

EUROPIS  
RISK AND NEEDS ASSESSMENT WORKSHOP  
12-13.10.17

## the clinical risk assessment and management of women

does gender really matter ...?

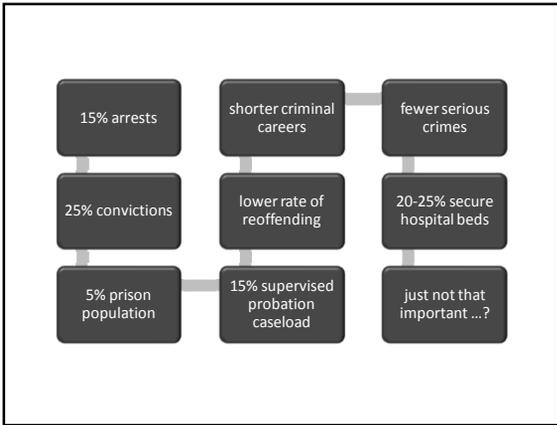
[caroline.logan@gmmh.nhs.uk](mailto:caroline.logan@gmmh.nhs.uk)



### preview

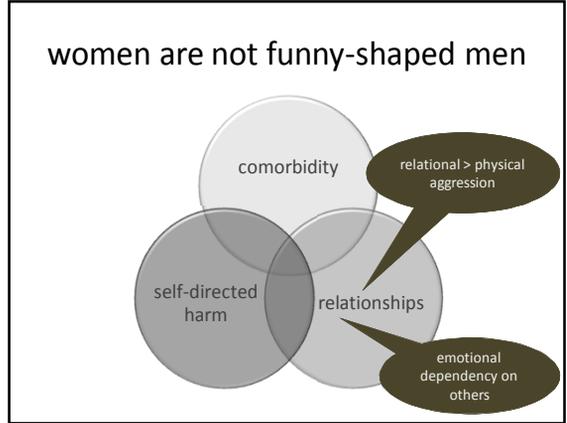
- why bother with women ...?
- but what if we *are* concerned?
  - why we should be concerned
  - assessing and managing our concerns about risk
- gender *does* matter

## why bother with women ...?



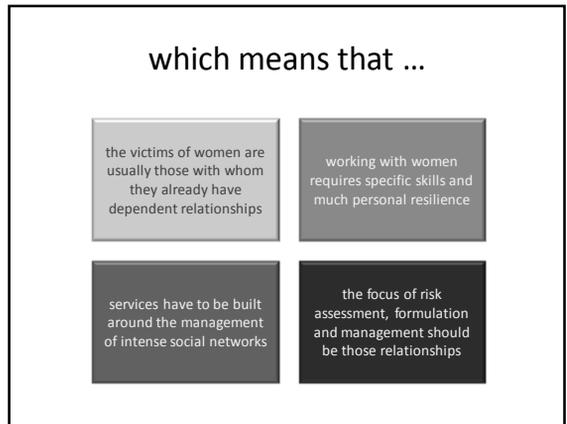
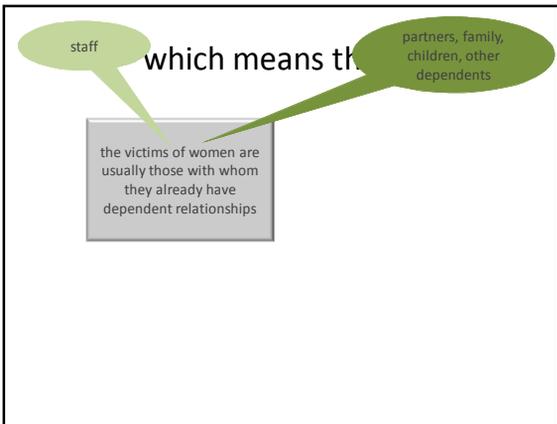
why we should be concerned

