

Psychopathy in Women

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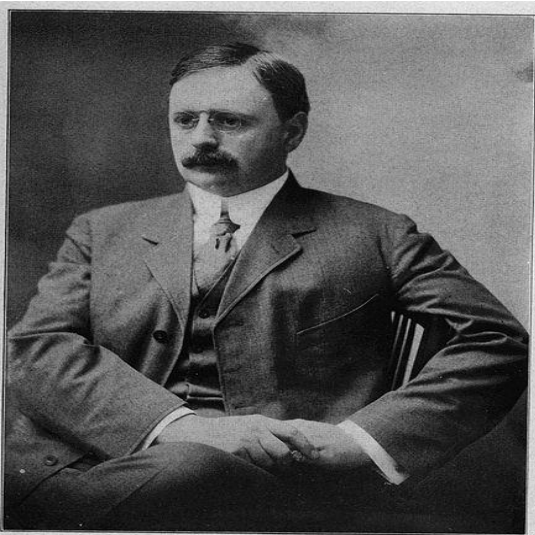
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Aims & Objectives

- Inform understanding of female psychopathic offenders.
- Present research findings from a prison-based study exploring psychopathy in female prisoners in a specialist personality disorder service.
- Consider practical implications of findings to guide treatment provision.
- Clinical experiences of psychopathy from women's point of view.

Psychopathy Literature I



- In 1916, Marion Smith described in notes of Elmer Ernest Southard.
- In 1939, David Henderson used terminology including “*hypersexual*” and “*emotional instability*”.
- Emotional instability, promiscuity and suicidal behaviour referred to (Batchelor, 1954; Fremming, 1947; Greenacre, 1945).
- Cleckley (1941) Mask of Sanity and female Case Studies Roberta & Anna (1941/1988)

Psychopathy Literature II



- Roberta's mother said "She has such sweet feelings," "but they don't amount to much. She's not hard or heartless, but she's all on the surface."

- Females described as "hypersexual" and "emotionally unstable" (Cleckley, 1941)



- In the 40s, test development began...
- Hare (1991) developed PCL-R
- In 2004, Comprehensive Assessment of Psychopathic Personality (CAPP) introduced

Psychopathy Literature II

- Robert Hare developed the Psychopathy Checklist (PCL) from psychometric analysis of Cleckley's (1941) criteria.
- In 1991, Robert Hare noted some of PCL-R items may need "*modification*" when applied to women.
- At this time, he noted psychopathy may be "*expressed*" differently in women (p.64).
- Acknowledged further research with female offenders would be beneficial.
- In 2003, PCL-R included data related to women and Hare generally took view the measure was equally applicable to females.

Psychopathy Literature IV

- **Psychopathy Checklist - Revised (Hare, 2003)**
- Twenty item measure with scores ranging between 0 and 40.
- Each item has three point scale (0, 1, 2)
- Hare (2003) original two factor model
- **Factor 1:**
 - (i) **Interpersonal** & (ii) **Affective** Facets
- **Factor 2:**
 - (iii) **Criminal Lifestyle** & (iv) **Antisocial** Facets

Psychopathy Literature V

- **Interpersonal Facet** - glibness/superficial charm, grandiose sense of self worth, pathological lying and conning/manipulation
- **Affective Facet** - lack of remorse, shallow affect, lack of empathy and failure to accept responsibility
- **Criminal Lifestyle Facet**- need for stimulation, lack of realistic goals, parasitic lifestyle, impulsivity and irresponsibility
- **Antisocial Facet** - poor behavioural controls, early behavioural problems, juvenile delinquency, revocation of conditional release and criminal versatility.

Psychopathy Literature VI

- Various factor solutions proposed including Cooke and Michie's (2001) three-factor model.
- Three factors: (i) Arrogant/Deceitful Interpersonal Style; (ii) Deficient Affective Experiences and (iii) Impulsive/Irresponsible Behaviour Style.
- Some suggestions three-factor model can be particularly applicable to assessment of psychopathy in women (Beryl, Chou, & Völlm, 2014).
- Further research required particularly in specialist settings in the UK (Logan & Wismann-Henelius, 2012).

