):251-67. <https://doi.org/10.1080/13854046.2016.1213316>
12. Geurten M, Meulemans T, Seron X. Detecting over-reporting of symptoms: the French version of the self-report symptom inventory. *Clin Neuropsychol*. 2018;32(sup1):164-81. <https://doi.org/10.1080/13854046.2018.1524027>
13. Henry GK, Heilbronner RL, Suhr J, Gornbein J, Wagner E, Drane DL. Illness Perceptions Predict Cognitive Performance Validity. *J Int Neuropsychol Soc*. 2018; 24: 735-45. <https://doi.org/10.1017/S1355617718000218>
14. Paulo R, Albuquerque PB. Detecting memory performance validity with DETECTS: A computerized performance validity test. *Appl Neuropsychol Adult*. 2017;26(1):48-57. <https://doi.org/10.1080/23279095.2017.1359179>
15. Bush SS, Lees-Haley PR. Treats to the validity of forensic neuropsychological data: ethical considerations. *J Forensic Neuropsychol*. 2006;4(3):45-66. https://doi.org/10.1300/J151v04n03_04
16. Seruca T, Silva CF. Recidivist criminal behaviour and executive functions: a comparative study. *J Forensic Psychiatry Psychol*. 2015;26(5):699-717. <https://doi.org/10.1080/14789949.2015.1054856>
17. Karyadi KA, Nitch SR, Kinney DI, Britt WG. Decision making of forensic psychiatric inpatients deemed incompetent to stand trial. *Appl Neuropsychol Adult*. 2020;29(1):66-76. <https://doi.org/10.1080/23279095.2019.1709847>
18. Arredondo BC, Marcopulos BA, Brand JG, Campbell KT, Kent J-A. Cognitive functioning and adjudicative competence: defendants referred for neuropsychological evaluation in a psychiatric inpatient setting. *Clin Neuropsychol*. 2017;31(8):1432-48. <https://doi.org/10.1080/13854046.2017.1317032>
19. Seidl H, Nilsson T, Hofvander B, Billstedt E, Wallinius M. Personality and Cognitive Functions in Violent Offenders - Implications of Character Maturity? *Front Psychol*. 2020;11(58):1-10. <https://doi.org/10.3389/fpsyg.2020.00058>
20. Azizian A, Hutton S, Hughes D, Sreenivasan S. Cognitive Impairment: Is There a Role for Cognitive Assessment in the Treatment of Individuals Civilly Committed Pursuant to the Sexually Violent Predator Act? *Sex Abus J Res Treat*. 2016; 28(8): 755-69. <https://doi.org/10.1177/1079063215570757>
21. Justes SM, Robinat AP, Bouton MPP. Clock drawing test in forensic assessment. *Spanish J Leg Med*. 2018;44(4):144-9. <https://doi.org/10.1016/j.remle.2018.05.001>
22. van Esch AYM, de Vries J, Masthoff EDM. Screening for intellectual disability in Dutch psychiatrically disturbed detainees: Assessing the psychometric properties

- of the Screener for Intelligence and Learning Disability (SCIL). *J Appl Res Intellect Disabil.* 2020;33(6):1418-27.
