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# Violence risk assessment in female and male forensic psychiatric patients with mild intellectual disabilities

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# Presentation outline

- I. Violence risk factors / risk assessment tools and intellectual disability
- II. Dutch research results
- III. Case Marly



# Questions....

## **Forensic patients with mild intellectual disabilities (MID)**

- Are the commonly used violence risk assessment tools valid?
- Are there specific risk factors?
- Are there specific protective factors?
- MID as responsivity factor?



# Risk factors relating to MID

- **Biological:** emotion regulation
- **Family:** high rates of neglect, abuse
- **Living situation:** work, school drop-out, finances, neighbourhood
- **Social cognition:** limited understanding social situations / relationships, suspiciousness
- **Treatment:** lack of insight, supervision issues

Generally valid risk factors, but higher prevalence in patients with MID?

# Risk assessment MID

Generally, good results have been found for:

- **HCR-20**
  - Higher scores for persons with MID
  - Predictive validity good, but less strong for FRJ
- **SAPROF**
  - Most important protective factors: *Attitudes towards authority, Motivation for treatment, Financial management*
- **Static-99** for sexual offenders

# Risk assessment MID

- Additional guidelines for MID:
  - HCR-20: Boer et al., 2010
  - PCL-R: Morrissey, 2007
  - SAVRY: Adamson et al., 2011
- *Assessment of Risk and Manageability of Individuals with Developmental and Intellectual Limitations who Offend – Sexually* (Boer et al., 2013, [www.armidilo.net](http://www.armidilo.net))
  - Ecological validity: assessing context (e.g., societal attitudes towards MID)

**Stronger emphasis on dynamic and contextual factors**

## II. Dutch research results



# Dutch multicenter study

## Gender differences in forensic psychiatry



- Five forensic psychiatric settings
- 275 female and 275 matched male patients
- Several risk assessment tools, psychiatric and criminal history
- Several subgroups:
  - Psychopathy
  - Borderline PD
  - Offense types
  - **Intellectual disability**



# Research MID

De Jong, Hoogeveen, de Vogel, & Didden, 2014

- Forensic psychiatric patients admitted 1990-2014
- Comparisons:
  - 126 women with MID (IQ < 85)
  - 76 women no MID (IQ > 95)
  - 50 men with MID (IQ < 85)
  - 61 men no MID (IQ > 95)

# Results multicenter study

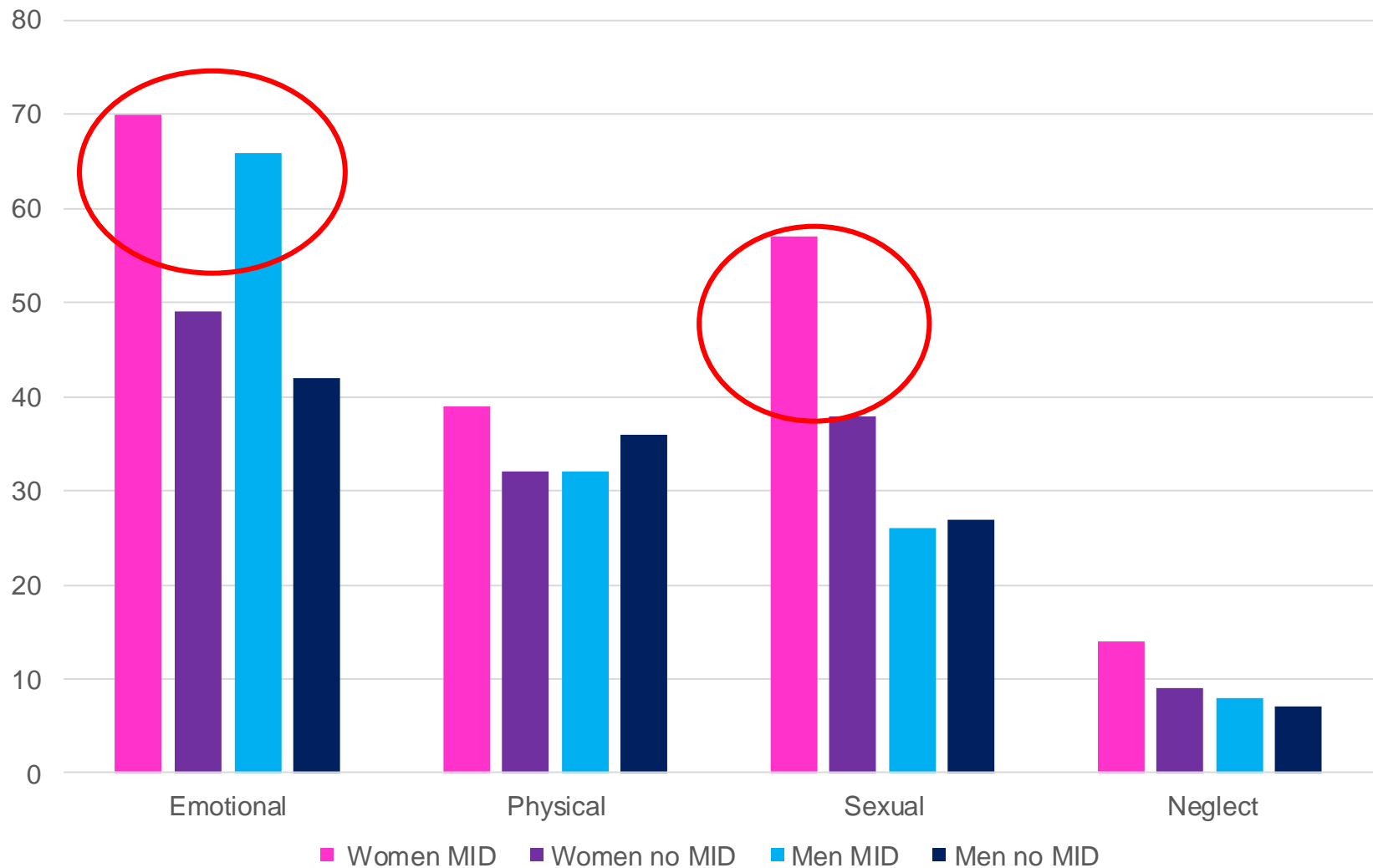
Women and men with MID versus without MID

