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Gender issues in violence risk assessment

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Presentation outline

- I Violence by women
- II Risk / threat assessment
- III Research results
- IV Case study Sophia



Ladykillers: Hurricanes with female names deadlier



I 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

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



More media attention?



Geweldscriminaliteit door meisjes neemt flink toe

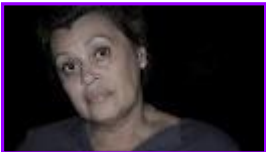
maandag 4 juli 2011 Elsevier

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



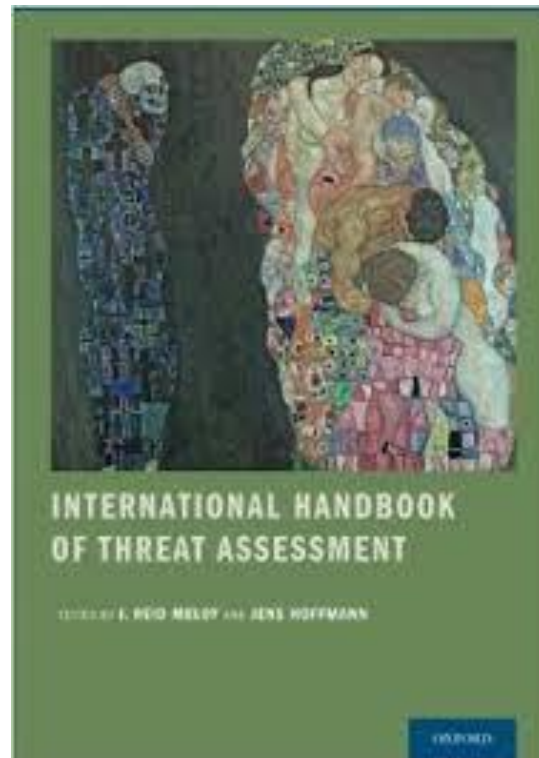
Nature of violence by women

- **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



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 threaten / 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

Violence risk factors

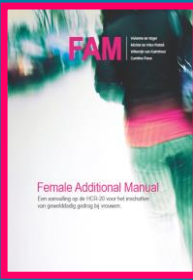
- Factors to which women are exposed more often (e.g., sexual abuse)
- Factors that have a stronger effect on women (e.g., disruption in social relationships)

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**

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

Multicenter study

Characteristics of women in forensic psychiatry



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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