23. Ovsiew GP, Carter DA, Rhoads T, Resch ZJ, Jennette KJ, Soble JR. Concordance Between Standard and Abbreviated Administrations of the Test of Memory Malingering: Implications for Streamlining Performance Validity Assessment. *Psychol Inj Law.* 2021;14(2):134-43. <https://doi.org/10.1007/s12207-021-09408-y>
 24. Poreh A, Bezdicek O, Korobkova I, Levin JB, Dines P. The Rey Auditory Verbal Learning Test forced-choice recognition task: Base-rate data and norms. *Appl Neuropsychol.* 2016;23(3):155-61. <https://doi.org/10.1080/23279095.2015.1027343>
 25. Poreh A, Tolfo S, Krivenko A, Teaford M. Base-rate data and norms for the Rey Auditory Verbal Learning Embedded Performance Validity Indicator. *Appl Neuropsychol Adult.* 2017;24(6):540-7. <https://doi.org/10.1080/23279095.2016.1223670>
 26. Zangrossi A, Sartori G, Prior M, Bobbo D, Zuccon M, Curci A. Memory performance predicts interrogative suggestibility better than global cognition in older adults with subjective cognitive complaints. *Conscious Cogn.* 2020; 84. <https://doi.org/10.1016/j.concog.2020.102985>
 27. LaDuke C, DeMatteo D, Heilbrun K, Gallo J, Swirsky-Sacchetti T. The Neuropsychological Assessment of Justice-Involved Men: Descriptive Analysis, Preliminary Data, and a Case for Group-Specific Norms. *Arch Clin Neuropsychol.* 2017;32: 929-42. <https://doi.org/10.1093/arclin/acx042>
 28. Monti C, Saffi F, Barros DM, Dias AM, Akiba HT, Serafim AP. Forensic neuropsychological assessment: clinical case of depression and working incapacity. *Jornal Brasileiro de Psiquiatria.* 2015;64(1):86-9. <https://doi.org/10.1590/0047-2085000000061>
 29. Mullally K, McLachlan K, MacKillop E, Pei J. Performance validity testing in justice-involved adults with fetal alcohol spectrum disorder. *J Int Neuropsychol Soc.* 2020; 26(7): 701-13. <https://doi.org/10.1017/S1355617720000132>
 30. Larrabee GJ, Rohling ML, Meyers JE. Use of multiple performance and symptom validity measures: Determining the optimal per test cutoff for determination of invalidity, analysis of skew, and inter-test correlations in valid and invalid performance groups. *Clin Neuropsychol.* 2019;33(8):1354-72. <https://doi.org/10.1080/13854046.2019.1614227>
 31. Merten T, Merckelbach H, Giger P, Stevens A. The Self-Report Symptom Inventory (SRSI): a New Instrument for the Assessment of Distorted Symptom

- Endorsement. *Psychol Inj Law*. 2016;9:102-11. <https://doi.org/10.1007/s12207-016-9257-3>
32. Mossman D, Wygant DB, Gervais RO, Hart KJ. Trial 1 versus trial 2 of the test of memory malingering: Evaluating accuracy without a "Gold Standard." *Psychol Assess*. 2018; 30(1): 74-85. <https://doi.org/10.1037/pas0000449>
33. Nguyen CT, Green D, Barr WB. Evaluation of the MMPI-2-RF for detecting over-reported symptoms in a civil forensic and disability setting. *Clin Neuropsychol*. 2015;29(2):255-71. <https://doi.org/10.1080/13854046.2015.1033020>
34. Reyes A, LaBode-Richman V, Salinas L, Barr WB. WHO-AVLT recognition trial: Initial validation for a new malingering index for Spanish-speaking patients. *Appl Neuropsychol Adult*. 2019;26(6):564-72. <https://doi.org/10.1080/23279095.2018.1470974>
35. Tierney SM, Webber TA, Collins RL, Pacheco VH, Grabyan JM. Validity and Utility of the Miller Forensic Assessment of Symptoms Test (M-FAST) on an Inpatient Epilepsy Monitoring Unit. *Psychol Inj Law*. 2021;14(4):248-56. <https://doi.org/10.1007/s12207-021-09418-w>
36. van Impelen A, Merckelbach H, Jelacic M, Niesten IJM, Campo J. Differentiating Factitious from Malingered Symptomatology: the Development of a Psychometric Approach. *Psychol Inj Law*. 2017;10:341-57. <https://doi.org/10.1007/s12207-017-9301-y>
