VAN DER HOEVEN KLINIEK TBS | HU HOGESCHOOL UTRECHT | Maastricht University Faculty of Psychology and Neuroscience | DE FORENSISCHE ZORGSPECIALISTEN

Gender matters: Towards more gender-responsive approaches in secure care

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3RD INTERNATIONAL MEETING TRAUMA NEEDS IN SECURE CARE CONFERENCE
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Presentation

I. Becoming trauma-informed

II. Gender differences trauma

III. Guidelines for gender-responsive treatment

IV. Case Sarah

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Example from daily practice

Sarah is a young woman receiving care in a forensic psychiatric hospital who engages in frequent and **severe self-injurious behavior** (SIB). Her treatment team is uncertain about how best to support her. They find it difficult to determine whether her actions stem solely from distress or is also '**manipulative**' and they are deeply concerned about the risks.

How to deal with Sarah's self-injurious behavior?

Photo: Laura Hospes

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Sarah

- Sexual abuse, emotional neglect
- 12 years: scratches in arms, mother punishes her
- 16 years: 1st suicide attempt
- Multiple psychiatric admissions
- Aggression towards others
- Arson in psychiatric hospital: mandatory forensic treatment
- In forensic hospital: many incidents, aggression towards others and herself

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I Becoming trauma-informed

- Increasing recognition of importance trauma-informed working
- High prevalence of trauma in our patients (78% in women, 70% in men)
- Also attention needed for professionals

Bohle & de Vogel, 2017; Simjouw et al., 2024; Verstegen, 2023

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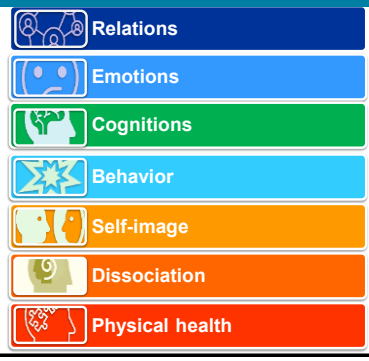
Impact of Trauma experiences



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Trauma
Adverse Childhood Experiences

- Impact on mental & physical health
- Increased risk of revictimization
- Relationship with risk factors start & relapse offending
- Trauma symptomology may reduce the effectiveness of conventional approaches to treating risk factors

➡ **Trauma-informed care**

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Levenson et al. (2014)

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Trauma-informed care
PhD project Annabel Simjouw

- Trauma-informed care (TIC) training for staff working with adult forensic patients is largely lacking
- Staff generally hold positive attitudes toward TIC, but these attitudes do not consistently translate into trauma-informed behavior
- Mandatory forensic treatment creates structural tension with core TIC principles

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II Gender differences trauma

- In both men and women in secure care: a high prevalence of trauma experiences in childhood
- However, there are gender differences;
  - More sexual and more complex trauma in women
  - More often starting at a young age
  - In adulthood: more trauma in women
  - On average, women react differently than men:

Women report **more intense feelings of threat and loss** associated with the trauma (Olff et al., 2007) and are found to be **more susceptible to developing PTSD** following exposure to a potentially traumatic event than men (Komarovskaya et al., 2011; Valdez & Lilly, 2014).

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Gender differences trauma

Extra attention in treatment for women for:

- Self-esteem
- Self-efficacy
- Coping
- Social relations

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Importance of more knowledge justice-involved women

- **Rising numbers worldwide**
- **Intergenerational transfer**
  Children of violent / antisocial mothers: high risk of multiple problems (criminal, mental health, addiction, risk taking behavior)
- **Recognition of victims of female offending**

See special issue IJFMH on gender, de Vogel & Nicholls, 2016

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Background justice-involved women

Most important differences men:

1)Higher prevalence (sexual, complex) trauma
2)Psychopathology: more complex, comorbidity
3)More internalising behavior
4)Longer treatment history

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Dutch Multicenter project
Gender issues in forensic psychiatry (started in 2012)

- Five Dutch forensic settings
- 275 female and 275 matched male patients
- HCR-20, HCR-20^{V3}, FAM, START, SAPROF, PCL-R
- Research topics:
  - Criminal history
  - Victimization history
  - Psychopathy
  - Borderline Personality Disorder
  - Intellectual disabilities
  - Substance abuse
  - Violence risk assessment / follow up study

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Dutch forensic setting





Van der Hoeven Kliniek

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Overall conclusions gender differences
de Vogel et al., 2016, 2019, 2022

