Gender issues in violence risk assessment and treatment in forensic psychiatry

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Ladykillers:
Hurricanes with female names deadlier
Symposium outline

Vivienne de Vogel, van der Hoeven Kliniek
*Introduction, multicenter study*

Susanne de Haas, van der Hoeven Kliniek
*Gender differences in motivations for offending*

Loes Hagenauw, FPK Assen
*Female arsonists*

Eline Muller, Pieter Baan Centrum
*Case example*
Violence risk factors and incidents during treatment in female forensic psychiatric patients: Results from a Dutch multicenter study

Vivienne de Vogel
Van der Hoeven Kliniek
Presentation outline

- Female violence
- Results multicenter study
  - Victimization
  - Psychopathology
  - Criminal characteristics
  - Treatment
  - Violence risk factors
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
Nature of violence by women

• **Less visible**: more domestic, less serious physical injuries
• **Different expression**: more reactive and relational; less sexual and instrumental
• **Different motives**: emotional, relational, jealousy

Fusco, 2011; Nicholls et al., 2009
Violence risk assessment in women

- Significant differences men / women in the expression of violence, violence risk factors and manifestation of psychopathy
- Most tools developed / validated in males
- Questionable predictive validity tools

Are commonly used tools, like the HCR-20 or PCL-R well enough suited for use in women?

Garcia-Mansilla et al., 2009; McKeown, 2010
Additional guidelines to HCR-20 / HCR-20\(^{V3}\) for women:
- Additional guidelines to several Historical factors (e.g., use of lower PCL-R cut-off score)
- New items and additional final risk judgments

Preliminary results: promising reliability & predictive validity for self-destructive behavior & violence to others

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
Multicenter study
Characteristics of women in forensic psychiatry
Acknowledgments

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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 and HKT-30) was coded based on file information by trained researchers
General characteristics
N = 280 women

- Mean age upon admission 35.7 years
- 84% born in the Netherlands
- At the time of the index offense:
  - 40% had an intimate relationship
  - 53% had child(ren), but most of them were not capable of taking care of their children
    - 82% of child(ren) not living with their mother
    - 94% high score on FAM item Parenting difficulties
Criminal characteristics

N = 280 women

- Majority had previous contacts with law enforcement: 72%
  - 20% without conviction
- Mean age at first conviction: 23 years
- Mean number of previous convictions: 4
- Mostly violent or property offenses
Criminal characteristics
275 women versus 275 men

Men:
- Younger age first conviction
- More sexual offenses, less arson

$p < .01$
Index offenses
N = 280 women

Index offenses

- Homicide 25%
- Attempted homicide 24%
- Arson 29%
- Violent offenses 16%
- Sexual offenses 4%

Victims of index offenses

- (ex) Partner 20%
- Child(ren) 16%
- Relatives / friends 39%
- Treatment staff 9%
- Stranger 16%
Index offenses
275 women versus 275 men

All $p < .001$
Victims Index offenses
275 women versus 275 men

- (ex)partner
- Child (own)
- family/acq.
- supervisor
- stranger

% Women
% Men

p < .001
High rates of victimization

- 72% was victimized during childhood
  - Often by parent(s): 65%
  - Often a combination of sexual, physical and emotional abuse

- 54% was victimized during adulthood
  - Often by (ex) partner(s): 82%
  - Most often physical abuse
Victimization during childhood
275 women versus 275 men

% Women % Men
Emotional Physical Sexual All three

$ p < .001$
Victimization during adulthood
275 women versus 275 men

All p < .01
High rates of comorbidity

- 75% comorbid Axis I and II
- High rates of substance use problems: 67%
- Borderline personality disorder most prevalent: 59% + 21% traits
- Narcissistic PD least prevalent: 3%
- Psychopathy (PCL-R cut off of 23, FAM): 14%

Psychopathology
N = 269 women
Psychopathology
275 women versus 275 men

All p < .001
Treatment
N = 280 women

- Most had been in treatment before: 88%
- High treatment dropout in history: 76%
- Incidents during most recent treatment
  - Violence: 34%
  - Verbal violence / threats: 47%
  - Manipulative behavior: 55%
  - Self-destructive behavior: 47%
  - Arson: 8%
  - Victimization: 8%
  - Other: 68%
Incidents during treatment
170 women versus 170 men