Psychopathy Literature VII

- Relatively consistent findings that PCL-R scores tend to be lower than male offenders (e.g. Logan, 2009).
- Prevalence between 1% (Logan & Blackburn, 2009) and 31% (Strachan, 1993) when cut-off of 30 has been used (Beryl et al., 2014).
- Prevalence rates lower in Europe than in North America and Canada (Coid et al., 2009).
- In UK, average PCL-R score **8.3** (Coid et al., 2009) and average in US has been found to be **19** (Hare, 2003).
- Bell (2009) found PCL-R scores tended to be higher in UK high-risk samples.

Psychopathy Literature VIII

- Superficial charm and grandiosity tend to be less characteristic of psychopathy in female offenders (e.g. Kreis & Cook, 2011).
- Early behavioural manifestations of impulsivity and conduct difficulties in women can be different (e.g. self-harm, running away, becoming complicit in offending; Fourozan, 2003).
- Societal understanding of gender can influence what is viewed to be *parasitic behaviour* (Fourozan & Cooke, 2005).
- Psychopathic traits can overlap with Borderline Personality Disorder (BPD) traits.
- Concerns highlighted that same behaviours can be used to infer both BPD and psychopathic traits (Logan & Weizmann-Henelius, 2012).

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Psychopathy Literature IX

- Higher levels of emotional instability and suicidal behaviour in comparison to male psychopathic offenders (Dolan & Völlm, 2009).
- Importance of awareness that sexual promiscuity can also represent a symptom of trauma (Espinosa & Sorensen, 2015).
- Importance of adopting a psychological formulation approach to draw on theory and literature to understand and explain the function of presenting behaviours (Johnstone & Dallos, 2013).

Psychopathy Literature X

- **Comprehensive Assessment of Psychopathic Personality (CAPP; Cooke, Hart, Logan, & Michie, 2004).**
 - Based on systematic review of literature.
 - Forensic mental health professionals asked to rate proto-typicality of CAPP items.
 - Some surveys also examined professionals' views on gender differences in CAPP items.
 - Clinical descriptions of psychopathy broken down into into trait-descriptive adjectives.
 - Six domains
 - Potential of measuring change.
 - Increasing validation across gender and cultures

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Psychopathy Literature XI

Comprehensive Assessment of Psychopathic Personality (CAPP)



Psychopathy & Personality Disorder

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Psychopathy & Personality Disorder Literature I

- Cleckley (1941) and Karpman (1941, 1948) originally introduced the distinction between “*primary psychopaths*” and “*secondary psychopaths*”.
- Hicks et al. (2010) applied model to distinguish between primary psychopaths and secondary psychopaths in female offenders.
- Associations between Factor 1, Factor 2 and BPD (Blonigen, Sullivan, Hicks, & Patrick, 2012; Coid, 1993; Kruepke, 2015; Sprague et al., 2012).

Psychopathy & Personality Disorder Literature II

- Borderline personality disorder (BPD) characteristics associated with secondary psychopathy (Skeem, Johansson, Andershed, Kerr, & Loudon, 2007; Falkenbach et al., 2017).
- It has been considered whether psychopathy in women is a manifestation of BPD (Sprague et al., 2012).
- Combination of Factor 1 and Factor 2 components of psychopathy explained suicidal ideation, self-harm and suicide attempts to a greater degree in women as opposed to men.

Psychopathy & Offence Types

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Psychopathy and Offence Types I

- Victims of violent women are more likely to be those known to them (e.g., Stewart, Gabora, Allegri, & Slavin-Stewart, 2014).
- Violent women who perpetrated aggression towards strangers and acquaintances, found to be more highly psychopathic (Weizmann-Henelius et al., 2003).
- Vitale et al. (2002) also found significant positive links between PCL-R scores and the number of violent offences committed by female offenders.

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Psychopathy and Offence Types II

- In contrast, there are findings indicating little association between psychopathy levels and severe acts of violence (e.g. Adshead, 2016).
- Warren et al. (2005) found that females with a murder conviction scored significantly lower on the PCL-R compared to women without a murder conviction.
- Links between minor offences and psychopathy levels mirror the findings of Coid et al. (2009a), whose pooled results of male and female offenders found that psychopathy was associated only with theft as an offence type.

