



A symptom level examination of the relationship between Cluster B personality disorders and patterns of criminality and violence in women[☆]

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ABSTRACT

The psychometric properties and structure of the Cluster B Personality Disorder criteria (Antisocial, Borderline, Histrionic, and Narcissistic) are examined in a sample of 261 female inmates using a self-report screen followed by a full diagnostic interview. The results of the structural analyses in this sample demonstrated good internal consistency and convergence, but poor discriminant validity between disorders. An exploratory factor analysis found that the structure of these disorders was best accounted for by a four-factor solution that paralleled the Diagnostic and Statistical Manual (DSM-IV-TR; APA, 2000) classification scheme with some significant and notable exceptions. Using the factor scores generated from the factor analysis, the personality profiles of the women were compared with several behavioral indices, including instant offense, institutional infractions, and self-report violence and victimization within the prison. Of particular importance was the consistent relationship observed between narcissistic personality traits and threatening and violent behavior within the prison combined with the impulsive but less malignant presentation of antisocial personality traits among this sample of women. Results are discussed as they inform our understanding of the structural integrity of the four Cluster B diagnostic categories and the relationship of these personality disorders to different types of criminality and violence.

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Schneider's (1923) influential nomenclature of mental disorders posited that disorders of the personality could reliably be recognized based on a combination of the sustained suffering it caused the individual and the deleterious impact it had upon others and society in general. This combining of phenomenology with functional capacity became the basis of the diagnostic system identified in ICD-8 and ICD-9 and the common foundation of the ten personality disorders contained in the Diagnostic and Statistical Manual of Mental Disorders, 2nd Edition (1968).

In 1980, when the structure of psychiatric diagnosis was expanded into a five axis constellation in America, the personality disorders were grouped with other long standing disorders on Axis II to ensure their identification along side the more acute symptoms of the Axis I disorders and to invigorate research and study into their unique clinical structures. This expansion, as anticipated, did succeed in ushering in a new wave of research on the reliability and validity of the various personality disorders (Livesley, Schroeder, Jackson, & Jang,

1994). Intrinsic to this new empirical focus was the assumption that broadly comparable biological, familial, and developmental factors could be etiologically linked to the various disorders and that these could inform and deepen our understanding of the prognosis and treatment of these more illusive forms of psychopathology. However, after twenty-five years of study, the field of personality disorder research continues to be plagued by variable levels of diagnostic reliability, high rates of co-morbidity, limited discriminant validity, and inadequate definition and application of criterion measures to the ten diagnostic categories (Bornstein, 2003; Clark, Livesley, & Morey, 1997).

Given the pervasive nature of these problems, some personality researchers have recommended the eradication of categorical description of personality pathology. Widiger and Simonsen (2005) summarized the existing literature on dimensional models of personality, suggesting that all of the personality disorders reflect a shared underlying psychopathology that does not lend itself to categorical distinctions. Other researchers have begun to emphasize the importance of behaviorally referenced personality symptoms combined with the experimental manipulations of personality related concepts (Bornstein, 2003; South, Turkheimer, & Oltmanns, 2008).

A third perspective has argued for the expansion of personality studies out of the domain of psychiatric and community samples into real world situations that demonstrate and exemplify the extreme nature of the life impairments that can be associated with these

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disorders (Hiscoke, Langstrom, Ottosson & Grann, 2003; Warren et al., 2003). One of these emergent areas of inquiry has begun to focus on the relationship between personality-disordered behavior, particularly Cluster B, and criminality and violence (Davison, Leese, & Taylor, 2001; Dowson, 1995; Hiscoke et al., 2003; Warren, Burnette, et al., 2002; Warren, Hurt, et al., 2002).

Earlier research has focused almost solely on the psychopathy construct of personality as developed by Hare (see Hare, Cooke, & Hart, 1999 for a review) as it relates to and predicts various types of violent and criminal behavior among male and female forensic and criminal populations. However, more recent research has begun to address the high prevalence of DSM personality disorders among criminal populations in general (Casey, 2000; Davison et al., 2001; Singleton, Meltzer, Gatward, Coid & Deasy, 1998). This has been found to be especially true for the four disorders identified as the Cluster B disorders – Antisocial, Borderline, Histrionic, and Narcissistic – which are overrepresented in forensic and criminal justice settings (Daniel, Robins, Reid, & Wifley, 1988; Fazel & Danesh, 2002; Hiscoke et al., 2003; Maden, Currie, Meux, Burrow, & Gunn, 1995).

Across varied settings, research has shown that personality disorders predict violent offending (Monahan et al., 2001; Tardiff, 2001) and criminality (Ghandhi et al., 2001) after discharge among psychiatric inpatients and both violent and non-violent recidivism among incarcerated offenders (Hiscoke et al., 2003). This research has prompted the inclusion of a diagnosis of a personality disorder into two of the major risk assessment classification schemes used across settings and cultures, the HCR:20 and Violence Risk Assessment Guide (VRAG) (Webster, Douglas, Eaves & Hart, 1997; Quinsey, Harris, Rice, & Cormier, 1998). Johnson et al. (2000) found that presence of any Cluster B disorder in adolescence also significantly predicted the likelihood for violence several years later when controlling for co-morbid psychopathology, a finding that was found to be consistent for both male and female adolescents.