- **Personal histories**
  - More problematic; work, finances, relationships, prostitution (♀), victimization
- **Psychiatric histories**
  - More often admitted
- **Criminal histories**
  - More stranger victims, less homicide

**Vulnerable group, high prevalence of victimisation**

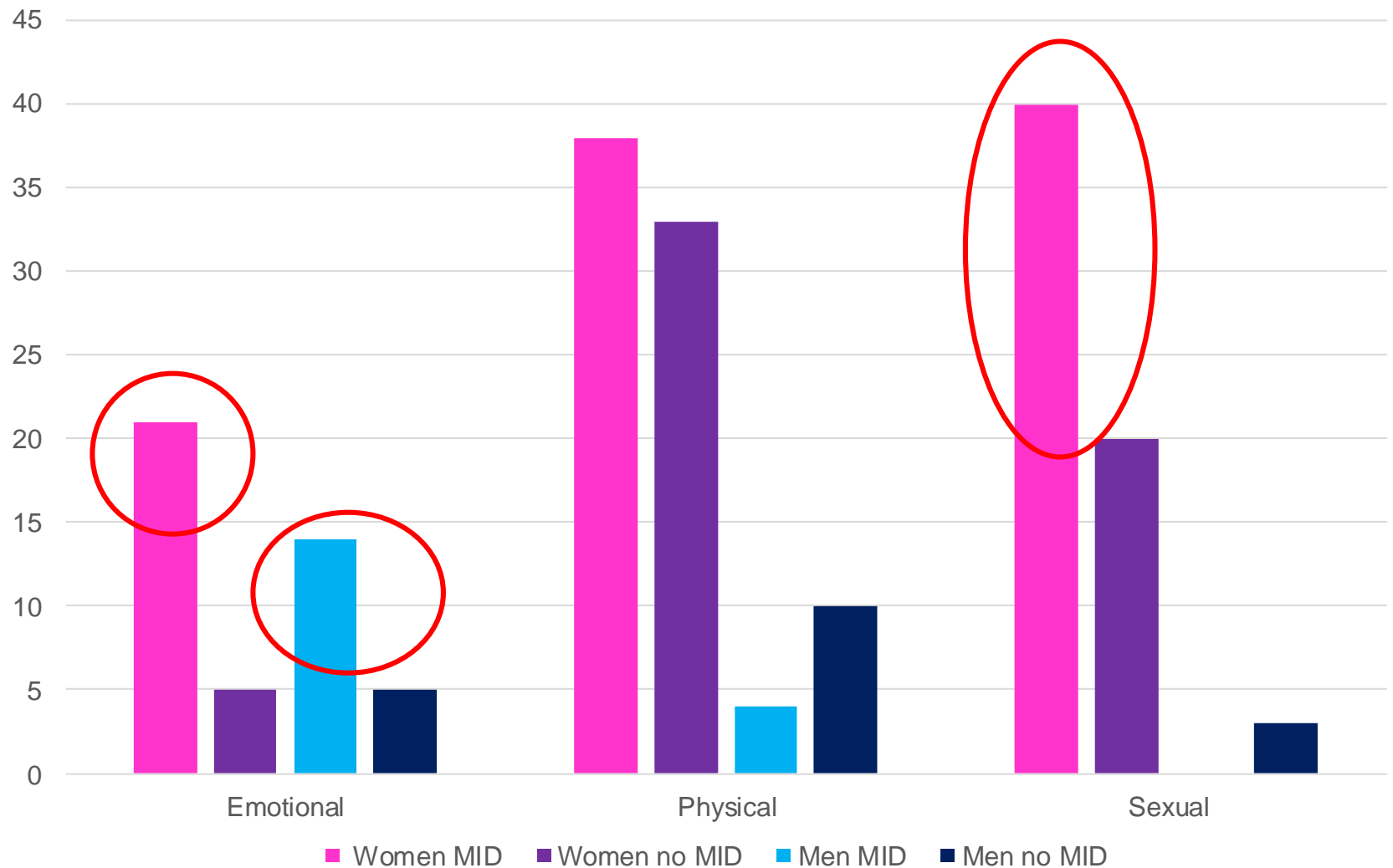
# Results multicenter study

## Victimization during childhood



# Results multicenter study

## Victimization