## BUT WHAT IF WE ARE CONCERNED?

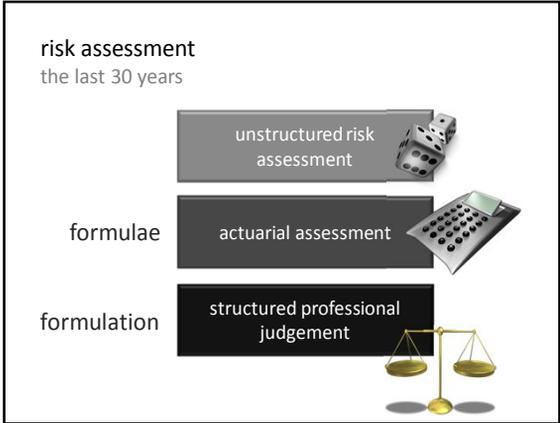
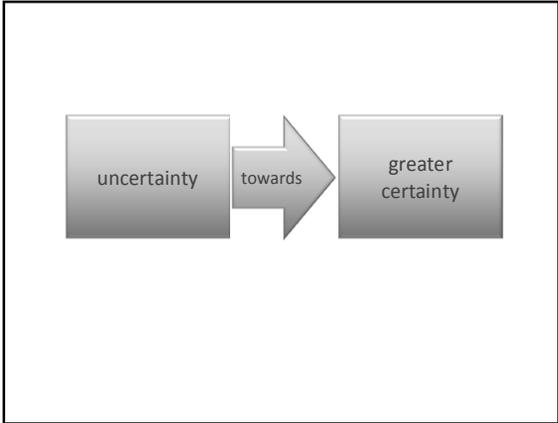
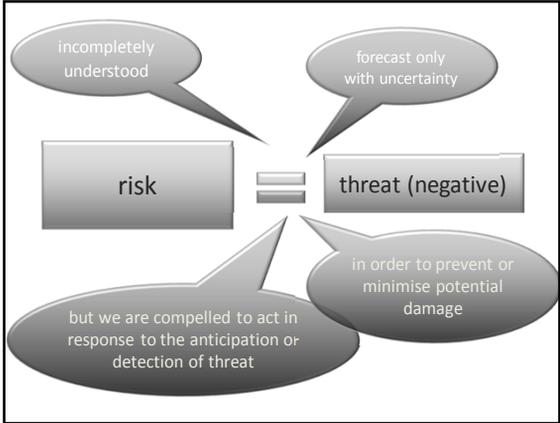


“it appears self-evident that the power one holds in the domain in which one holds it will influence the method used to abuse that power to the detriment of others”

Logan, C. & Weizmann-Henelius, G. (2012). Psychopathy in women: Presentation, assessment and management. In H. Häkkinen-Nyholm & J.O. Nyholm (Eds), *Psychopathy and Law*. Chichester: Wiley Blackwell.



assessing and managing our concerns about risk  
**BUT WHAT IF WE ARE CONCERNED?**



where we need to be going ...

triage  
sorting cases into  
categories based on markers  
of seriousness

&

harm limitation,  
towards prevention  
understanding  
structured professional  
judgement

where cases are selected on  
the basis of *grounds for  
concern* and the *seriousness  
of the risk posed*

real time risk management

**NOTE**

‘the volume and complexity of what we know has  
exceeded our individual ability to deliver its  
benefits correctly, safely or reliably’

Gawande, 2009, p14

**NOTE TOO ...**

‘Checklists seem to provide protection against [failure].  
They remind us of the minimum necessary steps and  
make them explicit. They not only offer the possibility  
of verification but also instill a kind of higher discipline.’