Psychopathy and Offence Types III

- Klein Tunte, De Vogel and Stam (2014) examined a sample of 221 female forensic patients.
 - Lowered PCL-R score of 23 was applied (FAM; De Vogel et al., 2012).
 - Found psychopathic women were younger at the age of their first conviction and more criminally versatile than non-psychopathic women.
 - Findings indicated psychopathic women committed a fatal index offence less often than non-psychopathic females, and their victims were more often strangers.
 - Important to note latter research sample forensic hospital patients, as opposed to women in prison
- Findings that female forensic patients present with differing offence characteristics than women in prison (Coid, Kahtan, Gault, & Jarman, 2000; Karsten, De Vogel, & Lancel, 2015).

Current Study

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Current Study I

- Notable lack of research in specialist forensic settings in the UK exploring the prevalence of psychopathy.
- Lack of knowledge about the patterns of psychopathy, personality disorder and offending patterns in such populations.
- Current study will provide descriptive statistics on women assessed for one of the most intensive services within the OPD pathway for women in custody.
- No existing research with this population and this study will provide preliminary findings of a unique, high-risk, personality-disordered offender population.

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Current Study II

● Population:

- All women assessed by the service between 2006 and 2015 ($N = 45$) were invited to participate in the research study.
- Overall 30 women (66%) consented to engage in the broader research project.
- Of this sample, twenty eight women were assessed using PCL-R and were included in the current study.

● Offence Types:

- 93% incarcerated for violent offence ($n = 26$)
- 7% incarcerated for sexual offences ($n = 2$)

Current Study III

● Sentence Length

- 39.3% mandatory life sentence ($n = 11$)
- 46.4% indeterminate life sentence ($n = 13$)
- 14.3% fixed determinate sentence ($n = 4$).

● Measures:

- Demographic Information
- Psychopathy Checklist - Revised (Hare, 2003)
- International Personality Disorder Examination (IPDE; Loranger, 1999)

Current Study IV

● Psychopathy (PCL-R Scores)

- Mean PCL-R score current sample 20.68 ($SD = 5.52$)
- Significantly higher than general sample of UK prisoners (Coid et al., 2009a)
- Conversely significantly lower than sample of male offenders DSPD pilot (Kirkpatrick et al., 2010)
- Large effect sizes

● Psychopathy (PCL-R Scores)

- 32.1% in the PCL-R 25 and above category ($n = 9$)
- 42.9% of women scored within the PCL-R 18-24 category ($n = 12$)
- 25% in the PCL-R below 18 category ($n = 7$)