37. Bodner T, Merten T, Benke T. Performance validity measures in clinical patients with aphasia. *J Clin Exp Neuropsychol*. 2019;41(5):476-83. <https://doi.org/10.1080/13803395.2019.1579783>
38. Henry GK, Gornbein J. Posttraumatic stress disorder and noncredible symptom reporting on the Trauma Symptom Inventory-2. *Appl Neuropsychol Adult*. 2020; 29(1):100-5. <https://doi.org/10.1080/23279095.2019.1710511>
39. Henry GK, Gornbein J. The Modified Somatic Perception Questionnaire: Operating characteristics in non-pain forensic samples. *Appl Neuropsychol*. 2020;29(4):598-604. <https://doi.org/10.1080/23279095.2020.1794868>
40. Lee C, Landre N, Sweet JJ. Performance validity on the Stroop Color and Word Test in a mixed forensic and patient sample. *Clin Neuropsychol*. 2019;33(8):1403-19. <https://doi.org/10.1080/13854046.2019.1594385>
41. Ross PT, Padula CB, Nitch SR, Kinney DI. Cognition and Competency Restoration: Using the RBANS to Predict Length of Stay for Patients Deemed Incompetent to Stand Trial. *Clin Neuropsychol*. 2015;29(1):150-65. <https://doi.org/10.1080/13854046.2015.1005678>

42. De Page L, Mercenier S, Titeca P. Assessing psychopathy in forensic schizophrenia spectrum disorders: Validating the Comprehensive Assessment of the Psychopathic Personality-Institutional Rating Scale (CAPP-IRS). *Psychiatry Res.* 2018;265:303-8. <https://doi.org/10.1016/j.psychres.2018.05.019>
43. Aguilar C, Karyadi KA, Kinney DI, Nitch SR. The Use of RBANS among Inpatient Forensic Monolingual Spanish Speakers. *Arch Clin Neuropsychol.* 2017; 32: 437-49. <https://doi.org/10.1093/arclin/acx006>
44. Boswinkel N, van Horn JE. The Forensic Symptoms Inventory-Youth Version-Revised: Development and Age Invariance Testing of a Broad-Spectrum Questionnaire for Forensic Assessment. *Psychol Rep.* 2021;124(5):1956-87. <https://doi.org/10.1177/0033294120953559>
45. Bayan SM, Nitch S, Kinney D, Kaminetskaya M. Exploratory analysis of CVLT-II forced-choice recognition and RBANS EI base rates for forensically-committed, psychotic-disordered inpatients: Implications on clinical decision-making. *Appl Neuropsychol Adult.* 2018;25(1):71-81. <https://doi.org/10.1080/23279095.2016.1247092>
46. Williams KD, Hancock E, Wozniak N, Oehler S, Manguso R. Psychometric limitations of the RBANS effort index in forensic inpatient populations. *Appl Neuropsychol Adult.* 2020;27(2):181-7. <https://doi.org/10.1080/23279095.2018.1517768>
47. Botero CGDP, Avendaño-prieto BL, Mejía-vélez BS, Morales-quintero LA, Toro R, García-lópez E. Bateria de Evaluación de Cognición Social en Psicología Forense: Adaptación y Validación. *Avaliação Psicológica.* 2021;20(1):89-99. <https://doi.org/10.15689/ap.2021.2001.17545.10>
48. Grossi LM, Green D, Cabeldue M, Pivovarova E. Assessing feigning with the Feigning Evaluation INtegrating Sources (FEINS) in a forensic psychiatric sample. *Psychol Serv.* 2022;19(2):213-24. <https://doi.org/10.1037/ser0000513>
49. Tylicki JL, Rai JK, Arends P, Gervais RO, Ben-Porath YS. A comparison of the MMPI-2-RF and PAI overreporting indicators in a civil forensic sample with emphasis on the Response Bias Scale (RBS) and the Cognitive Bias Scale (CBS). *Psychol Assess.* 2021;33(1):71-83. <https://doi.org/10.1037/pas0000968>
50. Martin RC, Gerstenecker A, Hebert K, Triebel K, Marson D. Assessment of Testamentary Capacity in Older Adults: Description and Initial Validation of a Standardized Interview Instrument. *Arch Clin Neuropsychol.* 2022;37(6):1133-47. <https://doi.org/10.1093/arclin/acac028>
51. Biddle CM, Fazio RL, Dyshniku F, Denney RL. Effects of handcuffs on neuropsychological testing: Implications for criminal forensic evaluations. *Appl*

- Neuropsychol Adult. 2018;25(1):82-90.