Gawande, 2009, p36

**AND REMEMBER ...**

‘people – not instruments – make recommendations  
in the course of conducting risk assessments’

Guy, Douglas & Hart, 2015, p51

mapping the terrain



guidance  
or ‘tools’



different levels of granularity

History of  
problems with  
violence, other  
antisocial  
behaviour,  
relationships,  
employment,  
substance  
misuse, mental  
disorder, trauma,  
personality  
disorder, violent  
attitudes &  
treatment  
response

**HCR-20<sup>v3</sup>**  
Assessing Risk for Violence

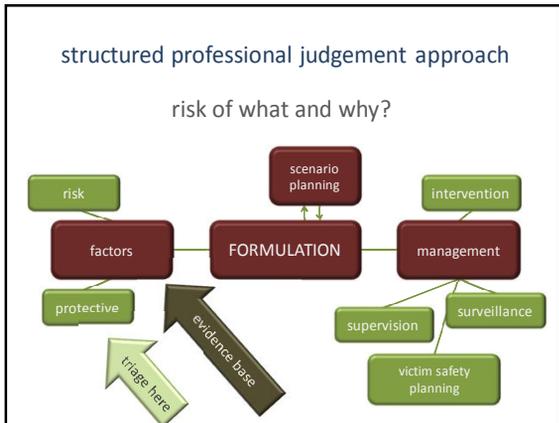
User Guide

Health Douglas • Hospital West • Chipping Hill Station • New Bridge

SHL

Current clinical  
issues with  
insight, violent  
ideation,  
symptoms,  
instability and  
treatment  
response

Future risk  
management  
issues with  
professional  
services, living  
situation,  
personal  
support,  
treatment  
response and  
stress



formulation  
 attempts to explain  
 the underlying mechanism of the risk  
 (why this person is at risk of what at this time)  
 and proposes hypotheses regarding action  
 to facilitate change

harmful behaviour is enacted by people  
 for whom that behaviour has meaning –  
 key to risk assessment is accessing that  
 meaning in order to understand the  
 circumstances in which harmful behaviour  
 could be chosen again as a means of self-  
 expression or problem-solving

**gender differences here**

risk management planning

**treatment**

treatment (or rehabilitation) strategies designed  
 to moderate risk factors or enhance protective  
 factors

interventions intended to repair or restore  
 deficits in adjustment and functioning

**supervision**

restrictions on activity, movement, association,  
 or communication that are intended to control  
 risk factors – limits on opportunity to be harmful

enhancements to lifestyle in the form of  
 structure, boundaries, role expectations  
 intended to enhance protective factors

**monitoring**

the identification of those early warning signs  
 that are an indication of a relapse to harmful  
 behaviour

any indicators of a change in risk

**victim safety plan**

guidance to past or future possible victims to help them avoid or to reduce the impact of (re-)victimisation

concluding comments

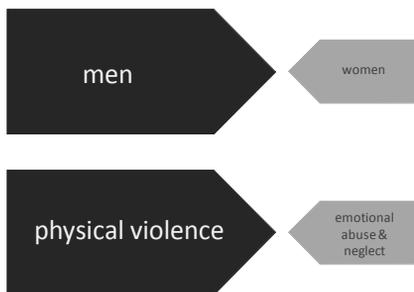
**GENDER DOES MATTER**

**the risks presented by women ...**

- don't look like the risks presented by men
  - their victims are different, on the whole
  - their methods are different
  - their treatment and management should be different

**the risks presented by women ...**

- can be harder to understand – to formulate
  - women are complicated
  - because there is much less research on harmful women – models of the behaviour of men are usually applied to women without any expectation of adjustment (!)
  - and generally less interest in them or their concerns



**the risks presented by women ...**

- can be neutralised by our desire not to see women as harmful, especially towards those most dependent upon them
  - this tendency can make us blind to the harm potential of women
  - or more likely to minimise it, overlook it, care less about it
  - which leaves vulnerable people at risk

## post script

- the strength of any system of harm prevention lies in its capacity to understand and manage the risks posed by minority groups
  - women
  - people with learning difficulties
  - people with autism spectrum conditions
  - minority ethnic groups
  - and so on ...

## preview

- why bother with women ...?
- but what if we *are* concerned?
  - why we should be concerned
  - assessing and formulating our concerns about risk
  - risk management
- gender *does* matter

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