Despite this growing awareness of the criminality associated with personality disordered behavior, there has been no research that seeks to explore the nature and symptom based associations of these behaviors, specifically among those who are most impaired by it – the criminal offender. Recently, there have been attempts to develop screening measures to identify personality disorders among prison populations without the use of a full psychiatric interview (i.e. Davison et al., 2001). However, most psychometric evaluations of the symptom level structure the Cluster B and other personality disorders have utilized community patient samples only (i.e. Blais & Norman, 1997). The factor analytic research that has explored the structure of the personality disorder research has been conducted exclusively on community (i.e. Moldin, Rice, Erlenmeyer-Kimling, & Squires-Wheeler, 1994; Thomas, Turkheimer, & Oltmanns, 2003), military (Thomas et al., 2003), and clinical psychiatric samples (Sanislow, Grilo, & McGlashan, 2000). Currently only three factor analytic studies of DSM-IV (APA, 1994) personality disorder criteria exist, and these were conducted using a Chinese psychiatric sample (Yang, Bagby, Costa, Ryder, & Herbst, 2002), a college student sample and Air Force sample (Thomas et al., 2003), and a treatment-seeking sample through the Collaborative Longitudinal Personality Disorders Study (Sanislow et al., 2002).

This sparse empirical foundation is concerning given the growing policy significance afforded these disorders and the use of them to argue for sustained periods of involuntary commitment. Beginning in the early 1990s, a number of states in the US enacted sexually violent predator laws that mandated the involuntary commitment of certain sexual offenders after they had completed their prison terms. These laws were designed to identify and commit a small minority of offenders if who were believed to suffer from a mental abnormality or personality disorder that made it likely that they would re-offend in the future. While largely unarticulated, it was anticipated that one of the paraphilic disorders would constitute the clinical foundation for this type of commitment and reflect a preferential pattern of offending against a

particular type of victim. Experience has shown, however, that many of the most violent offenders do not suffer from a diagnosable sexual disorder but rather a combination of co-morbid Axis II disorders.

Britain has enacted its own set of commitment laws which allow for the involuntary commitment of individuals who meet criteria for one of the personality disorders combined with a chronic history of violent offending. These efforts directed by the Dangerous and Severe Personality Disorders Programme (DSPD) managed by the British Home Office and Prison Service include both male and female prisoners with efforts made to offer gender specific programs in most of the treatment settings.

Given the significant and prolonged loss of freedom associated with these new containment policies, it is clear that the implicit assumptions assigned these disorders must be subjected to rigorous empirical study. In fact, experience has demonstrated in America that a diagnosis of Antisocial PD as a stand alone diagnosis is can be used to predict future dangerousness in cases of capital murder, leading to the imposition of the death penalty. This kind of legal interpretation of a clinical syndrome is premature given the lack of empirical research linking APD specifically to extreme forms of violence.

Our study emerges in response to these issues and concerns and reflects a symptom level effort to explore the structure of DSM-IV PD symptom criteria in women and the link these disorders may have to patterns of criminal offending and violence. We begin by examining the empirical loading of the symptom set of the four Cluster B diagnoses based upon a full structured clinical interview preceded by a self report screening of the same criteria. We subsequently explore the symptom level analyses of the behaviors and tendencies identified within these four factor loadings to determine how they relate to and predict patterns of criminal and violent behavior. Our use of this particular sample grew out of an interest in female criminality and the presentation of Antisocial and Narcissistic Personality Disorders among women who have come in contact with the criminal justice system.

Using the Structured Clinical Interview for DSM-IV Personality Disorders Screening Questionnaire and the full SCID-II Diagnostic Interview (SCID-II-PQ; SCID-II) we examine four issues: 1) the appropriateness of the SCID-II-PQ as a screening device for the four Cluster B disorders in a sample of incarcerated female offenders; 2) the internal consistency, convergent, and discriminant validity of the Cluster B criteria as defined by the DSM-IV criteria; 3) the factor structure of the Cluster B personality disorder symptoms when allowed to load empirically rather than diagnostically; and 4) the relationship of these personality factors to various external indices of criminal and violent behavior. We were also interested in whether the maladaptive personality traits assessed in this sample would show associations with various measures of impairment that have been found to be associated with personality disorders in community and clinical samples, including Axis I co-morbidity (Goldman, D'Angelo, & DeMaso, 1993; Kool, Dekker, Duijsens, & de Jonghe, 2000; O'Leary & Costello, 2001), impulsivity (Critchfield, Levy, & Clarkin, 2004), and social relationship stress (Skodol et al., 2002).

1. Method

1.1. Participants

Our sample was comprised of 261 women who were incarcerated at a maximum security prison at the time of assessment. Each of the 261 women had been identified through an earlier screening that included 802 women, a group that constituted approximately 80% of the prison population over the course of the study.

The initial screening of the 802 women included the Structured Clinical Interview for DSM-IV Personality Disorders Personality Questionnaire (SCID-II-PQ; First, Gibbon, Spitzer, Williams, & Benjamin, 1997) and the Brief Symptom Inventory (BSI; Derogatis, 1993), a

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