# Gender issues in violence risk assessment

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# Presentation outline

# Ladykillers:
# Hurricanes with female names deadlier

# Violent / criminal women

- Stereotypes of women
- Tendency to treat female offenders more leniently with respect to arresting / sentencing
- Compared to criminal / violent men:
    - More often seen as victim / mentally disordered / acting with male accomplice
    - More often seen as not criminally responsible / admitted to psychiatry

De Vogel et al., 2105; Jeffries et al., 2003; Kruttschnitt & Savolainen, 2009

# Female violence

- Female violence seems to be on the rise
- Comparable prevalence rate men / women for:
  - Inpatient violence
  - Violence towards own children
  - Intimate partner violence
- Intergenerational transfer



"We're looking for the girl who kicked the prince at the ball last night."

Nicholls et al., 2009; Serbin et al. 1998; De Vogel et al., 2012

# More media attention?



## Geweldscriminaliteit door meisjes neemt flink toe

maandag 4 juli 2011 Elsevier

Criminaliteit door meisjes is tussen 1996 en 2007 harder gestegen dan bij jongens. De toename is vooral groot bij lichte geweldscriminaliteit zoals bedreiging en slaan.

## Meisjes beroven blinde man (76)

## Agressie vrouwen meestal in relationele sfeer

## Gewelddadige meisjes duwen ander meisje op het spoor

Vrouwelijke portiers moeten agressieve vrouwen uit nachtclubs weren

## Jongen mishandeld na demonstratie

AMSTERDAM - Vlak na een demonstratie tegen het toenemende geweld jegens homo's is een jongen mishandeld door twee meisjes van 18 en 19 jaar.

wo 12 okt 2011, 18:46
## Tienermeisjes vallen agenten aan
## Meisjes verdacht van schoolbrand

## Vrouw doodt man met naaldhak

Friese Feeks uit Heerenveen gaat wéér in de fout

# Nature of violence by women

- **Less visible**: more domestic, less serious physical injuries
- **Victims:** more often within own environment; own children, partner, supervisors
- **Different expression**: more reactive and relational; less sexual and **less instrumental**
- **Different motives**: more emotional, relational, jealousy, less criminal

De Vogel et al., 2014; Fusco, 2011; Nicholls et al., 2009

# Threats by women

## "Threat assessment presupposes predatory / instrumental violence"
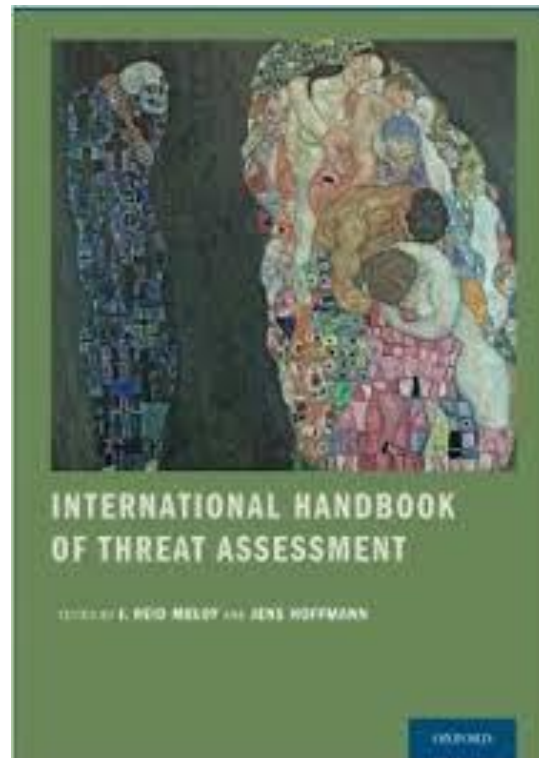
# Threats by women

- Most studies are on male threateners
- Female threateners:
  - Workplace violence; more subtle, indirect violence
  - Schoolshootings; rarely female perpetrators
  - Stalking: more distal and indirect