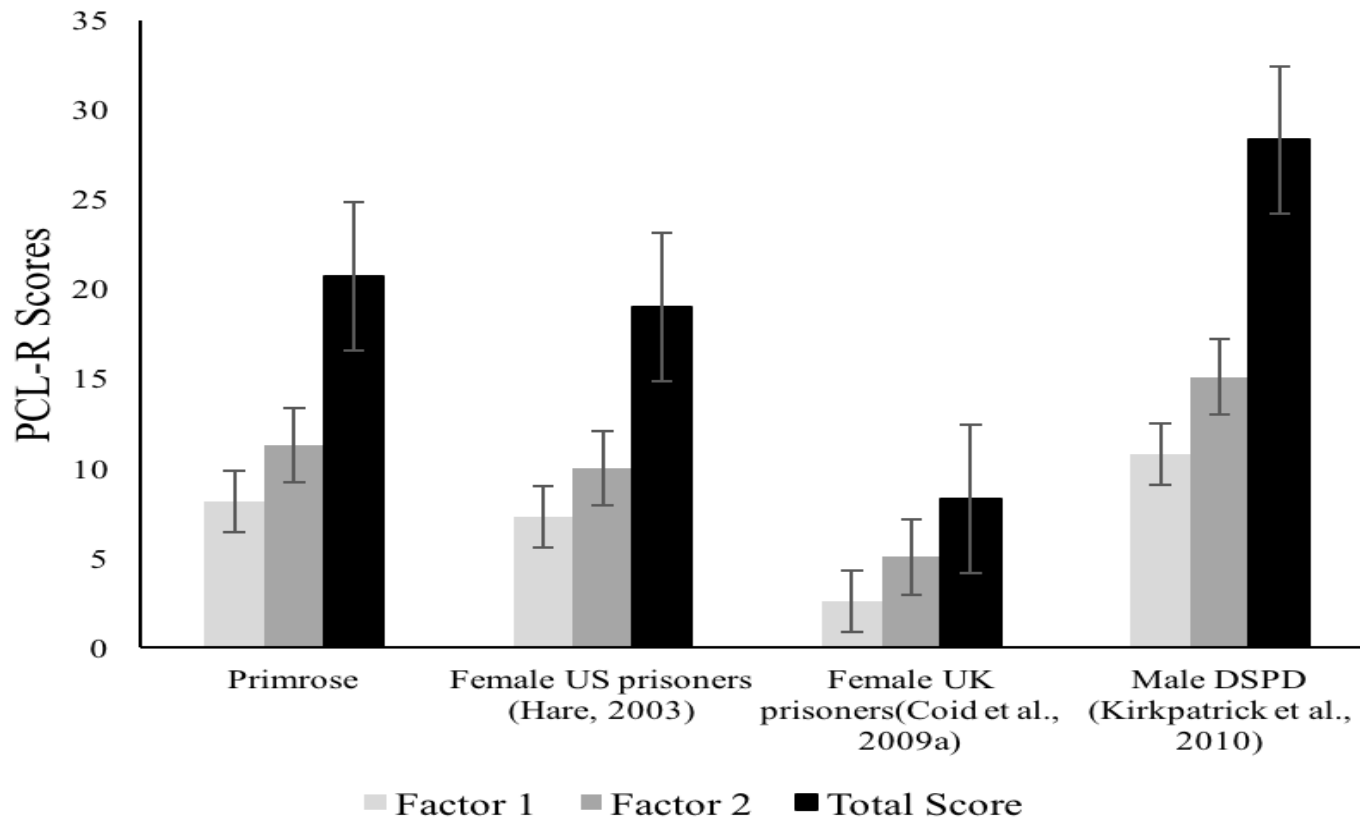
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Current Study V

PCL-R total and factor scores across populations



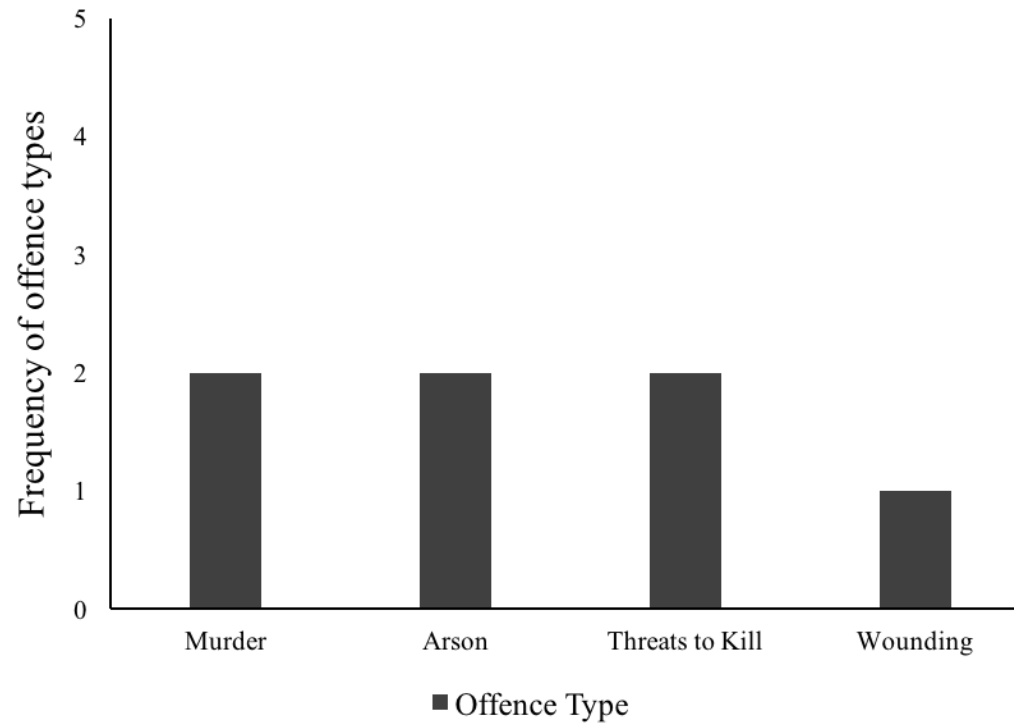
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Current Study VI

