Violent behavior by women

Violence risk assessment in women

Results from a multicentre study

Female violence

- Female violence seems to be on the rise
- Comparable prevalence rate men / women for inpatient violence and intimate partner violence
- Violence by women:
  - Less visible
  - Different expression
  - Different motives
- Intergenerational transfer

More media attention?

- Criminal and psychiatric characteristics
- Victimization
- Treatment history
- Violence risk factors
- Subgroups

Presentation outline

- Criminal and psychiatric characteristics
- Victimization
- Treatment history
- Violence risk factors
- Subgroups

Violent risk assessment in women:
Results from a multicentre study

Vivienne de Vogel, Jeantine Stam, Eva de Spa & Michiel de Vries Robbé

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

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 male populations
- Questionable predictive validity tools

García-Mansilla et al., 2009; McKeown, 2010

Female Additional Manual (FAM)

- Additional guidelines to HCR-20 / HCR-20\textsuperscript{V3} for women:
  - Additional guidelines to several Historical factors (e.g., use of lower PCL-R cut-off score)
  - New female specific items
  - Additional final risk judgments: Self-destructive behavior, Victimization, Non-violent criminal behavior

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

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

**FAM Gender-specific items**

<table>
<thead>
<tr>
<th>Historical items</th>
<th>Clinical items</th>
<th>Risk management items</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Prostitution</td>
<td>• Covert / manipulative behavior</td>
<td>• Problematic child care responsibility</td>
</tr>
<tr>
<td>• Parenting difficulties</td>
<td>• Low self-esteem</td>
<td>• Problematic intimate relationship</td>
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<tr>
<td>• Pregnancy at young age</td>
<td></td>
<td></td>
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<tr>
<td>• Suicide attempt / self-harm</td>
<td></td>
<td></td>
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<tr>
<td>• Victimization after childhood</td>
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</tr>
</tbody>
</table>

**Multicentre study**

**Characteristics of women in forensic psychiatry**

- Four Dutch forensic psychiatric settings
- N = 280 female forensic psychiatric patients
- Comprehensive questionnaire was coded based on file information by trained researchers:
  - A. History: demographic, criminal and psychiatric variables, PCL-R, Historical items HCR-20 / FAM
  - B. Incidents during treatment
  - C. Dynamic factors 8 risk assessment tools (follow up at least 3 years)

**Sample characteristics** (N = 280)

- 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

**Victimization** (N = 280)

- High rates of victimization
  - 72% victimized during childhood
    - Often by parent(s): 65%
    - Often a combination of sexual, physical and emotional abuse
  - 54% victimized during adulthood
    - Often by (ex) partner(s): 82%
    - Most often physical abuse

**Psychopathology** (N = 280)

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

ECVCP, Ghent, October 2013
### Criminal characteristics (N = 280)
- 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

### Index offenses (N = 280)
- **Index offenses**
  - Homicide 25%
  - Attempted homicide 24%
  - Arson 29%
  - Violent offenses 16%
  - Sexual offenses 9%
- **Victims of index offenses**
  - (ex) Partner 20%
  - Child(ren) 16%
  - Relatives / friends 39%
  - Treatment staff 6%
  - Stranger 16%

### Motives for offending (N = 280)
Most observed:
- Psychotic 15%
- Cry for help 13%
- Revenge / jealousy 11%
- (Threatened) loss 9%
- Illicit gain 9%
- Power / dominance / expressive aggression 8%

### Treatment (N = 280)
- 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%

### Predictive validity
**Incidents during treatment (N = 280)**
- FAM / HCR-20 Historical subscale score significant predictor of:
  - Physical violence
  - Verbal violence / threats
  - Arson
  - Transfer to another ward due to problems
- PCL-R total score significant predictor of:
  - Manipulative behavior
  - Verbal violence / threats

### Subgroups
**Psychopathic vs. non-psychopathic (N = 221)**
- Younger age at first conviction, more criminal versatility, more often stranger victims, less often arson and lethal violence
- Motives for offenses: more often ‘bad’, less ‘sad’
- Violence risk factors: higher on 7 FAM items (e.g., *Prostitution*), lower on 2 (MMD, *Suicidality*)
- More treatment dropout and incidents of manipulative behavior during treatment

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*Inspired by taxonomy Coid, 1998*
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**Subgroups**

<table>
<thead>
<tr>
<th>Borderline PD versus non-borderline PD (n = 269)</th>
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- More severe and complex victimization
- More self-harm in history
- More incidents of verbal violence, self-destructive behavior, and arson during treatment
- More treatment dropout
- Higher on FAM risk factors:
  - Problematic circumstances during childhood
  - Substance abuse

**Conclusions and implications**

- Overall, severely traumatized group with complex psychopathology, high comorbidity
- Many incidents during treatment
- FAM / HCR-20 Historical subscale score: significant predictor of incidents
- Responsivity factors versus risk factors?
- Significant differences between subgroups should lead to different treatment strategies

**Implications for treatment**

Specific attention for:
- Traumas
- Social interaction / relationships
- Vulnerability: risk of victimization in (mixed) forensic psychiatric hospitals
- Children
- Staff:
  - Training (e.g., in recognizing manipulative behavior)
  - Support considering high burden

**Future studies**

- Comparison with male forensic patients
- Subgroups: e.g., offense type (arson, partner violence), diagnoses, intellectual disability
- Dynamic risk factors
- Protective factors
- Predictive validity of risk assessment tools for women

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**More information**

vdevogel@hoevenkliniek.nl
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References


