VIOLENT FEMALE OFFENDING: EXAMINING THE ROLE OF PSYCHOPATHY AND

COMORBIDITY WITH *DSM-IV* PERSONALITY DISORDERS

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Thesis Prepared for the Degree of

MASTER OF SCIENCE

UNIVERSITY OF NORTH TEXAS

August 2010

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Hilving, Rebecca. <u>Violent female offending: Examining the role of psychopathy and comorbidity with *DSM-IV* personality disorders.</u> Master of Science (Criminal Justice), August 2010, 63 pp., 5 tables, references, 48 titles.

This thesis examines the role of psychopathy in violent female offending, and explores *DSM-IV* personality disorders that may also be a factor. Past research on female offenders and psychopathy suggest that this is a valid construct when looking at female offenders. This study was driven by two questions: which personality disorders are most common in adult female offenders who are psychopathic, and are adult female offenders who are psychopathic more likely to have been convicted of a violent offense than those who are not psychopathic, but have at least one personality disorder. The results indicate that Cluster B personality disorders were the most common, and Cluster C the least common. The results also showed that those women who were psychopathic were no more likely to have been convicted of a violent crime than those who had at least one personality disorder, but were not psychopathic. Treatment implications and the direction of future research are discussed.

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CHAPTER 1

INTRODUCTION

Early research concerning criminal behavior, its causes, and possible solutions

tended to focus almost exclusively on male offenders. This is likely due to the fact that

males commit more crime, and especially more violent crime, than females. Research

has subsequently been conducted to examine gender differences in criminal behavior, and

differences in the causes of and responses to male and female criminality. The idea that

findings from research conducted among male offenders can be generalized to female

offenders has been challenged (Salekin, Rogers, Ustad & Sewell, 1998; Strand &

Belfrage, 2005; Warren et al., 2005), and researchers have therefore focused on the

differences between the two genders. Some researchers have focused exclusively on

female offenders and their criminality (Widom, 1978).

Mental health, and specifically disturbances of personality, has also been

addressed in the research as a possible cause of criminal behavior. Psychopathy, a

disorder of personality that includes affective, interpersonal, and behavioral features

(Cleckley, 1941; Edens & McDemermott, 2010), has been found to have a relationship

with both criminal behavior and recidivism. Psychopaths tend to have a shallow range of

emotion, lack empathy, and fail to learn from punishment or past mistakes, which may

help to explain the increased recidivism rate among psychopathic offenders.

Psychopathy, while a disturbance of personality, is not a diagnosis described in the

Diagnostic and Statistical Manual of Mental Disorders, 4th edition, revised (*DSM-IV*) of

the American Psychological Association, and is therefore not considered one of the *DSM-*

IV personality disorders. It is a separate mental health problem that has some similarities to other personality disorders such as antisocial personality disorder. Ogloff (2005) distinguishes psychopathy from antisocial personality disorder due to the emphasis on affective and personality rather than mostly behavioral elements of antisocial personality disorder. Besides antisocial personality disorder, there are other *DSM-IV* personality disorders that may be related to criminal behavior. These are described further in the next section.

Statement of the Problem

There are many theories that attempt to explain the cause of criminal behavior. Based on these, solutions to the problem of crime have been developed. Some theories have relied on sociological explanations that involve examining the impact of the social structure or the environment in which the offender lives. Others have looked to biology, theorizing that criminality may be genetic. Still, others rely on psychological explanations indicating that criminality is a result of a person's upbringing, their mental and emotional stability, and/or their personality characteristics (Lipton, 1950; Megargee, 1966).

There exists some evidence that women tend to respond positively to therapy as part of their rehabilitation (Akers & Sellers, 2009). This may suggest that psychological explanations are useful in explaining the cause of their criminal behavior.

According to DeCou and Van Wright (2002), the majority of crimes committed by female offenders are nonviolent such as shoplifting, larceny, passing bad checks, drug possession, and prostitution. These crimes constitute about 80% of the offenses for

which female offenders are charged. The authors state that 75% to 90% of female offenders have substance abuse problems, with 75% to 90% having co-morbid mental health and substance abuse issues. Approximately 78% to 85% of female offenders also have a history of physical and sexual abuse. This combined with the research that states that female offenders tend to respond to psychological treatments while in prison suggest a definite need to consider mental health issues, at least among female populations in trying to understand and respond to their criminal behavior.

The investigation of many cases involving violent female offenders has also revealed the presence of some mental illness at the time of the criminal act (Hornberger, 2002; Millon, Simonsen, Birket-Smith, & Davis, 1998). Some examples include Aileen Wuornos, a serial killer, who murdered several middle-aged male truckers, and fit the criteria for a diagnosis of borderline personality disorder; and Andrea Yates, a mother who drowned all of her children and was said to have psychotic depression. Additionally, Theresa Knorr, a mother who murdered her two daughters after abusing them for years met the criteria for sadistic personality disorder. While females who offend violently are rare, when they do offend, their crimes are often quite heinous. As one can see from the given examples, past cases have shown that these types of violent criminality often may be influenced by symptoms of mental/emotional disorders.

According to the *DSM-IV*, personality disorders fall under one of three subtypes or clusters. Cluster A disorders include paranoid, schizoid, and schizotypal personality disorders, and are labeled the odd or eccentric disorders. Cluster B disorders include narcissistic, antisocial, borderline, and histrionic personality disorders, and are labeled the

dramatic or emotional disorders. Cluster C disorders include avoidant, dependent, and obsessive-compulsive personality disorders, and are labeled the anxious or fearful disorders. Putkonen, Komunlainen, Virkkunen, Eronen and Lönnqvst (2003) and many other researchers have found that most violent female offenders have personality disorders that would fall under the Cluster B type. However, one study using a sample of incarcerated female offenders, found that Cluster A disorders were more common in those women who were diagnosed with antisocial personality disorder (Warren & South, 2006). Additionally, researchers have found that psychopathy in youth is predictive of adult psychopathy, which suggests the importance of discovering the problem and intervening early (Lipton, 1950).

Nicholls and Petrila (2005) discuss many reasons why it is important to conduct research on psychopathy in female offenders. To begin with, they note that more adolescent and adult females are coming into contact with the criminal justice system. They also contend that psychopathy is an important factor to consider when determining violent risk assessment and is a relevant factor when determining treatment options for offender populations. Furthermore, the authors note that psychopathy may exhibit itself differently in female versus male offenders, and results from research with males should not be assumed to generalize to female populations.

<center>The Present Study</center>

The purpose of this project is to examine which personality disorders are most commonly associated with psychopathy in adult female offenders. Additionally it is determined whether psychopathy is related to conviction for a violent crime among a

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sample of adult female offenders or whether those with any personality disorder are as likely as those who are psychopathic to be convicted for a violent crime. There are two main research questions driving the present study.

The first question is which type of personality disorders are most common among adult female offenders whose Psychopathy Checklist- Revised (PCL-R) scores suggest the presence of psychopathy? It is expected that Cluster B personality disorders will be most common, and that Cluster C personality disorders will be the least common among psychopathic female offenders. This prediction is such because past research suggests more Cluster B personality disorders in psychopathic individuals, and also a lack of anxiety, which is related to Cluster C personality disorders (Hare, 1980; Putkonen et al., 2003). The importance of this information is related to the treatment of these offenders. As a review of the literature demonstrates, psychopathy has been proven very difficult to treat. Knowledge about other comorbid disorders could prove helpful in developing treatment plans for these offenders.

The second question asks whether adult female offenders with psychopathy more likely to be convicted of a violent crime than those who have a personality disorder but no psychopathy. The purpose of this question is to determine whether the presence of any personality disorder accounts for an increase in the convictions for violent behavior among adult female offenders, or whether the presence of psychopathy will increase the likelihood that a female offender has been convicted of a violent crime. It is hypothesized that psychopathy is related to violent behavior (Harris, Skilling & Rice, 2000). Therefore, it is important to determine whether psychopathy itself is related to

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violence, or if it is actually the personality disorders that are commonly present in psychopathic individuals.

Secondary data analysis was used for this research project. Upon approval from the university's Institutional Review Board, the data set used was requested from the Inter-University Consortium for Political and Social Research, as this was a restricted data set and needed to be requested prior to being obtained. As part of this request, a data protection plan was developed to ensure the confidentiality of the data.

Statistical analyses were performed to determine the answers to the two questions posed by the present study. To determine the answer to the first question, a Cochran's Q test was utilized to determine which cluster of personality disorders was most prevalent in the sample. A second Cochran's Q test was performed to determine whether female offenders with psychopathy were more likely to have a conviction for a violent crime than those with any personality disorder and no psychopathy.