Offence Types: PCL-R Below 18



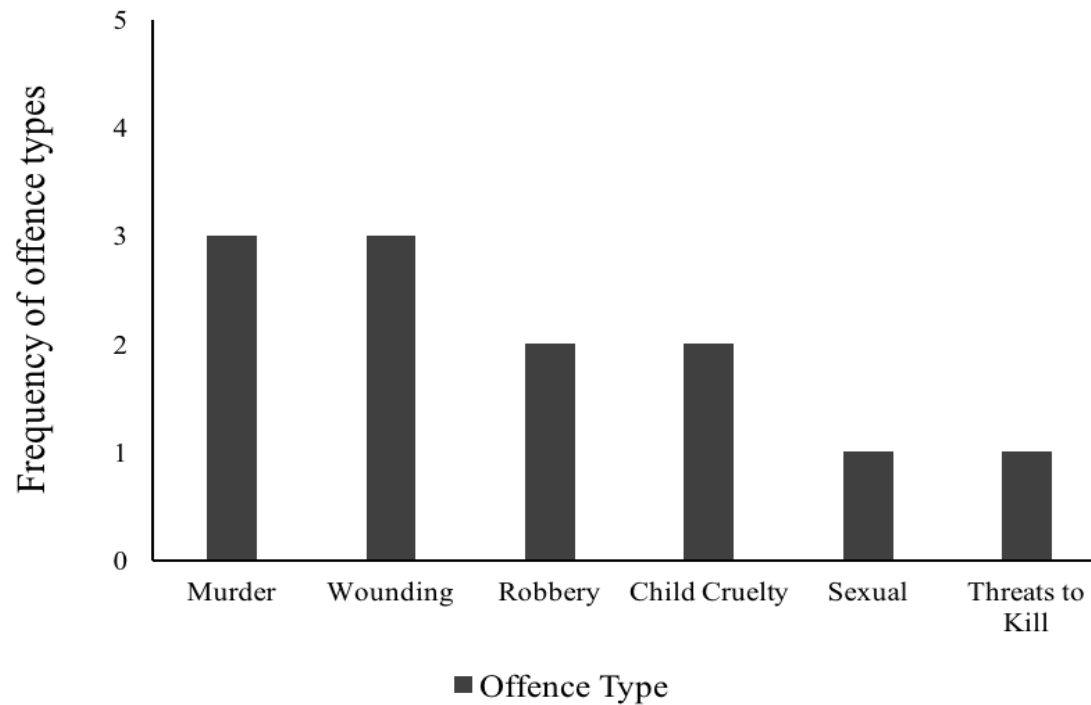
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Current Study VII

