Factsheet FAM

Female Additional Manual

Additional manual to the HCR-20 / HCR-20V3 for violence risk assessment in women
Developed in the Van der Hoeven Kliniek by Vivienne de Vogel, Michiel de Vries Robbé, Willemijn van Kalmthout and Caroline Place

The need for a gender-sensitive tool

- While women still represent a minority in the forensic psychiatric and prison population, worldwide the number of women committing violent offenses has increased steadily over the past two decades
- Comparable prevalence rates men and women for inpatient violence, intimate partner violence and violence towards own children
- Violence by women compared to violence by men: less visible; more relational / reactive; less sexual; different expression and motives
- Overlap in risk factors, but also specific risk factors for women:
  - Factors to which women are exposed more often (e.g., sexual victimization)
  - Factors for which the sensitivity is greater in women (e.g., disruption in relationships)
- Risk assessment instruments are predominantly developed and studied within male populations
- No specific risk assessment instrument for women (exception: EARL-21G for girls 6-12 years)
- Equivocal results with the HCR-20 for women regarding predictive validity
- Wish of mental health professionals for more specific guidelines for risk assessment and management in women

Goal of the FAM

The goal of the FAM is to provide a clinically relevant and useful additional tool for accurate, gender-sensitive assessment of violence risk, which offers concrete guidelines for risk management in women

How was the FAM developed?

- Started in 2007 with the HCR-20 as basis
- Literature review
- Clinical expertise:
  - Extra risk factors mentioned in a previous study in the Van der Hoeven Kliniek
  - Interviews mental health professionals in the Van der Hoeven Kliniek
  - Experiences with coding procedure other tools (SAPROF, START)
- Pilot study in 2010 into the interrater reliability and gender sensitivity of the factors

What is the FAM?

- An addition to the HCR-20 / HCR-20V3 (or Dutch HKT-30 / HKT-R):
  - Additional guidelines for women for five Historical HCR-20 items (H6-H10) or two Historical HCR-20V3 items (H7-H8)
  - Specific risk factors (HCR-20: 5 Historical, 2 Clinical and 2 Risk management items; HCR-20V3: 4 Historical, 2 Clinical and 2 Risk management items)
- New coding aspects:
  - Marking critical items
  - Marking the final judgment on a five-point scale instead of a three-point scale
  - Coding three extra risk ratings in addition to Violence to others: Self-destructive behavior; Victimization; Non-violent criminal behavior
- Dutch version 2011; English 2012; Finnish and French translations and English and Dutch FAM fully adapted to HCR-20V3 2014; Spanish, Italian, Danish, Swedish expected in 2015

Research with the FAM

- Current studies: prospective in the Van der Hoeven Kliniek; retrospective national (2012-2014)
- Research results:
  - Good interrater reliability
  - Moderate to good predictive validity for incidents of violence to others during treatment and incidents of self-destructive behavior during treatment
  - Gender-specific: women had significantly higher scores on seven of the nine new items

See for more information and recent research results: www.violencebywomen.com