<center>Significance of the Study</center>

This study looks to build on previous research regarding psychopathy and female offenders. Past research indicates a relationship between psychopathy and violent crime and recidivism (Harris, Skilling & Rice, 2001). There is also evidence that psychopathy is highly resistant to treatment (Richards, Casey & Lucente, 2003). Knowledge of which other personality disorders are commonly associated with psychopathy can provide insight into possible treatment options.

There is evidence that female offenders often have some type of mental disorder (De Cou & Van Wright, 2002), and also that they tend to respond positively to treatment

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in prison (Akers & Sellers, 2009). The present study can contribute to the knowledge of which types of personality disorders are prevalent among those women, who are psychopathic, and thus at a higher risk of recidivism. With this knowledge, better treatment plans can be developed and may be useful in helping to decrease recidivism among female offenders.

Furthermore, it is important to know whether it is personality disorders or psychopathy that is most associated with violence and recidivism. This study examined whether the presence of psychopathy is significantly related to violence over what would be expected with the presence of personality disorders. If psychopathy does not appear to increase the risk of violence, it would suggest that its presence should not be considered a more significant risk factor for violent criminality than other personality disorders that may be present.

Conclusion

The purpose of the present study is to examine the role of psychopathy in criminally violent behavior committed by female offenders and to determine which *DSM-IV* personality disorders are most commonly present with psychopathy among adult female offenders. The following research questions were examined:

1. Which *DSM-IV* personality disorders are most common in psychopathic adult female offenders?

2. Are women with psychopathy more likely to have a conviction for a violent crime than women who have other *DSM-IV* personality disorders but are not psychopathic?

Chapter 2 reviews the relevant research and examine whether psychopathy is a valid construct among female offenders. There is also a discussion as to what the relationship between psychopathy and crime and a description of other personality disorders is given. Additionally, research is presented about gender differences in psychopathy including differences in the prevalence of the disorder, as well as the appropriate ways to measure psychopathy in females and a discussion about issues related to recidivism and treatment. Finally, research is presented regarding what types of crimes are more likely to be committed by psychopathic female offenders, and a typology of female offenders will be presented.

Chapter 3 describes the methodology used in this study. Secondary data analysis was utilized, and there is an explanation as to how the data was obtained. There is a description of how the data was originally collected, including the population that was sampled, which variables were measured, and how they were measured. Finally, there will be a discussion of the plan for statistical analysis of the data.

Chapter 4 provides the results of the study once the analyses had been conducted. All results from the statistical tests are provided, as well as a discussion of the findings. An evaluation of the results of each of the Cochran's Q tests is provided in this chapter.

Chapter 5 presents a discussion and conclusions related to the study results. Significance of the findings as well as implications for treatment and future research is discussed in this chapter. Limitations to this study are also discussed as well as the implications of these limitations on the applicability of the results.

The thesis empirically examines the comorbidity of *DSM-IV* personality disorders and psychopathy in adult female offenders. It also explores the role of these disorders and psychopathy in violent female offending. Results from this study may be used to address issues of treatment for female inmates, and also to determine whether psychopathy should be considered a risk factor for violence beyond that of other personality disorders present among female offender populations.

CHAPTER 2

REVIEW OF PAST LITERATURE

Introduction

This chapter reviews the previous literature on psychopathy and personality disorders related to female offenders. It begins with a definition and description of psychopathy and *Diagnostic and Statistical Manual of Mental Disorders, 4th edition, revised (DSM-IV)* personality disorders, and the relevance of studying these disorders among female offender populations. Next is an examination of gender differences with regard to the presentation and measurement of psychopathy. Following is a discussion of which types of crimes are commonly committed by psychopathic offenders. Finally, treatment issues and recidivism are discussed and contradictions within and limitations of past research findings are examined.

Definitions and Causes of Psychopathy and Personality Disorders

Psychopathy Definition and Etiology

Psychopathy is a disorder of personality that includes affective, interpersonal, and behavioral features (Cleckley, 1941; Edens & McDermott, 2010). Affectively, individuals who are psychopathic tend to show a shallow range of emotion, as well as a lack of remorse for their actions and the impact of those actions on others. Interpersonally, psychopathic individuals tend to have shallow relationships and demonstrate a superficial charm. Behaviorally, psychopaths tend to be irresponsible and impulsive. What distinguishes this disorder from other personality disorders, and

specifically from antisocial personality disorder, is the emphasis on the affective elements as opposed to the behavioral definition of antisocial personality disorder (Ogloff, 2005).

While there are researchers who suggest psychological or social explanations for the disorder (Kessler et al., 1994; Robins, 1966), much of the literature has focused on possible biological and neurological causes (Blair et al., 2006; Blair & Frith, 2000; Hare, 1970; Sutker, Bugg & West, 1993). The basis for this idea has been the correlation between siblings as relates to psychopathy even when the siblings are raised in separate environments, and also differences in the brains of psychopaths and their physiological responses on certain tests. First, those theories that are psychological or social will be examined followed by a closer look at the theories that are more biological and neurological in nature.

Theorists who believe that psychopathy is developed from a psychological basis point to several pieces of evidence. First, many psychopaths come from a dysfunctional family life, where there are elements of neglect and a lack of parental discipline and control (Robins, 1966). Furthermore, there appears to be a relationship between family size and psychopathy, with the condition being more prevalent in larger families (Robins, 1966). Kessler et al. (1994) state that psychopathy is more common in certain cultures, and in particular in North America, as evidence that there must be a social cause given that the diagnosis is not equally distributed across all cultures. Despite the research that supports psychological and/or social causes for psychopathy, many researchers believe its etiology to be biological in nature.

Early research demonstrated that psychopaths seem to be less sensitive to changes in the environment, and also require more sensation to reach a level of stimulation that may be more easily reached by someone who is not psychopathic (Hare, 1968; Quay, 1965). Hare (1970) found, using electroencephalographic images of psychopaths, that they consistently show brain patterns that resemble children in that there is wide-spread, slow-wave activity. Sutker, Bugg, and West (1993) also claim that there are consistent biological markers of psychopathy, and note that psychopaths fail to respond to fear. Psychopaths seem to be fearless and also fail to learn from negative experiences, including those with painful consequences (Hare, 1980). These findings combined with other evidence of neurological differences in psychopaths, have led some researchers to conclude that social and/or psychological explanations alone cannot explain the disorder (Blair et al., 2006).

Blair et al. (2006) contend that exposure to abuse and other social and psychological risk factors should make individuals more responsive to environmental cues and show a kind of hypervigilance in highly emotional situations, where the psychopath shows a lack of ability to recognize emotion and a lower level of stimulation than nonpsychopaths in these situations. These researchers state that there is a genetic cause for the symptoms of the disorder including the lack of empathy which is a key element of the disorder related to dysfunction in the amygdala, a part of the brain which is important in stimulus and reinforcement learning.

While the exact cause of psychopathy is not certain, there is evidence of neurological differences in psychopaths when compared to those without the disorder.

There is also evidence of an increase in psychopathy among blood relatives of psychopaths. Furthermore, there is the argument that neglect and abusive situations would not lead to the kind of lack of sensitivity to the environment, but could possibly lead to the opposite in children who experience these situations. While there is some evidence in support of psychological and social explanations for the development of psychopathy, it seems that there are also some biological and neurological differences in those with the disorder that may be important to the development of psychopathy.

DSM-IV *Personality Disorders*

There are three clusters of personality disorders (Cluster A, Cluster B, and Cluster C) that are diagnosed by the *DSM-IV*. There are ten of these disorders total, and they are grouped together into clusters according to common features. Table 1 provides a description of some of the characteristics associated with each cluster, and also each individual disorder (American Psychiatric Association, 2000).

In order to receive a diagnosis of a personality disorder, an individual must demonstrate an enduring and pervasive pattern of symptoms. Additionally, these symptoms should be beyond what is expected or normal, and not the result of some other mental or physical condition. Personality disorders are usually evident during adolescence or early adulthood and remain fairly stable throughout an individual's lifespan (American Psychiatric Association, 2000). To diagnose a personality disorder in an individual who is under the age of 18, the symptoms must have been present for a minimum of one year. However, antisocial personality disorder cannot be diagnosed

until an individual reaches the age of 18, regardless of the presence of symptoms in a younger individual.

While there is some agreement on the symptoms required to meet the criteria for psychopathy and other personality disorders, there is not complete agreement as to the causes of either. In the next section, there will be a discussion as to the relationship between psychopathy and criminality and also the relationship between psychopathy and other personality disorders.