# Female stalkers

**Meloy et al., 2011**

- Typical female stalker: single woman in her mid 30s with psychiatric disorder (mood)
- Comparison 143 female and 862 male stalkers:
  - More likely to pursue public figures / celebrities
  - More likely to write letters
  - Less likely to threat / act violent
- Highest violence risk for prior sexually intimate stalkers

**"There is a very real violence and threat danger posed by some female stalkers that must be considered by threat assessment professionals"**

# II. Risk / threat assessment in women

# Violence risk assessment in women

- Mental health professionals of both gender underestimate the risk of violence in women
- Significant differences men / women in the expression of violence, violence risk factors and manifestation of psychopathy
- Most tools developed / validated in males
  - Item descriptions focus on male (antisocial) behavior
  - Questionable predictive validity tools for women
  - One exception is the EARL-21G for girls 6-12 years

Funk, 1999; Garcia-Mansilla et al., 2009; Levene et al., 2001; McKeown, 2010; Odgers et al., 2005; Skeem et al., 2005

# Violence risk factors

- Factors to which women are exposed more often (e.g., sexual abuse)

- Factors that have a stronger effect on women (e.g., disruption in social relationships)

# Specific tool for women needed?

- Ambiguous research results
- Need from daily practice for more guidelines
- However: also considerable overlap in risk factors for men and women

**Additional guidelines to an internationally well established violence risk assessment tool; the HCR-20**

# Female Additional Manual (FAM)
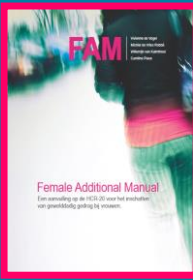
- Additional guidelines to HCR-20 / HCR-20$^{V3}$ for women:
  - Additional guidelines to several Historical factors
  - New items and additional final risk judgments
    - Self-destructive behavior
    - Victimization
    - Non-violent criminal behavior

**The FAM can be downloaded from: www.violencebywomen.com**

De Vogel et al., 2012; De Vogel, & De Vries Robbé, 2013;

# FAM Gender-specific items

## Historical items

- Prostitution
- Parenting difficulties
- Pregnancy at young age
- Suicide attempt / self-harm
- Victimization after childhood*

## Clinical items

- Covert / manipulative behavior
- Low self-esteem

## Risk management items

- Problematic child care responsibility
- Problematic intimate relationship

* This item is no longer needed with HCR-20$^{V3}$

# III. Research results

# FAM in forensic clinical practice

**Prospective study**:

- Gender specificity new items
- Good interrater reliability
- Moderate to good predictive validity for self-destructive behavior & violence to others
- Clinically valuable

De Vogel et al., 2012; De Vogel, & De Vries Robbé, 2013; Louppen et al., in preparation

# Multicenter study
## Characteristics of women in forensic psychiatry

# Multicenter study
## Aims

- To gain more **insight** into criminal and psychiatric characteristics of female forensic psychiatric patients, especially characteristics that may function as risk or protective factors for violence.

- Possible **implications** for psychodiagnostics, risk assessment and treatment in forensic psychiatric settings, but possibly also in general psychiatry or in the penitentiary system.

# Multicenter study
## Method

- Five Dutch forensic psychiatric settings

- Ongoing study

- N > 300 female forensic psychiatric patients

- N = 275 males matched on year of birth, admittance, judicial status

- Comprehensive questionnaire including several tools (a.o., PCL-R, Historical items HCR-20 / FAM) was coded based on file information by trained researchers

# Summary conclusions

- Overall, severely traumatized group with complex psychopathology, high comorbidity, many incidents during treatment

- Significant differences between women / men and subgroups should lead to different or adapted treatment strategies

# Summary offenses

Women compared to men:

- Less previous convictions
- More (attempted) homicide (filicide) and arson
- Less sexual offenses
- Less often stranger victims
- Different motives for offending
- Less often firearms, more often medication/ poison
- More often seen as not criminally responsible (although no differences in psychosis during offense)