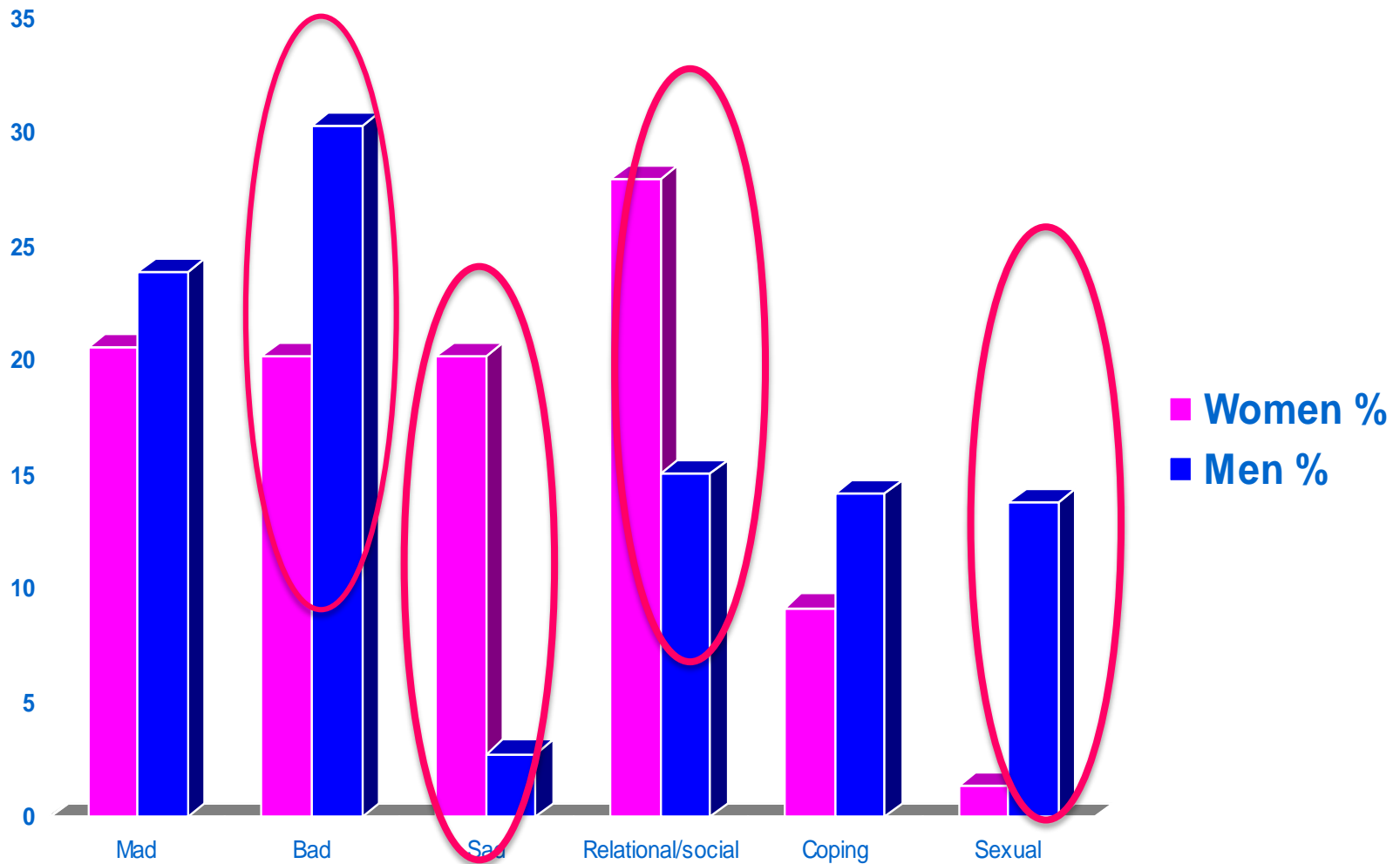
- Overall, severely traumatized group with complex psychopathology, high comorbidity, many incidents during treatment
- Significant differences between women / men and subgroups should lead to different or adapted treatment strategies

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)