Table 1. DSM-IV

Personality Disorders

Disorder	Description
Cluster A	*Odd or Eccentric Behaviors*
Paranoid	Pattern of distrust and suspiciousness
Schizoid	Pattern of detachment from social relationships, and a restricted range of affect
Schizotypal	Pattern of acute discomfort in close relationships, cognitive distortions, eccentric
Cluster B	*Dramatic, Emotional, or Erratic Behaviors*
Antisocial	Pattern of disregard for, and violation of, the rights of others
Borderline	Pattern of instability in interpersonal relationships, self-image, and affects, also impulsivity
Histrionic	Pattern of excessive emotionality and attention-seeking
Narcissistic	Pattern of grandiosity, need for admiration, and lack of empathy
Cluster C	*Anxious and Fearful Behaviors*
Avoidant	Pattern of social inhibition, feelings of inadequacy, and hypersensitivity to negative evaluation

| Dependent | Pattern of submissive and clinging behavior, and excessive need to be taken care of |
| Obsessive-Compulsive | Pattern of preoccupation with orderliness, perfectionism, and control |

Psychopathy and Violent Crime

According to Harris, Skilling, and Rice (2001), psychopathy is the psychological construct that is most significant for criminal justice. The authors state that psychopathy is "the strongest predictor of violent recidivism and differential response to treatment yet discovered" (p. 197). Cleckley (1941) described psychopaths as lacking normal human emotion. He listed sixteen characteristics, some of which are: superficial charm, good intelligence, lack of remorse, poor judgment, antisocial behavior, lack of sincerity, and lack of insight. Robert Hare (1980) studied this construct specifically among adult male offenders, and he developed the Psychopathy Checklist (PCL), which has since been revised (PCL-R). Harris, Skilling, and Rice (2001) found, in their research, evidence for the existence of psychopathy in children and the stability of the trait throughout adulthood when present in adolescence. They also found support for the construct in females, but contend that more research is needed in this area to validate that psychopathy does exist in women. Important for criminal justice professionals is that the research suggested there are few, if any at all, psychopathic individuals who have never engaged in a substantial amount of criminal behavior.

Psychopathy vs. Antisocial Personality Disorder

Often the term psychopathy has been used as an equivalent to antisocial personality disorder. However, these two should not be used interchangeably. Ogloff (2005) compared and contrasted the two disorders to illustrate why they are not the same phenomenon. First, psychopathy is more of a disorder of personality, whereas antisocial personality disorder is more diagnosed on the basis of behavior. Research shows that between 50% and 80% of prisoners meet the criteria for antisocial personality disorder whereas only about 15% of prisoners would meet the criteria for psychopathy. Therefore, if used interchangeably, the prevalence of psychopathy among prisoners would be much higher than what actually exists. Also, the research that applies to psychopathic individuals may be incorrectly assumed to generalize to those with antisocial personality disorder. Ogloff (2005) further states that approximately 62% of those with antisocial personality disorder are not psychopaths, whereas only about 19% of psychopaths do not meet the criteria for antisocial personality disorder.

Cunliffe and Gacono (2005) studied 45 incarcerated female offenders using the Rorschach examination. All of the women included in their sample met the criteria for antisocial personality disorder. They found that a high percentage also met the criteria for histrionic and borderline personality disorders as well. They measured the level of psychopathy in the women, and found that there were a higher number of psychopaths than in the normal offender samples, likely due to the fact that the entire sample had antisocial personality disorder. They concluded that those with psychopathy had more disturbances of self-perception and reality testing as opposed to those with antisocial

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personality disorder who were not psychopathic. This provides further evidence that psychopathy and antisocial personality disorder are different syndromes.

As mentioned earlier, certain personality disorders have also been found in many violent female offenders. In one study, in which the aim was to discover the differences between female offenders who were psychopathic and those who had antisocial personality disorder, a sample of 137 women in a maximum security prison were assessed (Warren & South, 2006). They were divided into four categories: women who met the antisocial personality disorder only, women who met the psychopathy diagnosis only, women who met the criteria for both, and those who met neither diagnosis. The researchers found that psychopathy and antisocial personality disorder were two different things. They described antisocial personality disorder as being more of a social problem, while psychopathy was more related to individual and personality. Those who met the criteria for antisocial personality disorder only were more likely to also have Cluster A personality disorders and higher scores on hostility, paranoia, and psychoticism. Those with psychopathy only were more likely to exhibit remorselessness. This seemed to be the key characteristic in this study to distinguish those who were psychopathic from all other groups.

Types of Personality Disorders

While Cluster A personality disorders were common among women who also had a Cluster B diagnosis of antisocial personality disorder, research has found that Cluster B personality disorders are more common in women with psychopathy. Putkonen et al. (2003) found that when assessing risk of violent recidivism, personality disorders were

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important criteria. In their study, they found that of their sample of offenders who had been convicted of homicide or attempted homicide, 81% of those who committed repeat offenses had a personality disorder. They found that most commonly these were Cluster B disorders, and interestingly, they contended that when the offense is a violent one, women may have a similar recidivism rate to that of males. Another study found that when a female offender is violent toward a victim who is not close or well-known to them, she is more likely to be psychopathic, and also more likely to have borderline personality disorder or antisocial personality disorder (Weizmann-Henelius, Viemerö & Eronen, 2003). They concluded their study by stating that the causes of violent offending against strangers may be more related to psychopathy and other personality characteristics, as well as substance abuse than violence against intimates.

Rogers, Jordan, and Harrison (2007) examined a group of female offenders who were convicted of predominantly nonviolent offenses. They found that when the women showed moderate to high levels of psychopathy, there was a significant presence of other disorders, and often those were Cluster B personality disorders. Their aim here was to discover whether psychopathy as a construct is present in nonviolent female offenders, which they did find to be the case.

Common Symptoms

In addition to numerous studies that have examined the role of psychopathy and other personality disorders in both nonviolent and violent crime committed by female offenders, there are also a number of studies that have researched exactly what characteristics of these personality disorders are most common in psychopathic female

offenders. Nesca, Dalby, and Baskerville (1999) wrote an article based on a case study of one female psychopathic offender. This is limited in that it is a study of one individual and therefore, the results cannot be generalized to a larger population, however, their results do give insight into how psychopathy may impact a female offender. The female under study was assessed with the Psychopathy Checklist-Revised (PCL-R) and produced a score of 34, which put her at the 94th percentile among a group of male prisoners. She displayed extreme aggressiveness including sexual aggression. She also displayed a tendency to become paranoid under stress. The researchers claimed that it was unclear whether she had an impulse control problem, or that she just chose not to control her impulses. They stated that she did not display any narcissistic characteristics, and that it is possible that narcissism is not a predominant trait in psychopathic individuals, or at least not in females.

Other researchers have found that narcissism is common in psychopathic female offenders. Vaughn, Newhill, DeLisi, Beaver, and Howard (2008) studied 94 female juvenile offenders and found that the most important facets of psychopathy related to criminal behavior were narcissism and "carefree nonplanfulness" (p. 246). They found that these were relevant factors in theft and violent offenses. In their study, they found that psychopathy was not related to drug abuse.

Verona and Carbonell (2000) examined the under- or over-controlled hostility scale on the Minnesota Multiphasic Personality Inventory (MMPI-2). This scale was developed by Megargee (1966), who found with adult male offenders, that those with overcontrolled hostility were more likely to have committed more serious violent

offenses, including murder. They also tend to be more inhibited and to make up less of the adult male prison population. On the contrary, Verona and Carbonell (2000) found, in their sample of 186 female inmates, that the overcontrolled hostility type represented the majority of these offenders. They did, however, find support for the fact that these were the more violent offenders. They tended to have fewer offenses, but their crimes were more serious and violent than the repeat offenders. Millon et al. (1998) claims that the overcontrolled hostility type offenders are more likely to be categorized as psychopathic than are the undercontrolled hostility type offenders. Therefore, these results suggest that when first-time female offenders are convicted of very violent offenses, they may be more likely to be of the overcontrolled hostility type and also more likely to be psychopathic than their male counterparts.

Taken together, these research findings offer a good picture of the typical violent female offender. The construct of psychopathy has proven to be valid among female populations. Furthermore, psychopathic offenders tend to resemble male psychopaths in that they are more likely to have committed violent crime, show remorselessness, and perhaps be more narcissistic, although the research was mixed on this trait. Violent female offenders are also likely to have a variety of personality disorders from the Cluster A or Cluster B categories. Although these disorders, in particular antisocial personality disorder, should be viewed as a comorbid condition when present, and not the equivalent of psychopathy. Next, there will be a review of the literature on gender differences in how psychopathy is exhibited, and also a discussion of the best ways to measure psychopathy among female offenders.

