




## Violence risk assessment in women: Results from a multicentre study

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

## Presentation outline

- Violent behavior by women
- Violence risk assessment in women
- Results multicentre study female forensic patients
  - Criminal and psychiatric characteristics
  - Victimization
  - Treatment history
  - Violence risk factors
  - Subgroups



## 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



Nicholls et al., 2009; 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 harder gestegen dan bij jongens. De toename is vooral groot bij lichte geweldscriminaliteit zoals bedrogging 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  
**Tien meisjes vallen agenten aan**  
**Meisjes verdacht van schoolbrand**

**Vrouw doodt man met naaldhak**



## 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

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

## Female Additional Manual (FAM)

- Additional guidelines to HCR-20 / HCR-20<sup>V3</sup> 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
- 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

## Multicentre study

### Characteristics of women in forensic psychiatry



## 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 = 269)

- 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%

## 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 4%

**Victims of index offenses**

- (ex) Partner 20%
- Child(ren) 16%
- Relatives / friends 39%
- Treatment staff 9%
- 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%



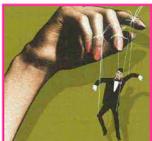
Inspired by taxonomy Coid, 1998

## 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



All  $p < .05$

## 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



All  $p < .05$

## Subgroups

Borderline PD versus non-borderline PD (n = 269)



- 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*

All  $p < .05$

## 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



## Acknowledgments

- Yvonne Bouman (Oldenkotte)
- Paul ter Horst (Woenselse poort)
- Marike Lancel (GGz Drenthe)
- Gerjonne Akkerman-Bouwsema (GGz Drenthe)
- Loes Hagenauw (GGz Drenthe)
- Nienke Epskamp (Van der Hoeven)
- Nienke Verstegen (Van der Hoeven)

## More information

[vdevogel@hoevenkliniek.nl](mailto:vdevogel@hoevenkliniek.nl)

## References

- Coid, J.W. (1998). Axis II disorders and motivation for serious criminal behavior. In A.E. Skodol (Ed.), *Psychopathology and violent crime* (pp. 53-97). Washington, DC: American Psychiatric Press.
- Forouzan, E. & Cooke, D.J. (2005). Figuring out *la femme fatale*: Conceptual and assessment issues concerning psychopathy in females. *Behavioral Sciences and the Law*, 23, 765-778.
- Garcia-Mansilla, A., Rosenfeld, B. & Nicholls, T.L. (2009). Risk assessment: Are current methods applicable to women? *International Journal of Forensic Mental Health*, 8, 50-61.
- McKeown, A. (2010). Female offenders: Assessment of risk in forensic settings. *Aggression and Violent Behavior*, 15, 422-429.
- Nicholls, T.L., Brink, J., Greaves, C., Lussier, P., & Verdun-Jones, S. (2009). Forensic psychiatric inpatients and aggression: An exploration of incidence, prevalence, severity, and interventions by gender. *International Journal of Law and Psychiatry*, 32, 23-30.
- Vogel, V. de & Ruiter, C. de (2005). The HCR-20 in personality disordered female offenders: A comparison with a matched sample of males. *Clinical Psychology and Psychotherapy*, 12, 226-240.
- Vogel, V. de, & Vries Robbé, M. de (2013). Working with women. Towards a more gender-sensitive violence risk assessment. In C. Logan, & L. Johnstone (Eds.), *Managing Clinical Risk: A guide to effective practice* (pp. 224-241). London: Routledge
- Vogel, V. de, Vries Robbé, M. de, Kalmthout, W. van & Place, C. (2012). *Female Additional Manual (FAM)*. Additional guidelines to the HCR-20 for the assessment of violent behavior by women. Utrecht, The Netherlands: Van der Hoeven Kliniek.