Offence Types: PCL-R 18 - 24



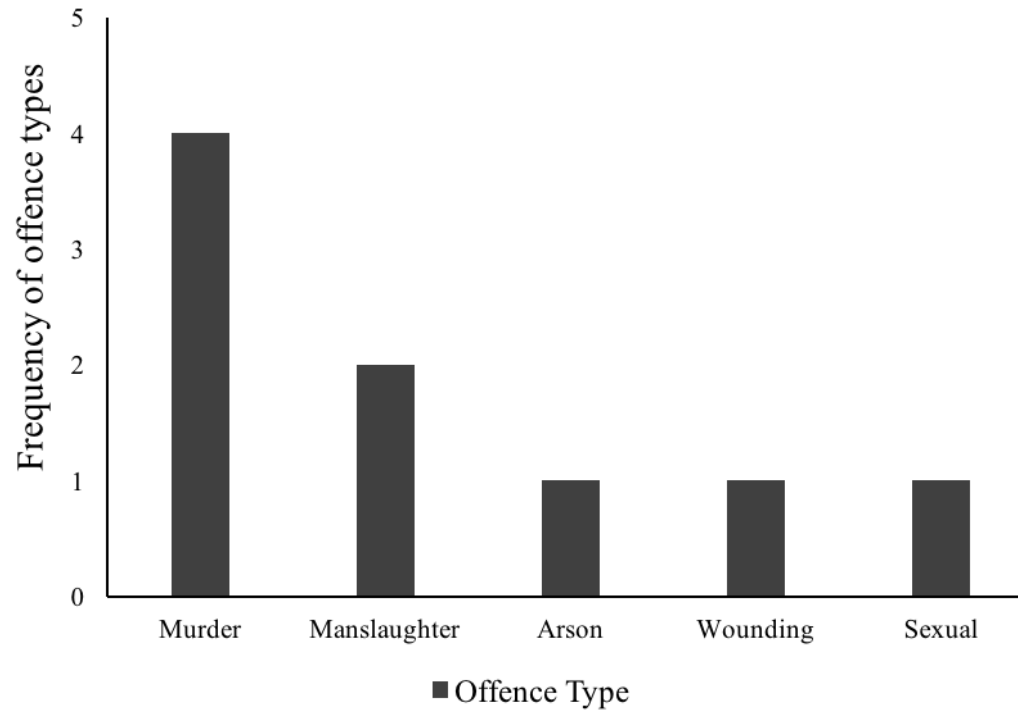
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Current Study VIII

Offence Types: PCL-R 25+



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Current Study IX

● Psychopathy (PCL-R Scores) & Offence Type

- Fisher's Exact Tests were performed to examine the relationship between the three PCL-R categories (i) PCL-R score below 18, (ii) PCL-R score 18-24; (iii) PCL-R score 25 + and offence type.
- The offence types were categorised as: (i) sexual/child cruelty; (ii) murder/manslaughter; (iii) non-fatal violence and (iv) arson.
- There were no significant associations found between the PCL-R categories and offence types, $X^2(6, N = 27) = 9.21, p = .10, V = .43$.
- Cramer's V effect size moderate.

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Current Study X

- **Psychopathy, Personality Disorder & Offence Type**
 - The most prevalent personality disorder diagnosis in the sample :
 - BPD (85.1%) ($n = 23$)
 - Antisocial personality disorder (ASPD) (51.8%) ($n = 14$),
 - Narcissistic personality disorder (NPD) (11.1%) ($n = 3$)
 - Paranoid personality disorder (PPD) (3.7%) ($n = 1$)
 - Obsessive-compulsive personality disorder (OCPD) (3.7%) ($n = 1$),
 - Histrionic personality disorder (HPD) (3.7%) ($n=1$)
 - Avoidant personality disorder (APD) (3.5%) ($n = 1$).
 - Fisher's Exact Tests were also performed to examine the relationship between PCL-R categories and personality disorder.

Current Study XI

- Previously employed PCL-R categories were retained and due to the high prevalence of BPD, categories were devised to distinguish those (i) with a diagnosis of BPD and (ii) those without a BPD diagnosis.
- Significant associations were found between women with a diagnosis of BPD in the different PCL-R categories $X^2(2, N = 27) = 6.36, p = .01, V = .50$.
- Findings indicated that 100% of those in the 18 – 24 category were diagnosed with BPD as opposed to 50% of those in the below 18 PCL-R category.

Current Study XII

- Results also found that 78% of women who scored 25 or above were diagnosed with BPD.
- For women convicted of manslaughter or murder in this PCL-R category, the results indicated all women in this category with a diagnosis of BPD tended to kill intimates or family victims (100%).