Gender Differences and Measurement of Psychopathy

Research shows that violent crime is less common among female offenders. Likewise, psychopathy is less common among female offenders (Akers & Sellers, 2009; Salekin et al., 1998). Some researchers use a lower cutoff when determining whether a female is psychopathic. The minimum score of 30 is rare in female offenders; therefore, some use a cutoff of 25 instead (Warren et al., 2005). This is due to the fact that many women who exhibit characteristics of psychopathy fall within the 25-30 score range. The next section presents an early typology developed for female offenders, and also examines the research on the gender differences related to psychopathy.

Typology for Female Offenders

In 1978, Cathy Widom conducted research with a sample of 66 women awaiting trial in Massachusetts. From her research she found four types of female offenders. The first was the smallest group, representing 6.1% of the total sample. The features that stood out among these women were a high degree of hostility, poor socialization, impulsivity, aggression, and low levels of anxiety. This group was labeled the primary psychopath group. They resembled the psychopath described by Cleckley (1941) and the undercontrolled type of Magargee (1966).

The second type was somewhat more impulsive and undersocialized than the first group, and they also had a high level of anxiety and depression. The higher levels of anxiety and depression indicated that this group may have a higher sense of guilt, which is not common among psychopathic individuals. This group was labeled the secondary or neurotic psychopaths, and they represented 18.2% of the sample.

The third group represented 25.7% of the women. These women had an essentially normal profile. The most striking thing about their test scores were the elevated lie scale scores accompanied by very low anxiety. This indicates that these women are overcontrolled and perhaps in denial about any symptoms from which they may suffer. Finally, the fourth group, which represented half of the sample and was thus the largest group, was the normal criminal group. These women were fairly normal with a peak on hostility. Widom (1978) found that, unlike male psychopaths, women psychopaths did not differ from other female offenders on extroversion. On the contrary, all of the female offenders were more extroverted than normal females, while male psychopaths tend to be more extroverted than other male offenders. She also found that hostility was high among all four groups, and attributed this to the fact that they were all awaiting trial. According to this interpretation, she would expect the level of hostility to decrease after trial, but no research was conducted to see if this was indeed the case.

Presentation and Measurement of Psychopathy in Females

Strand and Belfrage (2005) conducted a study of 129 female and 499 male Swedish offenders, using the PCL: Screening VersionV (the PCL:SV). They found gender differences on antisocial behavior. Specifically, male offenders were found to display more antisocial behavior, while female offenders were more likely to be deceitful and show a lack of control. However, they found fewer significant gender differences when they looked at only those offenders who showed evidence of psychopathy. Therefore, male and female psychopaths may be more similar to each other than male and female offenders are in general. They concluded that their research provided support

for the three-factor model of psychopathy that was proposed by Cooke and Michie (2001).

In 2001, David J. Cooke and Christine Michie reviewed the literature and attempted to assess the validity of the two-factor model of psychopathy that had been the standard up to that point. This model included an interpersonal/affective factor and a social deviance factor. There were also three items that did not fall under either of those two factors. The interpersonal/affective factor included the following items: glibness, grandiose sense of self worth, pathological lying, manipulative behavior, lack of remorse, shallow affect, lack of empathy, and failure to accept responsibility for one's actions. The second factor, social deviance, included: need for stimulation, parasitic lifestyle, poor behavioral controls, early behavioral problems, lack of realistic goals, impulsivity, irresponsibility, juvenile delinquency, and revocation of conditional release. The three items in the PCL-R that did not fit under either factor were promiscuity, many short-term marriages, and criminal sexuality.

Cooke and Michie (2001) found that it was more accurate to view the test results in the form of a three-factor hierarchical model. These three factors are arrogant and deceitful interpersonal style, deficient affective experience, and impulsive and irresponsible behavioral style. Jackson, Rogers, Neumann, and Lambert (2002) examined 119 female inmates and found support for this three-factor model among female offenders. They found that this was the better model at explaining psychopathy, at least with regard to female inmates. Jackson et al. (2002) found specifically that the second factor in the two-factor model was able to predict recidivism only in male

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offenders. They concluded that the PCL-R may not be as good a tool in predicting female behavior as male behavior, and that the three-factor model proposed by Cooke and Michie (2001) is superior to the two-factor model previously used.

The research to date that has focused on gender differences related to psychopathy has found some differences and some similarities between male and female offenders. There has been some research that suggests that there may be less of a difference between male and female offenders when psychopathy is apparent. Still, care should be taken when drawing conclusions about female offenders based on research conducted among male offenders, as it may not be accurately generalized to female populations.

<div align="center">Types of Crimes Committed by Psychopathic Offenders</div>

In addition to focusing on characteristics of female psychopaths, some research has focused on what types of crimes are best predicted by psychopathy in female offenders. In the previously mentioned case study by Nesca, Dalby, and Baskerville (1999), it was found that the offender exhibited extreme aggressiveness, sexual aggression, and sadomasochism similar to male psychopaths. Some authors have claimed that the sexual nature of their crimes is the one thing that separates male from female serial killers (Hornberger, 2002; Pearson, 1997). Past research has also found female psychopathic offenders to be more violent and sexually aggressive than those who are not psychopaths.

Vaughn et al. (2008) found that psychopathy was related to violence and theft, but not drug use. The most salient features of psychopathy in predicting violence and theft were "carefree nonplanfullness" and narcissism. They concluded that the interpersonal

and affective facets were more important in predicting criminal behavior in antisocial female adolescents. Similar to this, Cunliffe and Gacono (2005) also reported that in their sample of female offenders who all had antisocial personality disorder, those who were also psychopathic were more likely to have committed violent offenses and were similar to males in this respect.

Weismann-Henelius, Viemero, and Eronen (2003) examined the relationship between the violent female and her victim with respect to whether or not the perpetrator is psychopathic. They found that the victims of homicide where the murderer was female was more likely male and more likely closely related, than in assault cases. They found that when the victims were not close to the female perpetrator, she was more likely to have psychopathic characteristics, antisocial personality disorder, and borderline personality disorder. They concluded that the causes of violence by women against strangers may be more closely linked to psychopathy or other personality disorders than when the victim is closely related to the perpetrator.

Stone (1993, as cited in Millon et al. 1998) wrote about sadistic personality disorder in murderers. He describes an example in the case of Theresa Knorr. She killed her first husband but was acquitted for his murder. Theresa Knorr had six children, and she was very jealous of her two daughters. She tortured them relentlessly, and even forced her sons to participate the extreme physical abuse of their sisters. Eventually, she murdered both girls. Stone states that when a person murders and does not have psychopathic characteristics or sadistic personality disorder, the killing is usually very

quick. However, with the presence of these disorders, often comes a long, torturous scenario like Theresa Knorr's daughters had to endure.

Warren et al. (2005), however, found contradictory results in their study of 132 female maximum-security inmates. They found that women who were psychopathic were less likely to be convicted of murder and other violent crime and less likely to be responsible for institutional violence. They found that nonviolent crimes were best predicted by psychopathy. Furthermore, they found that the best chances of rehabilitation were with violent women, because they were not psychopathic, and therefore were more amenable to treatment.

With few exceptions, most of the research suggests that when a female offender is psychopathic, she is more likely to engage in violent behavior, sometimes extreme forms of violence. There is also some indication that psychopathic females are more likely to victimize strangers or acquaintances. This could be due to the fact that other violent female offenders are violent due to problems with substance abuse and fights with those with who they are in relationships; whereas, psychopathic females are more likely to be violent for the sake of committing violent acts. The following research to be discussed describes recidivism and treatment issues among violent psychopathic female offenders.

Recidivism and Treatment Issues among Psychopathic Female Offenders

Hare (1983, as cited in Millon et al. 1998), discusses reasons why it may be more difficult to treat psychopathic individuals. Psychopaths are not distressed by their problems and do not feel remorse for their actions. Additionally, they will only seek treatment when it will benefit them to do so. Paris (1992, as cited in Millon et al. 1998)

notes that in addition to the nature of the disorder making the psychopathic offender less amenable to treatment, the psychosocial factors also contribute to difficulties with treatment. The reason for this is that by the time they are likely to receive diagnosis and attention they have failed to receive years of social learning that would make them more likely to benefit from traditional therapies.

Lipton (1950) suggested that the best way to treat psychopathic individuals may be in group therapy. Individual therapy requires some introspection, trust, and for the client and therapist to work together whereas group therapy could be more focused on enabling the individual to work better with others and better control his or her behavior. With a psychopathic individual it may be more effective to focus on controlling bad behavior, than trying to develop empathy and changing the personality-related facets of the disorder.