<https://doi.org/10.1080/23279095.2016.1247093>
52. Brassard ML, Joyal CC. Predicting forensic inpatient violence with odor identification and neuropsychological measures of impulsivity: A preliminary study. *J Psychiatr Res.* 2022;147:154-8. <https://doi.org/10.1016/j.jpsychires.2022.01.021>
53. McMichael I, Tiley O, Broyd J, Murphy D. Examining the relationship between neuropsychological functioning assessed during admission to a high secure psychiatric care hospital and vulnerability to long-term segregation. *J Forensic Pract.* 2021;23(1):13-25. <https://doi.org/10.1108/JFP-08-2020-0038>
54. Mela M, Flannigan K, Anderson T, Nelson M, Krishnan S, Chizea C, et al. Neurocognitive function and fetal alcohol spectrum disorder in offenders with mental disorders. *J Am Acad Psychiatry Law.* 2020;48(2):195-208.
55. Nishinaka H, Nakane J, Nagata T, Imai A, Kuroki N, Sakikawa N, et al. Neuropsychological impairment and its association with violence risk in Japanese forensic psychiatric patients: A case-control study. *PLoS One.* 2016;11(1):1-14. <https://doi.org/10.1371/journal.pone.0148354>
56. van Alphen R, Stams GJJM, Hakvoort L. Musical attention control training for psychotic psychiatric patients: an experimental pilot study in a forensic psychiatric hospital. *Front Neurosci.* 2019;13(570):1-10. <https://doi.org/10.3389/fnins.2019.00570>
57. Denzel AD, Harte JM, van den Bergh M, Scherder EJA. Ethnic variations regarding clinical profiles and symptom representation in prisoners with psychotic disorders. *BJPsych Open.* 2018;4:18-28. <https://doi.org/10.1192/bjo.2017.3>
58. Mazurek C, Brook M, Kwasny M, Hanlon RE. Homicidal Physical Violence: An Exploratory Analysis of Relevant Cognitive, Demographic, and Criminological Factors in a Sample of Murderers. *Homicide Stud.* 2021;5(1):61-82. <https://doi.org/10.1177/1088767920935161>
59. Bulgari V, Iozzino L, Ferrari C, Picchioni M, Candini V, De Francesco A, et al. Clinical and neuropsychological features of violence in schizophrenia: A prospective cohort study. *Schizophr Res.* 2016;181:124-30. <https://doi.org/10.1016/j.schres.2016.10.016>
60. Iozzino L, Harvey PD, Canessa N, Gosek P, Heitzman J, Macis A, et al. Neurocognition and social cognition in patients with schizophrenia spectrum disorders with and without a history of violence: results of a multinational European study. *Transl Psychiatry.* 2021;11(620):1-9. <https://doi.org/10.1038/s41398-021-01749-1>

61. O'Reilly K, Donohoe G, Coyle C, O'Sullivan D, Rowe A, Losty M, et al. Prospective cohort study of the relationship between neuro-cognition, social cognition and violence in forensic patients with schizophrenia and schizoaffective disorder. *BMC Psychiatry*. 2015;15(155):1-17. <https://doi.org/10.1186/s12888-015-0548-0>
62. Corbett L, Karyadi KA, Kinney D, Nitch SR, Bayan SM, Williams M. Impaired verbal learning in forensic inpatients with Schizophrenia Spectrum Disorder. *Appl Neuropsychol Adult*. 2018;25(3):189-96. <https://doi.org/10.1080/23279095.2016.1269010>
63. Engelstad KN, Vaskinn A, Torgalsbøen AK, Mohn C, Lau B, Rund BR. Impaired neuropsychological profile in homicide offenders with schizophrenia. *Compr Psychiatry*. 2018; 85:55-60. <https://doi.org/10.1016/j.comppsy.2018.06.002>
64. Fazel S, Gulati G, Linsell L, Geddes JR, Grann M. Schizophrenia and Violence: Systematic Review and Meta-Analysis. *PLOS Medicine*. 2009; 6(8). <https://doi.org/10.1371/journal.pmed.1000120>