during adulthood



# III. Case Marly



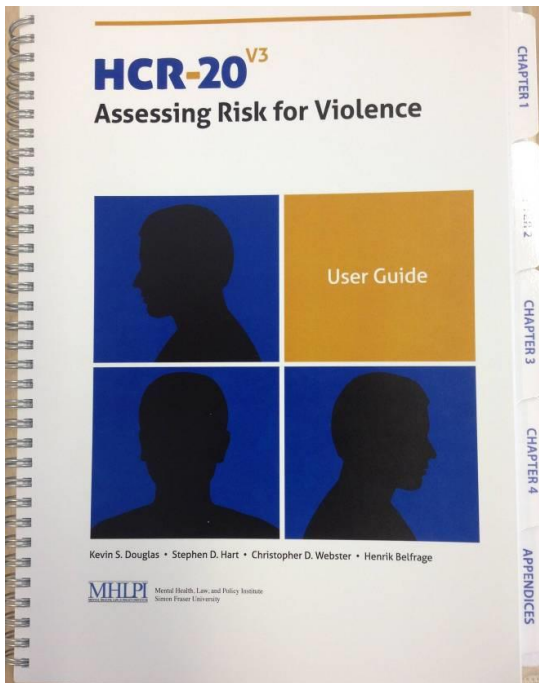
# Case Marly



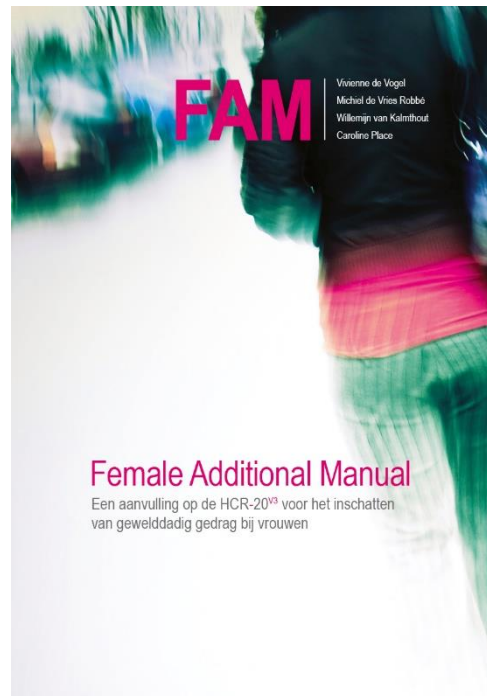
- Grows up in very unfavorable conditions (domestic violence, sexual abuse, poor neighbourhood)
- Violence towards close environment and to herself
- Multiple admissions
- Many incidents during treatment: arson, self-harm, violent threats, disturbing notes
- WAIS-III: TIQ = 64 (VIQ = 61, PIQ = 67)