All $p < .05$

# Most common motivations (*n* = 436)
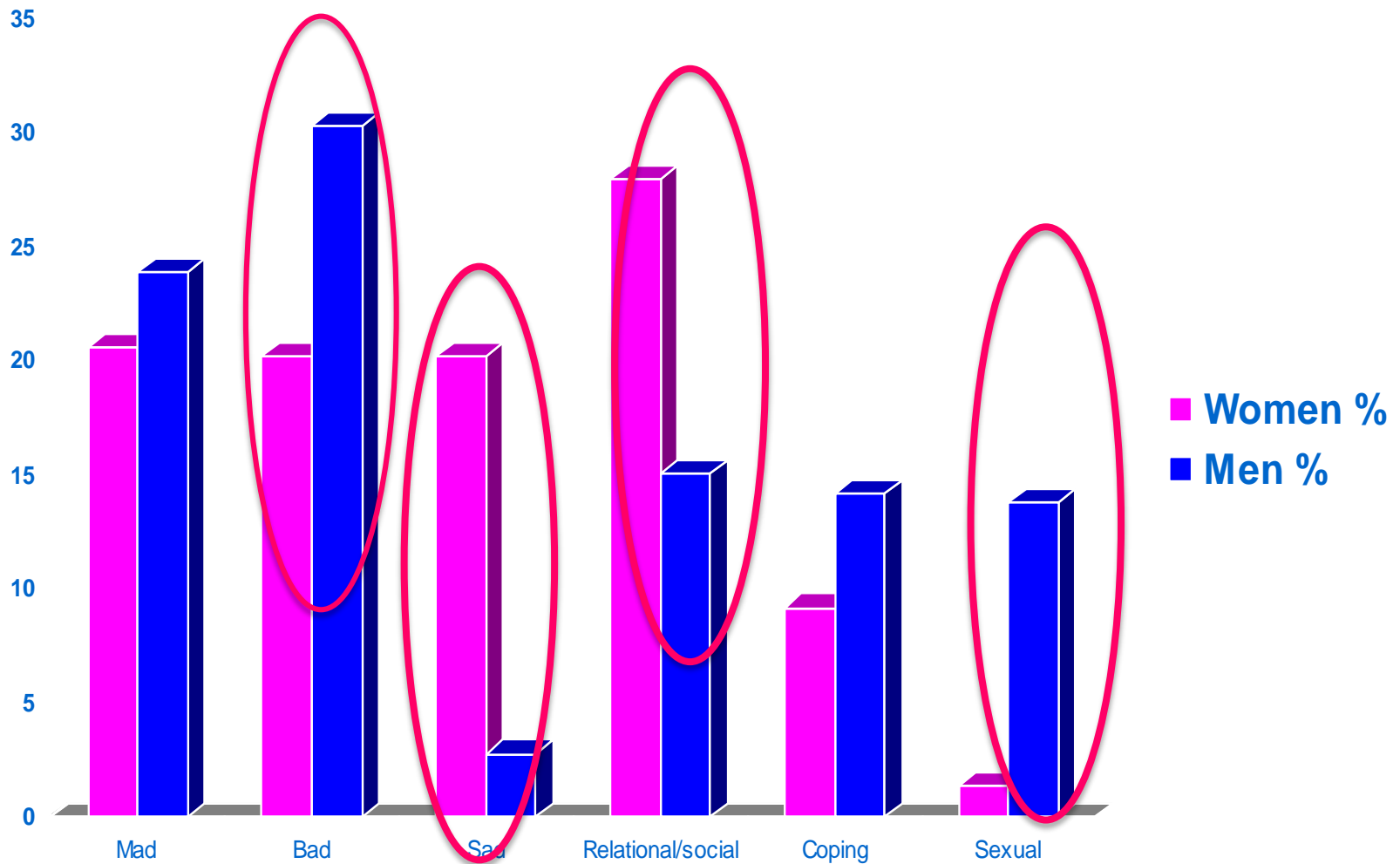
# Violence risk factors HCR-20 / FAM
## 275 women versus 275 men

