Gender issues in violence risk assessment

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AETAP, Luzern, April 14, 2015
I  Violence by women
II  Risk / threat assessment
III Research results
IV  Case study Sophia
Ladykillers: Hurricanes with female names deadlier
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 seems to be on the rise. Comparable prevalence rate men / women for:
- Inpatient violence
- Violence towards own children
- Intimate partner violence

Intergenerational transfer

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 hardere 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 wéé́ér 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”
• 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
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

References:
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-20V3
III. Research results
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

Acknowledgement
• Gerjonne Akkerman-Bouwsema (GGz Drenthe)
• Anouk Bohle (Van der Hoeven)
• Yvonne Bouman (Oldenkotte)
• Nienke Epskamp (Van der Hoeven)
• Susanne de Haas (Van der Hoeven)
• Loes Hagenauw (GGz Drenthe)
• Paul ter Horst (Woenselse poort)
• Marjolijn de Jong (Trajectum)
• Stéphanie Klein Tuente (Van der Hoeven)
• Marike Lancel (GGz Drenthe)
• Eva de Spa (Van der Hoeven)
• Jeantine Stam (Van der Hoeven)
• Nienke Verstegen (Van der Hoeven)
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 psychodiagnostic, risk assessment and treatment in forensic psychiatric settings, but possibly also in general psychiatry or in the penitentiary system.
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
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

- Physical
- Verbal
- Covert
- Self-destructive
- Arson
- Victimization

% Women vs % Men

\( p < .01 \)
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 Sophiia

Case history
- Stable family situation, but feels emotionally neglected
- Intelligent woman, works as a lawyer
- Left-wing / activist
- 23rd: 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
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 response

Risk management items
R1 Professional services and plans
R2 Living situation
R3 Personal support
R4 Treatment or supervision response
R5 Stress / coping

Coding:
0 = No
1 = Partially
2 = Yes
<table>
<thead>
<tr>
<th>Historical items</th>
<th>Clinical items</th>
<th>Risk management items</th>
</tr>
</thead>
<tbody>
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<td>H11 Prostitution</td>
<td>C6 Covert / manipulative behavior</td>
<td>R6 Problematic child care responsibility</td>
</tr>
<tr>
<td>H12 Parenting difficulties</td>
<td></td>
<td>R7 Problematic intimate relationship</td>
</tr>
<tr>
<td>H13 Pregnancy at young age</td>
<td>C7 Low self-esteem</td>
<td></td>
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<td>H15 Suicide attempt / self-harm</td>
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<td>H16 Victimization after childhood*</td>
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* This item is no longer needed with HCR-20V3

**Coding:**
0 = No  
1 = Partially  
2 = Yes
Case Sophia

Personality:
Low self-esteem, anger

Situation

Stress
Work too heavy burden, relationship problems

Delusional + refuses treatment

Alcohol abuse

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

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

Coding:
0 = not present
1 = partially / maybe
2 = present
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