- Female forensic psychiatric patients: **highly traumatized** group with complex psychopathology
- Relevant gender differences: trauma history; mental health needs; criminal history
- Differences subgroups women (e.g., offense type, psychopathology)
- High mortality rate (18%)
- Risk assessment: low predictive accuracy for violence
- Treatment is not an easy task; acknowledge gender-specific aspects

Translation research results → practical guidelines

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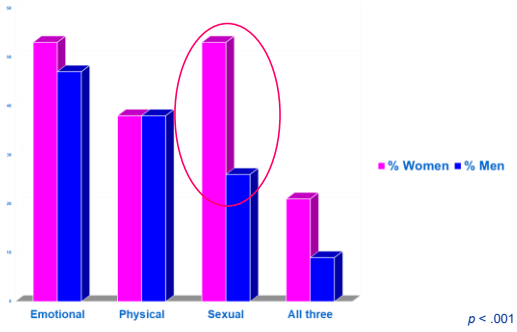
Victimization during childhood
275 women versus 275 men



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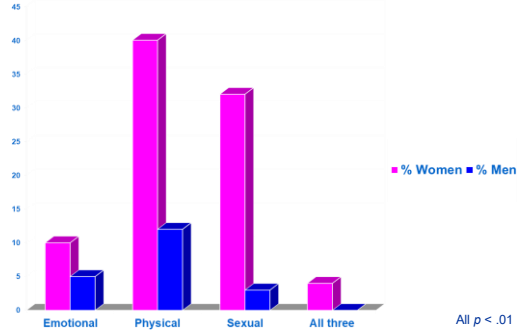
Victimization during adulthood
275 women versus 275 men



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Relationship trauma and PD

- **Men:** relationship between physical abuse and antisocial personality disorder
- **Women:** relationship between sexual abuse and borderline personality disorder

Bohle & de Vogel, 2017

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III Guidelines for gender responsive treatment

kwaliteit forensische zorg

DE FORENSISCHE ZORGSPECIALISTEN

oostvaarderskliniek

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Challenges in treatment of women in (gender-mixed) forensic mental health care

Questions from daily practice:

- Risk of (re)victimization: do we see enough?
- How to deal with (potentially risky) relationships?
- How best to facilitate contact with children?
- Taking into account biological factors (hormones, different effects of psychotropic medication?)
- Effect on professionals?
- Transgender persons: treatment, policies?

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Example from daily practice

Sarah is left alone in a room with a male sociotherapist. The situation triggers memories of earlier sexual abuse (being alone in a room with her grandfather). She experiences a flashback and responds with physical aggression toward the male sociotherapist.

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Method

Literature → Survey (N = 295 professionals) → Interviews (22 professionals; 8 female and 3 male patients)

Guidelines

Expert meetings (40 professionals; 11 female patients) → Pilot study

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Trauma

- Trauma is an important risk / responsivity factor that should be treated: 85.7 (range 30-100)
- Often used: EMDR, schema therapy, exposure
- EMDR not always considered effective because of high prevalence **complex** trauma
- Knowledge is lacking about gender differences
- More attention is needed
  - Trauma-informed care
  - Gender-responsive trauma treatment programs
  - Start early in treatment

Trauma-informed care = basis

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Trauma

I see women fall apart more. And then I see more consequences for their functioning. In contrast, men carry on more easily after a traumatic event.

I just think that for women, there is a closer eye for it, and it is more often asked and therefore more often reported. But I don't believe that it occurs less often in men.

Well, I wanted to directly start with it [...] it would have been nice if they gave it some priority.

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Guide
Gender-responsive working

There are similarities, but also differences between female and male forensic patients that should be taken into account in treatment

Basis

Trauma-informed care

Relational security

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Guidelines
Gender-responsive working

General
- Trauma-informed care
- Relational working
- Safety
- Respectful approach
- Homely environment
- Sense of agency
- Role of social network and child(ren)
- Strengths focused
- Attention self-harm
- Health issues

Professionals
Selection; education; support

Gender-specific
- Acknowledge differences
- Take into account biological aspects (medication, birth control, sex-specific health issues)
- Sexuality
- Transgender persons
  - Safety and privacy
  - Respect
  - Medical care
  - Assessment

Policies gender-mixed settings
Ratio ♀♂; intimate relationships, birth control, ♀ activities

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Guidelines
Gender sensitive (risk) assessment

Bias
- Be aware of possible gender bias

Diagnostics
- APA guidelines 2018
- Psychopathy / PCL-R; additional guidelines Smith et al., 2021
- Trauma