% Women
% Men

Physical Verbal Covert Self-destructive Arson Victimization

$p < .01$
## Violence risk factors HCR-20 / FAM

275 women versus 275 men

<table>
<thead>
<tr>
<th>Men higher scores on:</th>
<th>Women higher scores on:</th>
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</thead>
<tbody>
<tr>
<td>– Previous violence</td>
<td>– Prostitution</td>
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<tr>
<td>– Young age at first violent incident</td>
<td>– Parenting difficulties</td>
</tr>
<tr>
<td>– Substance use problems</td>
<td>– Pregnancy at young age</td>
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<tr>
<td>– Psychopathy</td>
<td>– Suicidality / self-harm</td>
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<tr>
<td>– Problematic behavior during childhood</td>
<td>– Victimization after childhood</td>
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</table>

All $p < .05$
FAM / HCR-20 Historical subscale score modest predictor of physical violence, verbal violence / threats, arson, transfer to another ward due to problems (AUCs .67-.74)

PCL-R total score modest predictor of Manipulative behavior and verbal violence / threats (AUCs .65-.68)

All p < .05
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*

- PCL-R total score better predictor violent incidents for men than for women (AUC = .82 vs .68)
Subgroups

- **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 $p < .05$
Conclusions and implications

- 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.
Implications

- 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
Future studies

- Subgroups: e.g., offense type, diagnoses, intellectual disability
- Effect on staff
- Effect on children
- Dynamic risk and protective factors
- Predictive validity tools for women

More information:

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www.violencebywomen.com
Gender differences in motivations for offending

Susanne de Haas
Van der Hoeven
After the crime has been committed

• Why did he/she do this? What motivates people?

• Helpful
  – Relapse prevention plan
  – Offense analysis
  – Decrease risk of recidivism?

• Object of research
Presentation outline

• The refined taxonomy

• Findings
  – Reliability
  – Motivations
    ▪ Most common motivations
    ▪ Index offences

• Conclusions and implications

• Future research
<table>
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<th>Taxonomy of motivations inspired by Coid (1998)</th>
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<tr>
<td><strong>Mad</strong></td>
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<tr>
<td><strong>Bad</strong></td>
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<tr>
<td><strong>Sad</strong></td>
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<tr>
<td><strong>Relational frustration</strong></td>
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<tr>
<td><strong>Coping</strong></td>
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<tr>
<td><strong>Sexual</strong></td>
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</tbody>
</table>
Reliability of the Clusters \((n = 80)\)

- Fleiss’ Kappa

- Substantial:
  - Mad (.68)

- Moderate:
  - Bad (.54)
  - Sad (.55)
  - Relational/social (.49)
  - Coping (.49)
  - Sexual (.56)

All \(p \leq .001\)
Most common motivations (n = 436)
Index offense and gender differences

- Index offenses:
  - Homicide
  - Attempted homicide
  - Sex offense
  - Arson
  - Violent offense
Index offense: Homicide

$p \leq .05$
Index offense: Attempted Homicide

- Mad
- Bad
- Sad
- Relational/social
- Coping
- Sexual

Women %
Men %

$p \leq .05$
Index offense: Sex offense

MAD | BAD | SAD | RELATIONAL/SOCIAL | COPING | SEXUAL

Women %

Men %
Index offense: Arson

- Mad
- Bad
- Sad
- Relational/social
- Coping
- Sexual

Women %
Men %

$p \leq .01$
Index offense: Violent offenses

$p \leq .05$
Conclusions

Significant gender differences motivations

• **In general:**
  – Men more by *Bad* and *Sexual*
  – Women more by *Sad* and *Relational/social*

• **Index offenses:**
  – Homicide: *Mad* (m), *Sad* (w)
  – Attempted homicide: *Bad* (m)
  – Sex offense: no significant differences
  – Arson: *Coping* (m), *Sad* (w)
  – Violent offense: *Sad* and *Relational frustration* (w)
Implications

• Increase effectiveness treatment

• Decrease risk of recidivism
Suggestions future research

- Refine taxonomy into structured assessment tool
- Other influencing factors
- Relationship Axis I and Axis II disorders
- Increase of effectiveness treatment and decrease risk of recidivism
Thank you for your attention!

- Questions?

- Contact:
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References