Richards, Casey, and Lucente (2003) looked at how housing status and treatment conditions may impact recidivism in a group of 404 incarcerated female substance abusers. They found that having high psychopathy scores predicted poor treatment response, violence, and rule violations, in addition to recidivism. They concluded that screening for psychopathy and dedicated housing for such offenders was essential to the success of any treatment program for incarcerated female offenders.

In addition to the role of effective treatment in rehabilitation and recidivism reduction, there is also the concern for the female offender's well-being. Verona, Hicks and Patrick (2005) examined 226 female inmates in Florida to determine the relationship between suicidal behavior and the two separate factors of psychopathy in female

offenders. They also explored the influence of childhood abuse and personality on these

factors. They found that suicidality was correlated with the interpersonal/affective factor

of psychopathy, but negatively correlated with the social deviance factor. They found

that personality factors mediated any influence from childhood abuse. Warren and South

(2006) also found that when women were psychopathic or antisocial personality

disordered they were less affected by previous abuse and less emotional in their retelling

of the events. Also, Weizmann-Henelius, Vemero, and Eronen (2003) failed to support

the belief violent females were more likely to have been victimized, but they were more

likely to have a personality disorder. This could indicate that when women are violent,

perhaps they are more likely psychopathic and not reacting to previous abuse. Therefore,

they are acting in accordance with their personality deviation.

Christopher, Lutz-Zois, and Reinhardt (2007) examined the relationship between

childhood sexual abuse and the perpetration of sexual abuse as an adult, and the role of

borderline and antisocial personality disorders in mediating this relationship. They

examined a sample of 142 female offenders, 61 sex offenders and 81 non-sex offenders.

They found that those in the sex offender category had more frequent instances of

childhood sexual abuse and for a greater duration of time. They also found that

childhood sexual abuse was linked to an increased risk of developing borderline

personality disorder. They did not, however, find that this had a mediating effect on the

perpetration of sexual abuse as an adult.

Given the treatment issues and the salience of personality, it is expected that

psychopathic individuals are unlikely to change their behavior, and therefore recidivism

would be a likely outcome once an offense has been committed. It has been stated that psychopathy is a very good predictor of recidivism, specifically violent recidivism among both male and female offenders (Harris, Skilling, & Rice, 2001). However, Salekin et al. (1998) found in their sample of 78 female inmates that psychopathy was not as good at predicting recidivism in female offenders as in males. They did conclude, however, that psychopathy may be a necessary condition for women to engage in persistently antisocial behavior.

Putkonen et al. (2003) examined a sample of 132 women sent for a forensic psychiatric examination to explore the rate of recidivism among female homicide offenders and compare it to other female violent offenders. They found that diagnosis of a personality disorder (especially Cluster B), young age, and past criminality were all predictive of recidivism. They concluded that the risk of recidivism was high in all violent female offenders. Furthermore, they found that when female offenders are violent, they have similar rates of recidivism as male offenders.

The research shows that psychopathy can play a role in the treatment and recidivism of female offenders. Also, there is evidence that violent female offenders may be more similar to male offenders than other types of female offenders. Next, contradictions found in the current literature base and what this means for future research in this area will be discussed.

Past Contradictions and the Present Study

Several authors have discussed the need for more research, particularly that which deals specifically with female psychopathic offenders. Some authors have also suggested

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the need for more research dealing specifically with adolescent female offenders, as the results from adult females may not generalize to them (Odgers, Moretti, & Reppucci, 2005; Sevecke, Lehmkuhl, & Krischer, 2009).

One limitation of past research is that much of it has been conducted with small samples and almost exclusively with incarcerated females. Additionally, research with female psychopathic females is limited by comparison to that with males. Furthermore, there is some disagreement as to how to assess psychopathy, especially in females, as to which symptoms are present. For example, while some authors suggested narcissism was a characteristic, at least one found that not to be true in female offenders.

There was a very limited amount of research with regard to female sexual offenders. This is an area that could use more research to determine if the results of the previous limited research are able to be replicated. The relationship between psychopathy and homicide is another area where more research needs to be conducted. While some research found that psychopathy was more common in violent female offenders, specifically homicide offenders, others found that psychopathic women were less likely to be convicted of murder.

There is a great deal of research available to support the construct of psychopathy in female offender populations (Hornberger, 2002; Vaughn et al., 2008; Rogers, Jordan & Harrison, 2007). It appears, however, to be less common, and perhaps, less pronounced in females than in males. Because research supports this personality disorder in female offenders, it is important to conduct sufficient research to determine how it is likely to

present itself, its impact on violent behavior and recidivism, and finally the treatment implications related to female psychopathic populations.

This project will attempt to address the need for further research on which personality disorders are most commonly present with psychopathy in adult female offenders. There is some contradiction in the research, with the majority of researchers who have examined this finding Cluster B personality disorders most common (Rogers, Jordan & Harrison, 2007), but others finding Cluster A personality disorders common (Warren & South, 2006). Determining which personality disorders are most common can be very useful in developing treatment options for female psychopathic offenders. While psychopathy has been shown to be highly resistant to treatment, the presence of other personality disorders may provide some insight as to how disorders can be managed among these populations. As stated previously, there is some evidence that treatment can be more helpful among female offender populations as compared to male offenders (Akers & Sellers, 2009). Therefore, this could be a very helpful finding from this research.

Also, the current project will address whether psychopathy is related to violent behavior beyond the extent that it is common when women have certain other personality disorders. In other words, is psychopathy related to an increased likelihood of conviction for violent crime, or is the presence of a personality disorder sufficient to account for this increased risk? There is an abundance of research that suggests that psychopathic individuals are more likely to be violent (Harris, Skilling & Rice, 2001; Putkonen et al., 2003; Weizmann-Henelius, Viemerö & Eronen, 2003). Therefore, it is important to

determine whether it is the psychopathy that is related to the violence or the personality

disorder that is likely to be present in many psychopathic individuals.

Conclusion

This chapter described the past research related to psychopathy and other

personality disorders and the relationship between these disorders and violent criminal

behavior in females. As noted, the majority of early research with regard to psychopathy

was conducted among adult males. While there has since been research conducted

among female populations, there is still a need for more research in this area.

The next chapter will introduce the methodology of this study. The data utilized

will be described, as well as the process used to obtain the data. There will also be a

description of the method of the original data collection, as this study utilizes secondary

data analysis. Finally, there will be a description of the variables measured and the

statistical analyses conducted to answer the research questions posed by this study.

CHAPTER 3

METHODOLGY

Introduction

This chapter explains the methodology used in this study. It begins with a

description of the sample under study. Next is a description of the process of obtaining

the data set and the original method of data collection. Finally, the analysis plan is

described.

Sample Under Study

The population included in this study is adult female prison inmates from the

Fluvanna Correctional Center for Women in Virginia (Warren, 2001). Data were

collected by Warren and the research staff using a sample of 812 prison inmates. A

subsample of 119 inmates was administered the Psychopathy Checklist- Revised (PCL-

R) to measure psychopathy, and it is this subsample that is included in the current

research. In order to be included in this subsample, the inmate could not be psychotic.

Therefore, this is a sample of nonpsychotic, adult, female inmates.

Obtaining the Data

The data set used in this project is restricted in its access to the public by the Inter-University Consortium for Political and Social Research (ICPSR). When accepting any data set for public access on its website, ICPSR reviews the data for disclosure risk. The data set used in this project was restricted for several reasons. First, the data were collected over a specific time period in a specific correctional center from an identifiable population. Second, the data are clinical in nature. Third, the demographic information and information from the inmate's records could lead to their identification. Fourth, there were a significant number of variables, therefore, it would require a significant amount of time and effort to ensure the data were appropriately de-identified and acceptable for release as non-restricted data. Finally, the data were collected on an inmate population and are behavioral in nature, and therefore require additional human subjects protections.

Therefore, the first necessary step was to complete the requirements to make a request for access to this data. After completing the National Institutes of Health's (NIH) training with regard to protection of human subjects in research, approval was requested from the University of North Texas Institutional Review Board (IRB) to move forward with this project. After receiving an exemption from the IRB (see Appendix A), meaning that permission was granted to move forward without any further review, the next step was to make a request to ICPSR to acquire the data set.

Before being able to make the request to ICPSR, documents had to be completed by the faculty advisor to request the data, as someone affiliated with the university had to be the one requesting the data. Documentation was prepared, approved by the legal department, and signed by the UNT's vice president for research. A data protection plan

was developed to ensure that the data would be kept confidential and protected once it was received. As a part of this plan, a computer was set up with multiple layers of password protection that could not be connected to any network. Once all of the required documents were prepared and the data protection plan was completed, all of this information was sent to ICPSR to request the restricted data set. After several weeks, the request was approved, and the data was sent via mail.

