Name of Tool	Female Additional Manual (FAM)
Category	Violence Risk (Awaiting Validation)
Author / Publisher	de Vogel, de Vries Robbé, van Kalmthout and Place
Year	2014 (2012)

Description

- The FAM is a tool with additional guidelines to the HCR-20^{V3} that aids clinical assessment of violence risk in adult females who have committed prior violence offences. Similar to the HCR-20 / HCR-20^{V3}, the FAM covers historical, clinical and risk management items (de Vogel et al., 2014). The historical items are personality disorder, traumatic experiences, prostitution, parenting difficulties, pregnancy at a young age and suicidality/self-harm. The clinical items are covert/manipulative behaviour and low self-esteem. The risk management items consist of problematic childcare responsibility and problematic intimate relationship.
- The FAM is comprised of additional guidelines to five of the historical HCR-20^{V3} items or two HCR-20^{V3} items and eight additional risk items specifically for evaluating females who have offended (de Vogel et al., 2014).
- The FAM items were constructed following a thorough review of the literature and clinical experience in relation to females. The nine new risk items reflect gender-responsive issues such as problems with childcare responsibilities, prostitution, low self-esteem and covert / manipulative behaviours (de Vogel, Wijkman and de Vries Robbé, 2018).
- In addition to making a final judgment on the risk of violent behaviour towards others, the FAM also allows for the individual to be assessed for their risk of self-destructive behaviour, victimisation and non-violent criminal offending (de Vogel, Wijkman and de Vries Robbé, 2018).

Age Appropriateness

18+

Assessor Qualifications

Assessors must possess a degree, certificate or licence to practice within health care settings (de Vogel et al. 2014).

Assessors must also possess the necessary training and experience in the administration, scoring and interpretation of clinical behavioural assessment instruments (de Vogel et al., 2014).

Tool Development

- The FAM was developed due to there being a lack of gender-specific tools to be used for violence in female populations. A literature review, interviews with mental health professionals and a pilot study in a Dutch mixed gender forensic psychiatric hospital were used to develop the FAM (de Vogel, Wijkman and de Vries Robbé, 2018).

•A draft version of the FAM was implemented in 2007 for all female patients who were resided in the Van der Hoeven Kliniek, a Dutch forensic psychiatric hospital admitting both men and women. Interviews with mental health professionals revealed there were factors particularly relevant to women: covert behaviour, hiding or concealing the truth, manipulative use of sexuality such as exploiting it for personal gain and low self-esteem (de Vogel and de Vries Robbé, 2013).

•In 2011, the tool was revised subsequent to user feedback, new insights and experiences with coding of other tools, specifically the Structured Assessment of Protective Factors for violence risk (SAPROF) and the Short-Term Assessment of Risk and Treatability (START). In addition to a final judgement on risk to others it now also includes judgements on self-destructive behaviour, victimization and non-violent criminal behaviour. There was a further revision in 2013 so it could be used with the HCR-20^{V3} (de Vogel, Wijkman and Vries Robbé, 2018).

•In 2011, research was conducted on the psychometric properties of the FAM in the Van der Hoeven Kliniek. The authors found good inter-rater reliability for the composite score and the different final risk judgements, except for victimization (de Vogel et al., 2011). Preliminary findings on the FAM's predictive validity during treatment were good for incidents of violence towards others as well as for incidents of self-destructive behaviour.

•A study by Greig (2014) into the psychometric properties of the FAM led to the conclusion that the tool may be useful in civil psychiatric populations.

•Griswold and colleagues (2016) used a sample of 28 female defendants adjudicated not guilty by reason by insanity in the United States. The FAM showed good inter-rater reliability and predictive validity for inpatient violence. In spite of this, the authors found no incremental validity of the FAM over the HCR-20.

•Campbell and Beech (2018) examined whether scores on the HCR-20 and FAM can be related to frequency of self-harm in 89 female psychiatric patients. The association between self-harm and HCR-20 scores was strengthened by the inclusion of the FAM. It is recommended that the FAM is used alongside the HCR-20 when assessing risk of self-harm in females.

•de Vogel et al. (2019) coded file information in 78 female forensic patients using a number of risk assessment instruments, including the FAM. Reconviction data was available for 71 of the patients. The FAM was one of the tools showing the highest predictive accuracy for all recidivism (including violence).

General Notes

•de Vogel, Wijkman and de Vries Robbé, 2018 suggested the FAM could be useful in general mental health settings and for detecting inpatient violence.

•The FAM assessor is invited to decide upon risks for various behaviours and scenarios: risk for future violence (influencing someone else to commit violence or being an accessory to violence is also included in the definition of violence); risk for serious physical harm; risk for imminent violence; risk for self-destructive behaviour; risk for victimisation; risk for non-violent criminal behaviour (de Vogel et al., 2014).

•In the manual, the developers maintain that the FAM may be possibly be partly useful for violence risk assessment in adolescent girls. This is said with caution, however, because there are some risk factors specifically valid for adolescent girls that are not included in the FAM, such as interaction with deviant peers, being a member of a gang and running away from home. Further to this, some of the FAM items are not applicable to adolescent girls, such as 'victimization after childhood (de Vogel et al., 2014). It is, therefore, recommended that scholars consider developing or adapting tools for risk in adolescent girls, as well as for assessing the risk of child abuse, intimate partner violence or psychopathy in female populations (de Vogel, Wijkman and de Vries Robbé, 2018).

- Although it is preferable to use the most recent edition of the FAM (de Vogel et al., 2014), the original FAM can also be applied as an additional manual to the HCR-20^{V3} with some adaptions.
- Enquiries regarding this risk assessment tool can be sent to the following e-mail address: vdevogel@dfzs.nl.