65. Ahmed AO, Hunter KM, Goodrum NM, Batten N, Birgenheir D, Hardison E, et al. A randomized study of cognitive remediation for forensic and mental health patients with schizophrenia. *J Psychiatr Res*. 2015;68:8-18. <https://doi.org/10.1016/j.jpsychires.2015.05.013>
66. Stratton J, Brook M, Hanlon RE. Murder and psychosis: Neuropsychological profiles of homicide offenders with schizophrenia. *Crim Behav Ment Heal*. 2017;27:146-61. <https://doi.org/10.1002/cbm.1990>
67. Stratton J, Cobia DJ, Reilly J, Brook M, Hanlon RE. Differences in Neuropsychological Functioning Between Homicidal and Nonviolent Schizophrenia Samples. *J Forensic Sci*. 2018;63(5):1435-43. <https://doi.org/10.1111/1556-4029.13750>
68. Crooks D, Anderson NE, Widdows M, Petseva N, Koenigs M, Pluto C, et al. The relationship between cavum septum pellucidum and psychopathic traits in a large forensic sample. *Neuropsychologia*. 2018;112:95-104. <https://doi.org/10.1016/j.neuropsychologia.2018.03.015>
69. Delfin C, Andiné P, Hofvander B, Billstedt E, Wallinius M. Examining associations between psychopathic traits and executive functions in incarcerated violent offenders. *Front Psychiatry*. 2018; 9(310): 1-10. <https://doi.org/10.3389/fpsy.2018.00310>
70. Leue A, Nieden K, Scheuble V, Beauducel A. Individual differences of conflict monitoring and feedback processing during reinforcement learning in a mock forensic context. *Cogn Affect Behav Neurosci*. 2020;20:408-26. <https://doi.org/10.3758/s13415-020-00776-7>

- 72 Brazilian Journal of Forensic Sciences, Medical Law and Bioethics 12(1):53-74 (2022)
71. Lobbestael J, Cima M, Lemmens A. The relationship between personality disorder traits and reactive versus proactive motivation for aggression. *Psychiatry Res.* 2015;229:155-60. <https://doi.org/10.1016/j.psychres.2015.07.052>
72. Pasion R, Cruz AR, Barbosa F. Dissociable effects of psychopathic traits on executive functioning: insights from the triarchic model. *Front Psychol.* 2018;9:1-10. <https://doi.org/10.3389/fpsyg.2018.01713>
73. Sedgwick O, Young S, Greer B, Arnold J, Parsons A, Puzzo I, et al. Sensorimotor gating characteristics of violent men with comorbid psychosis and dissocial personality disorder: Relationship with antisocial traits and psychosocial deprivation. *Schizophr Res.* 2018;198:21-7. <https://doi.org/10.1016/j.schres.2017.06.045>
74. Silva DR da, Salekin RT, Rijo D. Psychopathic severity profiles: A latent profile analysis in youth samples with implications for the diagnosis of conduct disorder. *J Crim Justice.* 2019;60:74-83. <https://doi.org/10.1016/j.jcrimjus.2018.12.003>
75. Vermeij A, Kempes MM, Cima MJ, Mars RB, Brazil IA. Affective traits of psychopathy are linked to white-matter abnormalities in impulsive male offenders. *Neuropsychology.* 2018;32(6):735-45. <https://doi.org/10.1037/neu0000448>
76. Igoumenou A, Harmer CJ, Yang M, Coid JW, Rogers RD. Faces and facets: The variability of emotion recognition in psychopathy reflects its affective and antisocial features. *J Abnorm Psychol.* 2017;126(8):1066-76. <https://doi.org/10.1037/abn0000293>
77. van Helvoort D, Merckelbach H, Merten T. The Self-Report Symptom Inventory (SRSI) is sensitive to instructed feigning, but not to genuine psychopathology in male forensic inpatients: An initial study. *Clin Neuropsychol.* 2019;33(6):1069-82. <https://doi.org/10.1080/13854046.2018.1559359>
78. Turner D, Laier C, Brand M, Bockshammer T, Welsch R, Rettenberger M. Response inhibition and impulsive decision-making in sexual offenders against children. *J Abnorm Psychol.* 2018;127(5):471-81. <https://doi.org/10.1037/abn0000359>