<p style="text-align:center">Method of Original Data Collection</p>

A data set developed by Janet I. Warren between the years 1999-2000, based on her research among women in the Fluvanna Correctional Center for Women in Virginia will be analyzed for the present study (Warren, 2001). Her research examined a sample of 802 adult female inmates and data was collected in several stages. In Stage I, all 812 inmates were included. Inmates were approached by a research staff member, as well as a correctional officer and invited to complete several questionnaires in the prison's educational center. They were also informed that the questionnaires could be administered orally by a member of the research staff if they so preferred. The questionnaires included a demographic survey, the Brief Symptom Inventory (BSI), a measure of mental health symptom status, the Structured Clinical Interview for *DSM-IV*, Personality Disorders Personality Screening Questionnaire (SCID II PQ), the Prison Adjustment Questionnaire (PAQ), the Barratt Impulsivity Scale (BIS), the Prison Violence Inventory (PVI), the Victimization During Childhood and Before Incarceration Questionnaire (VIC-I), and the Parenting Stress Attachment Questionnaire. There was also data collected with regard to criminal and institutional history in this stage. It is

important to note that extensive training was provided for the interviewers administering these instruments to ensure validity and reliability of the inmate scores.

In Stage II of data collection, a subsample of the inmates from Stage I was selected. To be included in this subsample, inmates could not be psychotic. Furthermore, they were to be divided into an experimental and a control group. Inmates whose scores on the SCID II PQ suggested the presence of a Cluster B personality disorder were to be included in the experimental group, and the control group was to include at least 50 nonpsychotic inmates who did not meet the criteria for a Cluster B personality disorder. This subsample was given the Structured Clinical Interview for *DSM-IV* Personality Disorders (SCID II) to determine whether the inmates could be diagnosed with any of ten *DSM-IV* personality disorders. For the third part of Stage II, there was a subsample of 119 inmates selected from the Stage II subsample. Inmates selected completed the PCL-R and HCR-20 (this represented the Assessing Risk of Violence Data). It is this final subsample of 119 female inmates who completed the PCL-R and HCR-20 that will be analyzed for the present study.

Variables Utilized for the Present Study

Of most interest for the current study will be the information gathered with regard to any convictions for violent offenses, information regarding the presence of personality disorders, and the inmate scores on the PCL-R. Female offenders in the violent offense category to be included in the analyses had been convicted of offenses such as homicide, sex crimes, and other violent offenses. There is a variable in the data set measuring any conviction for homicide, sex crime, or other violent crime, with inmates who have had at

least one conviction in any of these categories coded with a 1, and those who have not

coded 0.

There are two variables measuring the presence of a *DSM-IV* personality disorder.

The first notes the scale score and the second variable is dichotomous, with inmates who

have the personality disorder coded 1 and those who do not coded 0. For the current

study, the dichotomous variable was used. In the first analysis, the personality disorders

were divided into their respective clusters. Therefore, the presence of any personality

disorder in each cluster was coded as a 1, and if there were no personality disorders in the

cluster it was coded as a 0. For the second part of the analysis, the presence of any

personality disorder, without regard to which category, was included, and those without

the presence of any personality disorder were excluded from that analysis.

The PCL-R score of 25 was used as a cutoff for determination of the presence of

psychopathy based on previous literature among female offenders (Warren & South,

2006). Those inmates who score under 25 were considered not psychopathic, and those

scoring 25 or higher were considered psychopathic. Table 2 presents the coding of all

variables utilized in the analysis plan.

Table 2. Variables Used to Answer Research Questions

Name of Variable	Code for Absence	Code for Presence
Violent Crime (Any homicide, sex crime, or violent crime conviction)	0	1
Any Cluster A Disorder (Paranoid, Schizoid, Schizotypal)	0	1
Any Cluster B Disorder (Antisocial, Borderline, Histrionic, Narcissistic)	0	1
Any Cluster C Disorder (Avoidant, Dependent,	0	1

Obsessive-Compulsive)		
Any Personality Disorder	0	1
Psychopathy (Scale score)	0-24.9	25-40

Plan of Analysis

There are two research questions that drive the present study. The first question asks which types of personality disorders (Cluster A, Cluster B, or Cluster C) are most prevalent with the presence of psychopathy in adult female offenders. The second question asks whether female offenders who meet the criteria for psychopathy are more likely to have been convicted of a violent offense than women who have a personality disorder, but no psychopathy. Statistical analyses of the relevant data were performed to determine the answers to each question.

First, to determine the prevalence of each of the three clusters of personality disorders among those inmates who met the criteria for psychopathy, the women who were in the subsample of 119 inmates who were given the PCL-R were examined. They were separated into two groups, those who scored less than 25, and those who scored 25 and above. The first group was eliminated from this part of the analysis, as the group of interest is the group of inmates whose scores indicate the presence of psychopathy.

Next, the frequency of each type of personality disorder in the psychopathic group was determined. A Cochran's Q test was used to determine which cluster of personality disorders is most prevalent. A Cochran's Q test was chosen because it is a statistical test

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that provides a method for examining the differences between matched groups. It was predicted from the review of the research, that Cluster B disorders would be most prevalent. These types of disorders, which include antisocial, borderline, histrionic, and narcissistic personality disorders, have been found to be associated with both psychopathy and criminal offending. It was further expected that Cluster C disorders, which include avoidant, dependent, and obsessive-compulsive personality disorders, would be the least prevalent in the psychopathic inmates. This is expected in light of the research that suggests a lack of anxiety in psychopathic populations, and the labeling of these types of personality disorders as the "anxious or fearful" group of disorders by the *DSM-IV*.

With regard to the second question, whether female offenders with psychopathy are more likely to have been convicted of a violent offense than those with a personality disorder, but no psychopathy, all inmates in the 119-inmate subsample were included. First, it will be determined what percentage of women who fell into the psychopathic range had ever been convicted of a violent crime, including convictions for homicide, sex crimes, and/or a category in the data including other violent crimes.

From the group of non-psychopathic women, any inmates who do not have any personality disorder were eliminated from the group. It was then determined what percentage of the non-psychopathic women had ever been convicted of a violent crime. These two numbers were compared utilizing a Cochran's Q test to determine whether there is a statistically significant difference between the number of women who have been convicted of a violent crime and are psychopathic, and those who have been

convicted of a violent crime and are not psychopathic, but have some type of personality disorder. The purpose of this is to determine whether the presence of psychopathy makes the risk of violence more significant than the presence of a personality disorder alone.

Conclusion

This chapter explained the methods to be used in this study. There was a description of the population under study and the data to be used. Additionally, the process of obtaining the data set and also the original method of collection were explained. The results of the statistical analyses will be provided in Chapter 4. Further discussion of the findings and their importance will then be presented in Chapter 5. Based on these tests, it can be determined which type of personality disorder is most prevalent among the psychopathic women in this sample, and also whether the presence of psychopathy was related to more violent offending than the presence of a personality disorder without the presence of psychopathy.

CHAPTER 4

ANALYSIS

Introduction

This chapter presents the results of the statistical analyses for this study. First, there will be a description of the sample utilized in the analyses. Next, there will be a description of the statistical tests that were performed. Finally, there will be a presentation of the results of these analyses.

Sample Characteristics

This section will describe some of the characteristics of the 119-inmate sample who were examined in this study. Included here will be a description of these offenders with regard to their age, race, level of education, marital status, number of children, and their criminal histories. This information will be discussed as well as presented in Table 3.

The majority of women in this sample were under the age of 32 (63.5 percent). The majority were African-American (56.6 percent), while Caucasians comprised 34.5 percent, Asians 2.7 percent, Hispanics 1.8 percent, and 4.4 percent were biracial. The majority of the women had never been married (53.6 percent), while 33.6 percent had been married once, 10.9 percent had been married twice, and 1.8 percent had been married three or more times. With regard to having children, there was a fairly even dispersion among those who had none to four children, with a few having five or more children.

Table 3. Sample Characteristics

General Characteristic	N	%
Age		
18-32	75	63.5
33 +	44	36.5
Race		
African-American	67	56.6
Caucasian	41	34.5
Asian	3	2.7
Hispanic	2	1.8
Biracial	6	4.4
Marital Status		
Always Single	64	53.6
Married Once	40	33.6
Married Twice	13	10.9
Married Three or more times	2	1.8
Number of Children		
None	22	18.8
1 Child	28	23.2
2 Children	20	17
3 Children	22	18.8
4 Children	19	16.1
5+ Children	8	6.3
Education Level		
Grade 6-8	18	15.3
Grade 9-11	46	38.7
Grade 12	29	24.3
Some College	21	18
Some Graduate School	5	3.6
First time in Prison		
Yes	79	66.7
No	40	33
Any Criminal Convictions for following		
Homicide	39	33
Sex Crime	2	1.7
Property Crime	38	32.2
Prostitution	6	5.2
Arson	4	3.4
Violent (other)	54	45.2
Drug	31	26.1
Fraud	32	27

The largest portion of the women in this sample had an education level between 9th and 11th grade (38.7 percent), with 24.3 percent having an education level of 12th grade, 18 percent had some college, 15.3 percent had an education level between 6th and 8th grade, and 3.6 percent had some graduate education. Finally, with regard to criminal history, the majority had never been in prison before (66.7 percent), and there was a wide range of different types of offenses for which they had been convicted.

