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

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I. Violence risk factors / risk assessment tools and intellectual disability

II. Dutch research results

III. Case Marly
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?
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

De Vries Robbé, 2012; Gray et al., 2007; Lindsay et al., 2008; Verbrugge et al., 2011
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)
  
  - 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
• 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

<table>
<thead>
<tr>
<th>Category</th>
<th>Women MID</th>
<th>Women no MID</th>
<th>Men MID</th>
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<tbody>
<tr>
<td>Emotional</td>
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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

### HCR-20 V3 Marly

#### 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 response

#### Clinical items
- C1 Insight
- C2 Violent ideation or intent
- C3 Symptoms of major mental disorder
- C4 Instability
- C5 Treatment or supervision response

#### Risk management items
- R1 Professional services and plans
- R2 Living situation
- R3 Personal support
- R4 Treatment or supervision response
- R5 Stress / coping

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Many risk factors, both static and dynamic

**Coding:**
- 0 = No
- 1 = Partially
- 2 = Yes
## FAM Marly

### 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

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**Additional gender-specific risk factors**
Internal factors
1. Intelligence
2. Secure attachment in childhood
3. Empathy
4. Coping
5. Self-control

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

Coding:
0 = not present
1 = partially / maybe
2 = present

Few protective factors, only external
Case Marly

Personality:
Low self-esteem, MMD, MID

Lack of protective factors

Stress

Treatment failure

Context: too demanding

Violence
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
www.sapropof.com
www.violencebywomen.com

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