79. Gerwinn H, Weib S, Tenbergen G, Amelung T, Födisch C, Pohl A, et al. Clinical characteristics associated with paedophilia and child sex offending - Differentiating sexual preference from offence status. *Eur Psychiatry.* 2018; 51: 74-85. <https://doi.org/10.1016/j.eurpsy.2018.02.002>
80. Rosburg T, Pflueger MO, Mokros A, Boillat C, Deuring G, Spielmann T, et al. Indirect and Neuropsychological Indicators of Pedophilia. *Sex Abuse.* 2021;33(55): 579-601. <https://doi.org/10.1177/1079063220931822>

81. Wittström F, Långström N, Landgren V, Rahm C. Risk Factors for Sexual Offending in Self-Referred Men With Pedophilic Disorder: A Swedish Case-Control Study. *Front Psychol.* 2020;11:1-10. <https://doi.org/10.3389/fpsyg.2020.571775>
82. Dillien T, Goethals K, Sabbe B, Brazil IA. The neuropsychology of child sexual offending: A systematic review. *Aggression and Violent Behavior.* 2020;54. <https://doi.org/10.1016/j.avb.2020.101406>
83. Johnson VA, Kemp AH, Heard R, Lennings CJ, Hickie IB. Childhood-versus adolescent-onset antisocial youth with conduct disorder: Psychiatric illness, neuropsychological and psychosocial function. *PLoS One.* 2015;10(4):1-17. <https://doi.org/10.1371/journal.pone.0121627>
84. Joyal CC, Tardif M, Spearson-Goulet JA. Executive Functions and Social Cognition in Juveniles Who Have Sexually Offended. *Sex Abus.* 2020;32(2):179-202. <https://doi.org/10.1177/1079063218807487>
85. Morosan L, Badoud D, Salaminios G, Eliez S, Van der Linden M, Heller P, et al. Patterns of source monitoring bias in incarcerated youths with and without conduct problems. *Cogn Neuropsychiatry.* 2018; 23(1): 15-27. <https://doi.org/10.1080/13546805.2017.1412947>
86. van Zonneveld L, De Sonnevile L, Van Goozen S, Swaab H. Recognition of facial emotion and affective prosody in children at high risk of criminal behavior. *J Int Neuropsychol Soc.* 2019;25(1):57-64. <https://doi.org/10.1017/S1355617718000796>
87. Jackson DB, Beaver KM. The Interplay Between Neuropsychological Deficits and Adverse Parenting in the Prediction of Adolescent Misconduct: A Partial Test of the Generalizability of Moffitt's Theory. *Crim Justice Behav.* 2016;43(11):1505-21. <https://doi.org/10.1177/0093854816651906>
88. Voultsos P, Tsamadou E, Karakasi M V., Raikos N, Pavlidis P. Involuntary psychiatric hospitalization of children and adolescents in Northern Greece: Retrospective epidemiological study and related ethical issues. *Psychiatriki.* 2020;31(2):129-39. <https://doi.org/10.22365/jpsych.2020.312.129>
89. Meijers, J, Harte JM, Meynen G, Cuijpers P. Differences in executive functioning between violent and non-violent offenders. *Psychological Medicine.* 2017;47(10):1784-93. <https://doi.org/10.1017/S0033291717000241>
90. Wallinius M, Nordholm J, Wagnström F, Billstedt E. Cognitive functioning and aggressive antisocial behaviors in young violent offenders. *Psychiatry Res.* 2019;272:572-80. <https://doi.org/10.1016/j.psychres.2018.12.140>
91. Hanlon RE, Brook M, Demery JA, Cunningham MD. Domestic Homicide: Neuropsychological Profiles of Murderers Who Kill Family Members and Intimate

Partners. J Forensic Sci. 2016;61(S1):163-70. <https://doi.org/10.1111/1556-4029.12908>

92. Fox JM, Brook M, Heilbronner RL, Susmaras T, Hanlon RE. Neuropsychological and Criminological Features of Female Homicide Offenders. J Forensic Sci. 2019;64(2):460-7. <https://doi.org/10.1111/1556-4029.13911>