<div align="center">Statistical Analyses</div>

Research Question 1

The first question that was examined in this study is which *DSM-IV* personality disorder cluster is most common among psychopathic adult female offenders. The answer to this question can help provide useful information when developing classification and treatment plans for inmates who are psychopathic. Psychopathy has been found to be very resistant to treatment efforts. Therefore, knowledge of which personality disorders are commonly present in psychopathic offenders can be utilized to help develop a treatment plan that would be useful in treating these other disorders and potentially help with rehabilitation efforts and reduction of recidivism. The subsample of 119 inmates who were administered the PCL-R will be utilized for purposes of analysis. The cutoff score of 25 was used to determine psychopathy in the sample. Of the sample of 119 inmates, 54 (or 45 percent) scored in the range of psychopathy using this cutoff. For the purpose of this question, only those 54 inmates who scored in the range of psychopathy were examined for personality disorders.

It is possible for each inmate to meet the criteria for more than one personality disorder and for these personality disorders to be from more than one cluster. The results of a frequency table showed that 25 of the psychopathic inmates had Cluster A personality disorders, 36 inmates had Cluster B personality disorders, and 15 had Cluster C personality disorders. This was the expected result, that there would be more Cluster B disorders than Clusters A or C, and the least number of Cluster C disorders. A Cochran's Q test was conducted to determine whether these differences were significant, and the results of this test are presented in Table 4. Three Cochran's Q tests were performed to compare each cluster against the others.

Table 4. Presence of Comorbid *DSM-IV* Disorders among Psychopathic Female Inmates

Test Groups	N	Cochran's Q	Degrees of Freedom	Asymp. Sig.
Test #1				
Cluster A	25	6.368	1	.012
Cluster B	36			
Test #2				
Cluster A	25	4.167	1	.041
Cluster C	15			
Test #3				
Cluster B	36	16.333	1	.000
Cluster C	15			

These results of the Cochran's Q tests indicate that there are significant differences between all three clusters of personality disorders. Cluster B disorders are significantly more prevalent than Cluster A disorders (1 *df*, *p*<.05), and Cluster C disorders (1 *df*, *p*<.001). Also, Cluster C disorders are significantly less common in this

sample than Cluster A disorders (1 *df*, *p*<.05), which indicates that they are the least prevalent of the three different clusters of personality disorders.

Research Question 2

The second question examined in this study is whether women who are psychopathic are more likely to have a conviction for a violent crime than women who have other *DSM-IV* personality disorders but are not psychopathic. This question is important, because past research supports the idea that the presence of psychopathy indicates a greater risk of violent behavior among offender populations. If this is true, then it would be expected that the presence of psychopathy would be related to a higher incidence of convictions for violent crimes. However, if this is not the case, perhaps it is the presence of the personality disorders that are common among psychopathic individuals that is related to the higher incidence of violence in these offenders. To determine the answer to this question, only those inmates who have been convicted of a violent offense were included. Violent offenses included homicide, sex offenses, and other violent offenses. Female inmates who had been convicted of a violent offense were then split into two groups, those women who were psychopathic, and those women who were not psychopathic, but did have the presence of at least one *DSM-IV* personality disorder.

There were a total of 72 women in this subsample. This was the number of women who were given the PCL-R and had been convicted of at least one violent offense. Of these women, 34 were psychopathic, and 26 were not psychopathic, but had at least one personality disorder. A Cochran's Q test was conducted to determine

whether this difference was significant. The following table presents the results of this

analysis.

Table 5. Psychopathy and Violent Crime Convictions

Test Groups	N	Cochran's Q	Degrees of Freedom	Asymp. Sig.
Psychopathic	34	1.067[a]	1	.302
Non-Psychopathic, but with Personality Disorder	26			

These results indicate no significant difference between women who are

psychopathic and those who are not psychopathic, but have a *DSM-IV* personality

disorder with regard to the likelihood that they have been convicted of a violent crime (1

df, *p*=.302). Therefore, according to this test, females who are psychopathic are no more

likely to have had a conviction of a violent crime, than those who are not, but have a

DSM-IV personality disorder.

Conclusion

In this chapter there was a description of the sample used and the statistical tests

that were performed. The results of the analyses, and also the relative significance of

those results were presented and described. In the next chapter these results will be

discussed further. The relevance of these results and possible impact on treatment and

future research will be explored. Also, limitations of this study will be described and

addressed.

CHAPTER 5

DISCUSSION

Introduction

In this chapter, the findings of the study will be discussed. There will be a brief review of the results of the statistical analyses. The relevance of these findings will be examined. There will be a discussion with regard to the possible impact on treatment and future research on this topic. The limitations of this study will be examined and addressed. Finally, the impact on the possible direction of future research will be described.

Discussion of Findings

Prevalence of DSM-IV Personality Disorders

The first question that was examined in this study was which cluster of personality disorders are most prevalent in psychopathic adult female offenders. It was predicted that Cluster B personality disorders would be most prevalent among these inmates. This hypothesis was based on previous research (Putknonen et al., 2003; Rogers, Jordan & Harrison, 2007) which found Cluster B personality disorders to be most prevalent and also the fact that there are many similarities between antisocial personality disorder, which is classified as Cluster B, and psychopathy. It was further predicted that Cluster C disorders would be the least prevalent, because they are related to anxiety and fearfulness, personality features that are uncommon or absent in psychopathic individuals according to the research (Sutker, Bugg & West, 1993).

The results of the statistical analyses support these hypotheses. Cluster B personality disorders were found to be significantly more prevalent than either Cluster A or Cluster C disorders among psychopathic female inmates in the sample under study. Cluster B personality disorders are described in the *DSM-IV* as the erratic and dramatic type of disorders and include antisocial, borderline, narcissistic, and histrionic personality disorders. Several features of these disorders are common among psychopathic individuals. These include impulsivity, lack of remorse, and deceitfulness as seen in antisocial personality disorder; pattern of unstable relationships as seen in borderline personality disorder; shallow expression of emotion as seen in histrionic personality disorder; and arrogance and lack of empathy as seen in narcissistic personality disorder.

The results also indicated that Cluster C personality disorders were the least common, significantly less common than either Cluster B or Cluster A disorders. Cluster C personality disorders are described as the anxious and fearful type and include obsessive-compulsive, dependent, and avoidant personality disorders. Characteristics of Cluster C disorders include elements of increased sensitivity to rejection, anxiety, dependence on others, and rigid planning. These are personality features that are uncommon in psychopathic individuals.

Cluster A personality disorders were the second most prevalent with significantly more female inmates having these personality disorders than Cluster C disorders, but significantly less female inmates having Cluster A personality disorders than Cluster B disorders. Cluster A personality disorders include those which are described as odd or eccentric, and are schizoid, schizotypal, and paranoid personality disorders. Cluster A

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disorders include some features that are common in psychopathic individuals such as shallow relationships and flattened affect. However, there are also features of anxiety that are not as common among psychopathic individuals.

These results support most previous research which has found that Cluster B personality disorders were most common in psychopathic offenders (Putknonen et al., 2003; Rogers, Jordan & Harrison, 2007). They do, however, contradict one study which found Cluster A personality disorders to be more common in female offenders who were psychopathic (Warren & South, 2006). These results also support research which has found that psychopathic females are more like males than non-psychopathic females (Cunliffe & Gacono, 2005). Anxiety and depression are more common in women than men (American Psychiatric Association, 2000), however, in psychopathic women, it appears that these are not as common. This information could have an impact on treatment decisions with psychopathic female offenders.

Treatment for Psychopathic Female Offenders

Psychopathy has proven very resistant to treatment, and can even be exacerbated by some types of treatment. Therefore, it is useful to know which types of disorders are commonly comorbid, as treating these disorders may be most helpful at rehabilitating female offenders and also preventing their recidivism. The comorbid personality disorder may be more treatable, and as a result, the best place to focus treatment efforts with these offenders. Clinicians and others responsible for developing treatment plans for psychopathic female offenders can benefit from knowledge of which types of personality disorders are most common, and can develop their treatment plan around these disorders.