Implications for practice I

- When adopting the PCL-R cut-off score of 25, psychopathy prevalence rates of 32.1% in this specialist service for female personality disordered offenders.
- Indicates the importance of services for higher levels of psychopathy.
- Overall, findings suggest psychopathy, as measured by the PCL-R, to be somewhat muted in female prisoners in specialist personality disorder services in comparison to men.
- Use of other measures such as CAPP would be useful to explore.

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Implications for Practice II

- High proportion of the PCL-R score of 25 or over category (66.7%) were incarcerated for the offences of either murder or manslaughter.
- It is somewhat in conflict with some findings, have suggested a lower prevalence of fatal index offences perpetrated by women with higher PCL-R scores (e.g., Klein Tunte et al., 2014).
- Further research with specialist female populations required and comparisons with general female forensic population.

Implications for Practice III

- The most prevalent category of PCL-R scores in this study was women scoring between 18 and 24. All women in the 18 to 24 category met the criteria for diagnosis of BPD.
- The prevalence of this category, along with its association to BPD, is consistent with the views that BPD may be a manifestation of psychopathy in females (Hicks et al., 2010; Sprague et al., 2012).
- This suggests the potential value of further exploring whether etiological pathways into BPD and psychopathy overlap, the nature of such overlaps, as well as potential differences.

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Implications for Practice IV

- Potential clinical implications warrant further exploration.
- Importance of linking psychopathy assessment to formulation and treatment approaches.
- For psychopathic women with BPD, it may be that emotional regulation and interpersonal difficulties key areas of treatment and BPD evidence-base treatment.
- It also may be that treatment interventions for psychopathic women with BPD may be less responsive for psychopathic women without this diagnosis.

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Future Research

- Use of different measures of psychopathy (e.g. CAPP).
- Exploring different PCL-R cut-offs and categories and predictive value and whether distinguish between different types of violent female offenders.
- Exploring personality and psychopathy patterns across OPD pathway for women would be of value.
- Comparisons to other population and sample size considerations.
- Exploring women's experiences of psychopathy assessment and understanding of psychopathy.

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Clinical Experiences of Psychopathy from Women's Point of View

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Women's Personal Experiences I

● 1. Challenges understanding psychopathy

- Media representations
- Fear of being labelled
- Difficulties understanding psychopathic traits
- Seeing psychopathy as synonymous with a “*psychopath*” label
- Seeing psychopathy as a categorical construct
- Challenges understanding the differences between psychopathy and other personality disorders
- Experiencing negative connotations

Women's Personal Experiences II

- **2. Fears of judgements associated with psychopathy**
 - Fear of being seen as dangerous and unpredictable
 - Fears of others changing their opinion of them
 - Worries about others thinking “*something wrong*” with them
 - Not wanting to share with others
 - Feeling that psychopathy is seen very negatively.
 - Fears that others will not understand.
 - Denial of difficulties
 - Not wanting to open up to staff about fears of judgement and concerns about stigma.

Women's Personal Experiences III

- **3. Wanting to understand psychopathy and particularly:**
 - How psychopathy develops
 - What psychopathy means and greater understanding of traits
 - Where the psychopathy terminology has evolved from
 - Whether psychopathy is treatable
 - Will they have this *"label"* forever
 - How to explain psychopathy to other people.
 - How to seek support
 - How develop strategies to deal with these difficulties

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Women's Personal Experiences IV

● Themes emerging:

- Understanding the impact of psychopathy assessment
- Importance of helping the individual to understand
- Importance of dispelling myths
- Importance of helping individuals understand the development of problematic personality traits
- Understanding stigma
- Providing personal support
- Importance of instilling hope
- Linking to formulation and treatment directions
- Increasing staff understanding

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Conclusions

- Further research of psychopathy construct in females is warranted, particularly considering alternative assessment measures.
- Exploring personality and psychopathy patterns across OPD pathway for women would be of value.
- Importance of examining effectiveness of treatment directions for psychopathic women, with and without BPD.
- Importance of further exploration and understanding of woman's experiences of assessment of psychopathy
- Value of service-user involvement in treatment development.

Thank You

Any questions?

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