**Men higher scores on:**

- Previous violence
- Young age at first violent incident
- Substance use problems
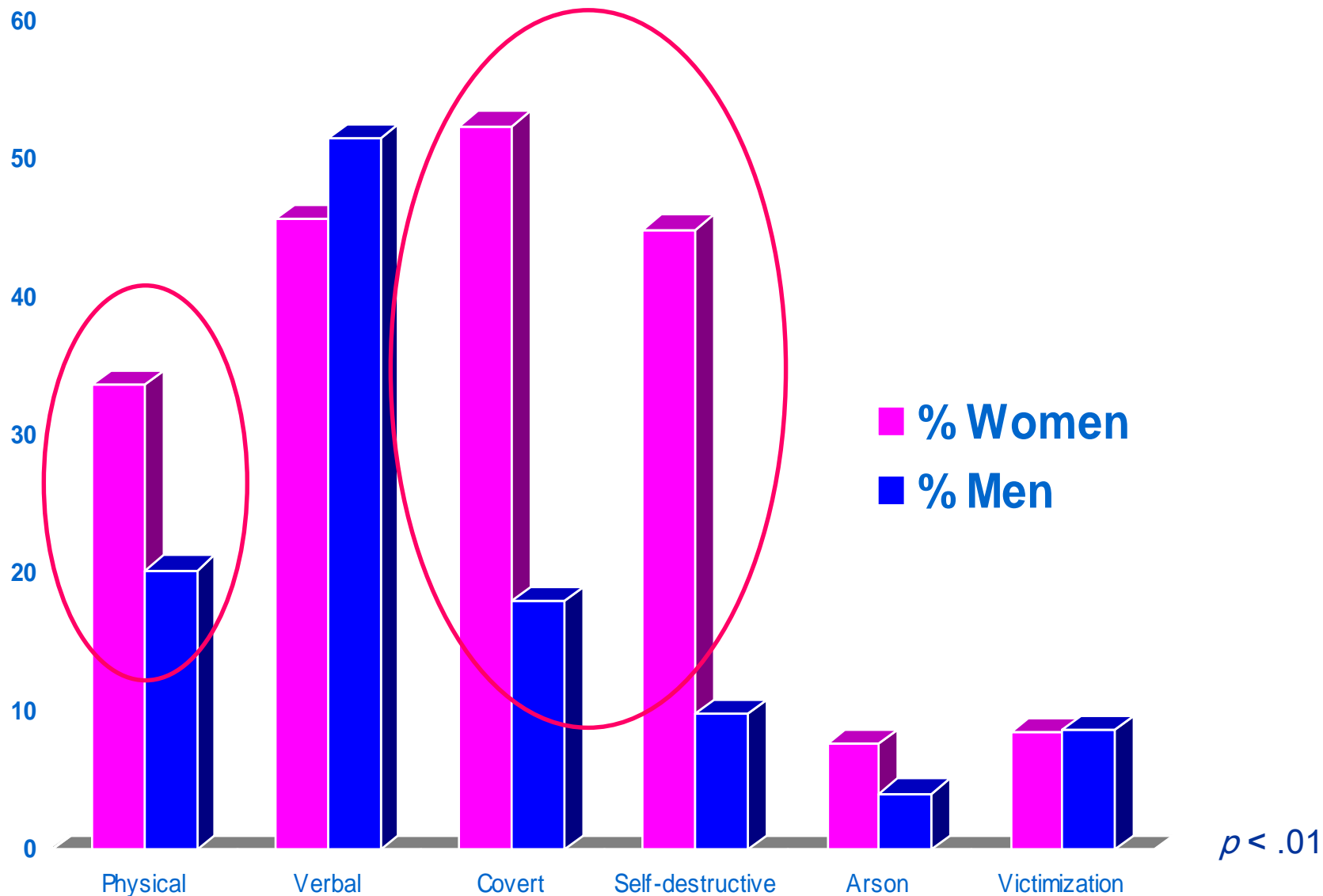- Psychopathy
- Problematic behavior during childhood