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

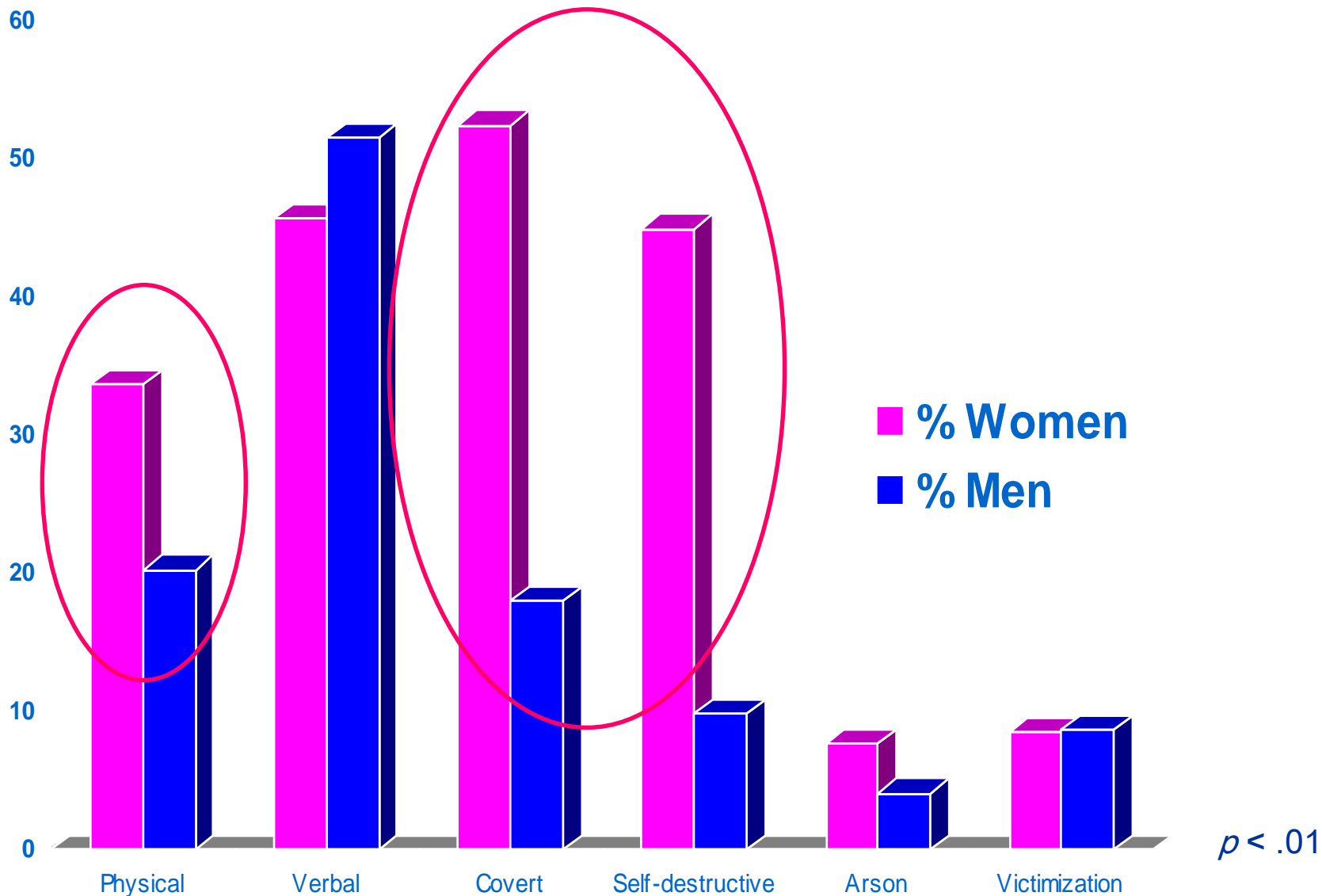
Women higher scores on:

- 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
- 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

HCR-20^{V3} Sophia

Coding:

0 = No

1 = Partially

2 = Yes

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 management items

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

FAM Sophia

Coding:

0 = No

1 = Partially

2 = Yes

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

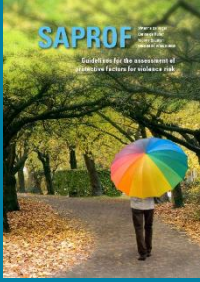
- R6 Problematic child care responsibility
- R7 Problematic intimate relationship

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

Case Sophia



SAPROF Sophia



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

Coding:

- 0 = not present
- 1 = partially / maybe
- 2 = present

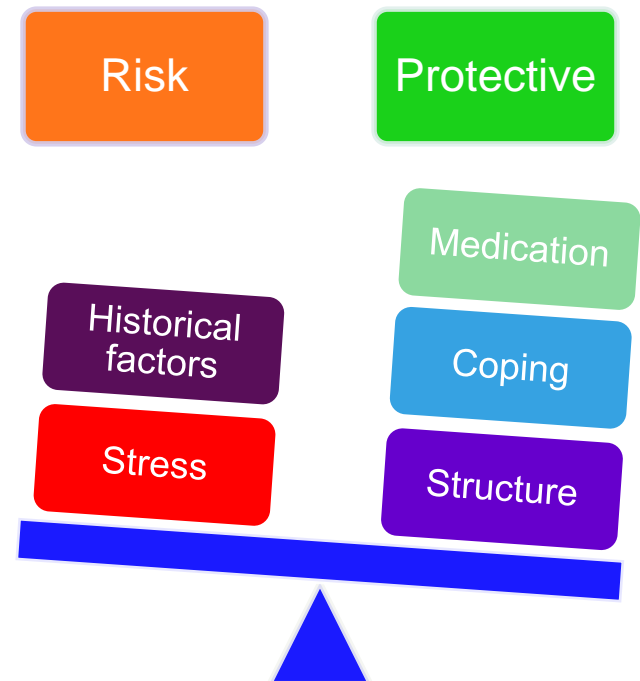
External factors

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!

More information:

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www.violencebywomen.com

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