Risk assessment
- Cautiousness in interpretation violence risk assessment tools
- Risk assessment tools for sexual violence: not suitable for women
- FAM for better understanding / risk management
- Frequently conduct risk assessment in case of intimate relationship

Transgender persons
- Gender dysphoria
- Violence: FAM only dynamic items / mainly for clinical purposes
- Sexual: SSA only when male at time of index-offense

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Guidelines
Gender-responsive treatment programs

- **Trauma treatment:** self-esteem, self-efficacy, coping, social network
- **Parenting skills**
- **Empowerment;** financial management / independence, protective factors
- **Role of social and intimate relationships**
- **Psycho-education** (e.g., trauma & substances use)
- Need for female-only group in gender-mixed settings

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IV Case Sarah
Treatment

- First year: many incidents of violence, sexually inappropriate behavior; continuous supervision is needed
- Stabilisation by medication and transfer to highly structured ward
- Intensive Trauma treatment (EMDR, exposure, psychomotor therapy)
- Yoga, creative arts
- Staff was trained to recognize early signals SIB and offer alternatives to relieve tension (sports, creative arts)
- Restore contact father
- Slow progression: growing motivation and self-insight, less incidents

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Safety

Safety means that attention is paid to the design of the physical environment and that contact with patients is respectful and attentive.

Sarah was transferred to a highly structured ward with clear routines. Continuous supervision and built-in rest periods created a **predictable and safe environment** for her.

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Trust

Trust means that the organization and its employees trust each other and the patients they work with, always striving not to disappoint them and to do what they promise. Trust comes from creating a consistent environment, setting boundaries and creating clarity about what is realistic to expect from care providers.

Staff offered **clarity and consistency** about Sarahs program and expectations. Restoring contact with her father helped rebuild basic trust and emotional stability.

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Choice

Choice means offering patients different options and giving them as much control as possible over their decisions. The organization recognizes that giving people choices can help address power differences.

Sarah could **choose alternative coping strategies** when distressed (sports, making cards, creative activities). As she stabilized, she gained more say in her daily activities, gradually increasing her sense of control.

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Collaboration

Collaboration means that the organization uses the experiences of staff and patients to improve the entire system. There is recognition that recovery takes place in the context of relationships and joint decision-making.

Staff worked together with Sarah to understand the triggers, motives, and functions of her self-injurious behavior. The team and Sarah **jointly** identified early warning signs and **co-developed** responses to reduce tension.

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Empowerment

Empowerment involves focusing on patients' strengths and helping them develop strong survival skills.

Trauma-treatment (EMDR), yoga, and creative arts increased her self-insight and coping abilities. A reward system and structured success experiences strengthened her self-esteem and sense of capability.

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Gender differences trauma

Extra attention for women for:

- Self-esteem
  - **Creative activities** (yoga, arts, making cards) gave Sarah positive experiences that strengthened her sense of worth
  - **Reward system** and structured successes helped her see herself as capable rather than destructive
- Self-efficacy
  - **Step by step stabilization** (medication, structured ward) enabled Sarah to experience mastery over emotions as incidents decreased
  - Identifying **early warning signs** together allowed her to recognize triggers and use strategies proactively, increasing confidence

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Gender differences trauma

Extra attention for women for:

- Coping
  - Trauma focused EMDR and alternative tension reduction options (sports, creative arts) replaced SIB with safer coping tools.
  - Clear routines and predictable structure supported emotion regulation and reduced impulsive reactions
- Social relations
  - Restoring contact with her father provided emotional stability and relational recovery
  - Staff offered consistent, respectful interactions, helping her rebuild trust and healthier interpersonal boundaries.

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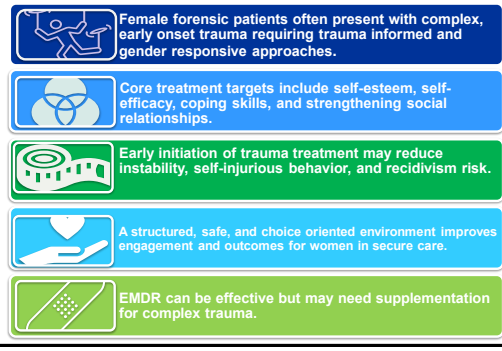
Key messages



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Thank you

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Tips

https://www.2doc.nl/documentaires/2023/08/in-de-tbs.html
https://npo.nl/start/serie/tbs-aan-de-andere-kant/seizoen-1/tbs_10

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