**Context of risk assessment: advice to court about the necessity of prolonged mandatory treatment**

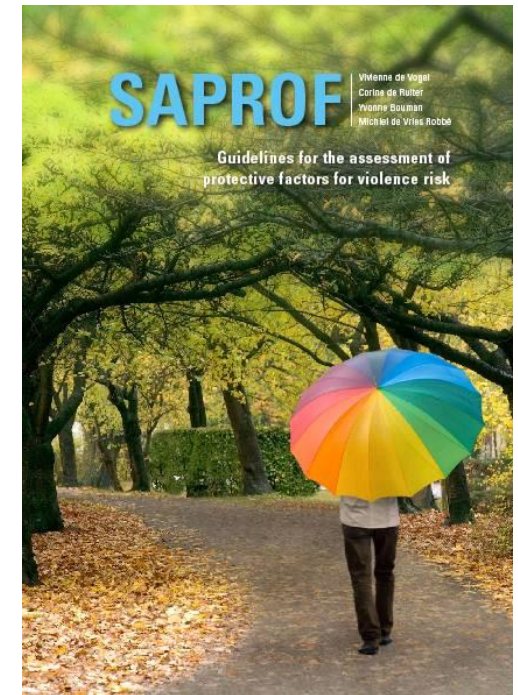
# Violence risk assessment



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Douglas et al., 2013 – De Vogel et al., 2009 – De Vogel et al. 2012

More information: [www.hcr-20.com](http://www.hcr-20.com) – [www.saprof.com](http://www.saprof.com) – [www.violencebywomen.com](http://www.violencebywomen.com)

# HCR-20<sup>V3</sup> Marly

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**

Many risk factors, both static and dynamic



# FAM Marly

Coding:

0 = No

1 = Partially

2 = Yes

## Historical items

- H11 Prostitution
- H12 Parenting difficulties
- H13 Pregnancy at young age
- H15 Suicide attempt / self-harm

## Clinical items

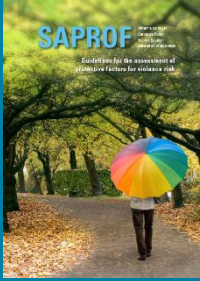
- C6 Covert / manipulative behavior
- C7 Low self-esteem

## Risk management items

- R6 Problematic child care responsibility
- R7 Problematic intimate relationship

**Additional gender-specific risk factors**

# SAPROF Marly



## Internal factors

1. Intelligence
2. Secure attachment in childhood
3. Empathy
4. Coping
5. Selfcontrol

## Coding:

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

## Motivational factors

6. Work
7. Leisure activities
8. Financial management
9. Motivation for treatment
10. Attitudes towards authority
11. Life goals
12. Medication

## External factors

13. Social network
14. Intimate relationship
15. Professional care
16. Living circumstances
17. External control

**Few protective factors, only external**

# Case Marly



# Conclusions Case Marly

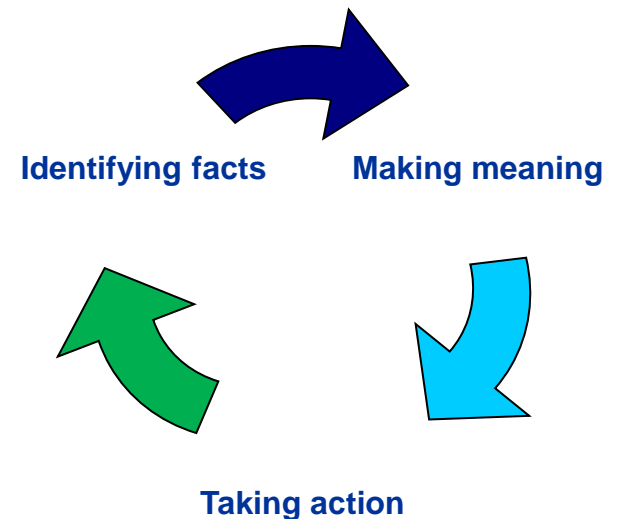


- **Risk factors:**
  - Many Historical risk factors
  - *Instability, Stress and Low self-esteem* most important dynamic risk factors
- **Protective factors:** few, mostly external factors
  - Important goals: *Coping, Self control*
- **Conclusion**
  - Long-term, high intensive supervision and structure is needed
  - Mandatory treatment is still needed, recommendation to transfer Marly to a **specialised forensic hospital for MID**

# Overall conclusions

## Risk assessment MID

- Most risk factors / tools are also valuable for MID, but careful interpretation is needed
- Risk assessment is all about the ideographic interpretation and how to translate into risk management!



# More information?

[www.hoevenkliniek.nl](http://www.hoevenkliniek.nl)

[www.saprof.com](http://www.saprof.com)

[www.violencebywomen.com](http://www.violencebywomen.com)

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