The results of the statistical analyses conducted to examine which personality disorders were most common with psychopathy supported the predictions that Cluster B disorders were most common and Cluster C disorders least common. This is useful information in that it supports similarities between male and female psychopaths and can also guide treatment decisions. According to Schreter (1997), individuals with personality disorders benefit more from long term and frequent therapy sessions. Also, there are several treatment strategies that may be useful in working with those with Cluster B disorders including demonstration of empathy and encouragement for the individual to develop empathy for others (Bockian & Jongsma, 2001). These strategies may be useful in treating the personality disorders present in some psychopathic individuals and, as a result in effecting change in their behavior. Next, the findings of the second research question will be presented and discussed.

Psychopathy and Violence

The second question examined in this study asks whether those women who were psychopathic would be more likely to have a conviction for a violent offense than those who had any personality disorder, but were not psychopathic. To answer this question a Cochran's Q test was used to determine, of those women with a violent crime conviction, how many were psychopathic and how many were not psychopathic, but had a personality disorder, and whether there was a significant difference between these two groups related to their offense type.

The results indicated that there was no significant difference between these groups, which is contrary to the hypothesis that psychopathy would be related to more

violence. Therefore, of those women who had a conviction for violent crime, they were just as likely to be psychopathic as they were to have a personality disorder of any kind, but no psychopathy. Previous research has indicated that psychopathic offenders are more likely to be violent and to recidivate violently (Harris, Skilling & Rice, 2001). These results are important as they suggest that this is may not be the case for all female offenders. While these results contradict the majority of the previous literature, there is a limited amount of research on this topic. Furthermore, it is possible that these findings are contradictory, because other research has not separated the personality disordered non-psychopaths from the psychopaths.

Risk assessment represents an important piece of the classification process, and is also important when making decisions about probation, parole, and other decisions with regard to management of different offenders. While not all offenders are given this extensive battery of psychological tests, it will be useful to know if there is a specific mental health issue, such as psychopathy, which should be assessed if it is predictive of violent behavior. If it is believed that psychopathy predicts more violent behavior than other personality disorders alone, then women whose scores suggest psychopathy are likely to be considered higher risk and thus treated and classified as such. The results of the present study indicate that this may not be accurate. It is possible that the presence of a personality disorder may just as likely predict violence.

The results of the analysis for the second research question suggest that violent crime is just as common among those female offenders with a personality disorder as it is among psychopathic female offenders. This is a contradiction to previous research that

indicates that psychopathy indicates a higher risk of violence, at least with regard to female offenders. The next section will discuss some limitations to this study.

<center>Limitations to the Present Study</center>

There are some limitations to this study that must be noted. This section will discuss some of these limitations and the impact that they have on the generalizations that can be made from the results. There are limitations with regard to the method used, the original data collection, the sample size, and also the population under study. These will all be described and discussed.

This study utilized secondary data analysis. This is problematic because it had to rely on information that was gathered as a result of the decisions of previous researchers, and it may not have been exactly what would have been done for this study. Other issues include the possibility of error on the part of the original data collectors, and the lack of control over selection of the sample. One way this was a problem is that only a small subsample of the population was administered the PCL-R, which measures psychopathy. Given that this study is focused on psychopathy, it would have been better if all of the women were administered this instrument instead of a small subset of the larger group.

There are other limitations related to the original data collection that should be noted. One potential limitation, as discussed in Chapter 2, is that there is some research that suggests that using the two-factor model employed by the use of the PCL-R is not as useful as a three-factor model when looking at female offenders (Cooke & Michie, 2001). Additionally, the information gathered relied on self-report. This can be problematic because it relies on the honesty and cooperation of the interviewees. It also relies on their

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memory of events and accurate reporting of those events, as well as their thoughts and feelings. Another issue with interviewing is that there were several interviewers. This could be a problem for reliability, although, there were steps taken to help protect reliability in that there were multiple training sessions for the interviewers prior to the data collection process.

Another limitation is that the sample size under study was relatively small, as only 119 inmates were administered the PCL-R. While a small sample size creates issues related to analysis and generalization back to the larger population, past research has found that psychopathy is rare (Ogloff, 2006), and therefore this is a common problem faced by research on this topic.

Finally, this research is focused exclusively on a non-psychotic adult female inmate population. Therefore, these results could not be generalized to those who have any psychosis, adolescent female offenders, or non-inmates. It is possible that those female offenders who have been convicted of similar crimes, but not given a prison sentence, or those without a conviction, but with personality disorders and/or psychopathy are significantly different than those included in this study.

Implications for Future Research

The results of this study indicate a need for future research with adult female offenders. There is some indication that psychopathy may not be as predictive of violence when compared to women with any personality disorder. The results indicated that women who had any personality disorder were just as likely as those who were psychopathic to have a conviction for a violent crime. This is an area that should be

further examined. It is important to know whether the presence of psychopathy in females places them at a greater risk for violent behavior. If it does not, then treatment efforts that focus on the underlying personality disorders common among these individuals may be more useful in rehabilitating and reducing recidivism among adult female offenders.

Treatment issues should also be examined given the prevalence of Cluster B personality disorders, and the lack of anxiety in psychopathic female offenders. Given the results, treatment plans that focus on issues of anxiety or depression, while useful for non-psychopathic women, would not be as useful for women with psychopathy. Instead, treatment plans should follow those similar to plans when working with antisocial, borderline, narcissistic, and histrionic personality disordered individuals, as these are more common issues in psychopathic women.

Finally, research should be conducted with adolescent females to determine whether similar results would be found in this population. The results of this study and much of the research indicate there are some differences between male and female offenders with regard to psychopathy and risk for violent behavior. Just as it should not be assumed that the results from studies with all male offender samples can be generalized to female populations, it is also problematic to assume adolescent females are identical to adult females. It is possible that the symptoms of psychopathy and the presence of other personality disorders are different in adolescent females than in adult females, and this should be addressed in future research.

Conclusion

This study examined the relationships between psychopathy, other personality disorders, and violent female offending behavior. Two questions were explored with regard to this topic. First, which personality disorders are most common in psychopathic adult female offenders? Second, are women who are psychopathic more likely to have a violent crime conviction that those who have a personality disorder, but are not psychopathic? The results were as predicted for the first question, that Cluster B personality disorders were most common and Cluster C personality disorders least common. The results of the analysis for the second research question showed that women who were psychopathic were no more likely to have a violent crime conviction than those who were not psychopathic, but had a personality disorder. Based on these results, implications for practice and future research were discussed.

This study has several limitations in the methods and the original data collection that should be addressed in future research. Therefore, caution should be used in generalizing the results beyond this population. There is a need for more research with regard to psychopathy and other personality disorders in adult female offenders to increase the knowledge base with regard to this topic and also to help with rehabilitation and treatment of this population.

The significance of these findings lies in the implications for treatment and risk assessment among psychopathic adult female offenders. The results indicate that Cluster B personality disorders, which include features of lack of empathy, narcissism, shallow affect and relationships are most common among psychopathic individuals, and that

Cluster C disorders, which include elements of anxiety and fearfulness, are uncommon. When developing treatment plans for women who are psychopathic, it is therefore important to remember, that while non-psychopathic women may be more commonly anxious or depressed, psychopathic women are more like male offenders in this way, and would unlikely benefit from a treatment program that focuses on these types of issues. Additionally, it is important to note that women with personality disorders are just as likely to be convicted for a violent crime as those with psychopathy. This indicates that the underlying personality disorder and not the psychopathy may be the mental health issue that is predictive of violence. This again is important for treatment planning and is also relevant to risk assessment in psychopathic adult female offenders.

APPENDIX

Exemption Letter from the University of North Texas Institutional Review Board

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Discover the power of ideas.

OFFICE OF THE VICE PRESIDENT FOR RESEARCH AND ECONOMIC DEVELOPMENT
Research Services

November 6, 2009

Rebecca Hilving
Department of Criminal Justice
University of North Texas

RE: Human Subjects Application No. 09472

Dear Ms. Hilving:

In accordance with 45 CFR Part 46 Section 46.101, your study titled "Examining the Prevalence of Psychopathy and Personality Disorders among Violent Female Offenders" has been determined to qualify for an exemption from further review by the UNT Institutional Review Board (IRB).

No changes may be made to your study's procedures or forms without prior written approval from the UNT IRB. Please contact Shelia Bourns, Research Compliance Administrator, ext. 3940, if you wish to make any such changes.

We wish you success with your study.

Sincerely,

Patricia L. Kaminski, Ph.D.
Associate Professor
Chair, Institutional Review Board

PK:sb

CC: Dr. Ashley Blackburn

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