**Women higher scores on:**

- Prostitution
- Parenting difficulties
- Pregnancy at young age
- Suicidality / self-harm
- Victimization after childhood

All $p < .05$

Incidents during treatment
170 women versus 170 men

# Predictive validity violent incidents
## 275 women versus 275 men

- FAM / HCR-20 Historical subscale score: comparable predictive validity

- Best predictor for violent incidents:
  - Women: *Problematic behavior during childhood*
  - Men: *Young age at first violent incident*

# IV. Case Sophia

# Case Sophia

**Case history**
- Stable family situation, but feels emotionally neglected
- Intelligent woman, works as a lawyer
- Left-wing / activist
- 23$^{rd}$: raped by an acquaintance
- Unstable relationships, mutual violence

**Psychiatric history**:
- Alcohol abuse
- Paranoid, delusional
- Refuses treatment

**Criminal history**: driving while under influence

# Case Sophia

**Index-offense**

- Many threat e-mails to police / media / politicians: her message is that she is controlled by Dutch State
- Impulsive action; knocked down a well-known Dutch right-wing politician by car
- Afterwards: claims the attack, sends emails to television shows, turns herself in

# Case Sophia

**Treatment 2008-2011:**

- At start: not very cooperative, refuses medication, self-destructive behavior
- Diagnostics: schizo-affective disorder + NPD + BPD traits
- Strong improvements after she accepts medication
- Realizes she cannot be a lawyer any longer; teacher Dutch for immigrants
- Converts to the Islam: no alcohol

**Context of risk assessment: advice to court, sheltered living, guarantee of readmission**

# HCR-20$^{V3}$ Sophia

## Historical items

H1  Violence
H2  Other antisocial behavior
H3  Relationships
H4  Employment
H5  Substance abuse
H6  Major mental disorder
H7  Personality disorder
H8  Traumatic experiences
H9  Violent attitudes
H10 Treatment or supervision reponse

## Clinical items

C1  Insight
C2  Violent ideation or intent
C3  Symptoms of major mental disorder
C4  Instability
C5  Treatment or supervision reponse

## Risk managment items

R1  Professional services and plans
R2  Living situation
R3  Personal support
R4  Treatment or supervision reponse
R5  Stress / coping

# FAM Sophia

## Historical items

H11   Prostitution

H12   Parenting difficulties

H13   Pregnancy at young age

H15   Suicide attempt / self-harm

H16   Victimization after childhood*

## Clinical items

C6   Covert / manipulative behavior

C7   Low self-esteem
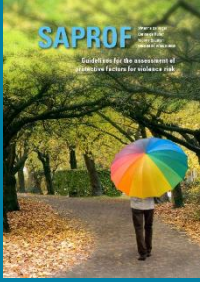
## Risk management items

R6   Problematic child care responsibility

R7   Problematic intimate relationship

* This item is no longer needed with HCR-20$^{V3}$

# Case Sophia



**Personality:**
Low selfesteem, anger

**Stress**
Work too heavy burden, relationship problems

**Situation**

**Index offense**

**Delusional + refuses treatment**

**Alcohol abuse**

# SAPROF Sophia

**Internal factors**
1. Intelligence
2. Secure attachment in childhood
3. Empathy
4. Coping
5. Selfcontrol

**Codering:**
0 = not present
1 = partially / maybe
2 = present

**Motivational factors**
6. Work
7. Leisure activities
8. Financial management
9. Motivation for treatment
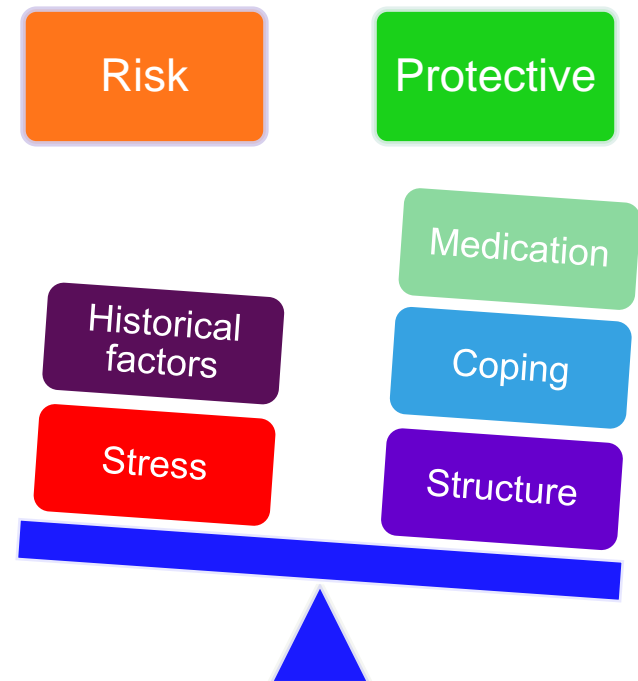10. Attitudes towards authority
11. Life goals
12. Medication

**External factors**
13. Social network
14. Intimate relationship
15. Professional care
16. Living circumstances
17. External control

# Case Sophia
## Conclusion

- Sophia has made major progress in treatment:
  – Decrease in dynamic risk factors
  – Increase in protective factors
- Risk for violence = low

# Case Sophia
## Additional value of the FAM

- **More attention specific risk factors**:

  Pattern of instable (future) relationships, low self-esteem, self harm

- **More attention other risks** than violence to others: risk for self-destructive behavior

- **More guidance for treatment**: close monitor on relationships, help and control

- **Better understanding and insight of her behavior / of acknowledgement for female specific problems** easier to explain the results of the risk assessment to Sophia and link to risk management strategies

# Some general recommendations

- Be careful in interpreting risk assessment tools for women; FAM may be a useful addition
- The method of SPJ / consensus model seems to be effective: structured discussion with colleagues is recommended
- Value of protective factors (SAPROF)
- Adapted tools for women may be valuable; e.g., for adolescent girls / intimate partner violence / psychopathy

# Future studies

- Subgroups: e.g., offense type, diagnoses, intellectual disability

- Dynamic risk factors

- Protective factors

- Predictive validity of tools for women

# Thank you!

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# Extra slides

# Research results
# Violence risk assessment in women

- Overall, best results with SPJ tools
- **HCR-20**: results on predictive validity are ambiguous
  - Dutch forensic female patients: no significant predictive validity for HCR-20 / PCL-R scores, but good predictive validity for HCR-20 final judgment
  - O'Shea et al., 2013: better predictive validity in samples including women
- **Psychopathy**: lower prevalence rate; moderate predictive validity PCL-R; different expression of the construct in women

Garcia-Mansilla et al., 2009; Logan, 2009; McKeown, 2010; O'Shea et al. 2013; Strand & Belfrage, 2001; De Vogel & De Ruiter, 2005; Warren et al., 2005

# Subgroups
## Offenses

- **Filicide**
  - Less criminal history
  - Less often previously admitted
  - More often depression / PTSS
  - Less violent incidents during treatment
- **Arson**
  - Psychiatric problems (Borderline PD)
  - More incidents during treatment, dropout
- **Sexual**
  - Minority (4%)
  - Always with male co-offender

All $p < .05$

# Subgroups
## Psychopathology



- **Psychopathy**
  - Offenses: more 'men like', more often 'bad', less 'sad'
  - More treatment dropout and manipulative behavior
- **Borderline Personality Disorder**
  - More severe victimization
  - More incidents during treatment, dropout
- **Intellectual disability**
  - More prostitution
  - More stranger victims, less homicide

All $p < .05$

# Implications study

- Gender-responsive treatment (e.g., more attention to trauma, parenting skills)
- Clear policies (e.g., intimate relationships)
- Staff:
  - Training, intervision, coaching
  - Support considering high burden BPD
- Collaboration general psychiatry