



Psychopathy in women: Prediction of criminality and violence in UK and USA psychiatric patients resident in the community



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ABSTRACT

Psychopathy is an important clinical construct often used in the assessment and management of psychiatric patients and offenders. This, in part, is due to the strong association between psychopathy, crime, and particularly violent crime. However, there are few studies of these associations in women. These relationships were examined using information from two large databases. The Partnerships in Care database contains data from a sample of forensic psychiatric patients (154 women and 777 men) in the UK that were discharged from secure psychiatric units. Follow-up was via official conviction data within the next 2 years. The MacArthur study examined violence and aggression in a sample of civil psychiatric patients (367 women and 496 men) in the USA following discharge from an acute psychiatric hospital. Follow-up was via a mixture of self-report, informant report and official records. Psychopathy in both samples was measured via the PCL:SV prior to discharge. Psychopathy was a good predictor of target events for the women in both samples and for all time intervals used. No significant gender differences in the PCL:SV's predictive efficacy were found. The results provide a strong evidence-base for the use of psychopathy in women when considering future community behaviour and reoffending.

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1. Introduction

Psychopathy refers to a set of personality traits and behaviours that include callousness, lack of empathy, lack of remorse, impulsivity and antisocial acts. Levels of psychopathy are often used by clinicians to guide decision making in the management and treatment of offenders and patients, and is often used as an integral part of risk assessment. Indeed, Hart (1998) considers that “failure to consider it [psychopathy] may constitute professional negligence” (pp 133).

In clinical and forensic settings psychopathy is often measured via the Psychopathy Checklist (PCL-R; Hare, 2003). The PCL-R was developed for use on adult male incarcerated offenders. Given the importance of the concept of psychopathy, it is vital to see if it also functions similarly in other groups, such as in women. This is pressing given evidence that clinical evaluation of future risk may be particularly poor for female psychiatric patients (Skeem et al., 2005). Inappropriate use of the PCL-R and its derivatives may have human rights issues if it used to justify incarceration or the withholding of treatment.

There are reasons to suggest that the relationship between psychopathy and aggression might be different in women. Studies have demonstrated women have lower psychopathy scores (e. g., Nicholls et al., 2005), different underlying factor structures (e.g., Jackson et al., 2002), different aetiological pathways (e. g., Wynn et al., 2012), and different neuropsychological manifestations (e.g., Vitale and Newman, 2001). There is, therefore, a debate as to whether the concept of psychopathy is appropriate for women (e.g., Forouzan and Cooke, 2005) and whether the findings and knowledge obtained from studies on male psychopaths can be transferred to the female population.

The nature and motives for aggression perpetrated by women also differ from that of men (Archer, 2000). In particular, it has been suggested that women show less direct aggression, but more indirect aggression, than men (e.g., Bjorkqvist, 1994) and that their aggression is more often reactive in its nature (e.g., Miller and Lynam, 2006). In psychiatric patients, gender differences in rates of violence are less extreme, but more often results in serious injury (Robbins et al., 2003). Given the importance of psychopathy in violence risk assessment, the possible differences in the manifestation of psychopathy between women and men, and the differential nature and motives for aggression in women and men, it is natural to ask if psychopathy is also a valid predictor of aggression, and of other antisocial acts, in women as it is in men.

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There have been a number of studies of psychopathy in women looking at the issue of whether the PCL is predictive of antisocial acts (Salekin et al., 1998; Nicholls et al., 2004; de Vogel and de Ruiter, 2005; Warren et al., 2005; Schaap et al., 2009; Coid et al., 2009; Eisenbarth et al., 2012; Lehmann and Ittel, 2012; Weizmann-Henelius et al., 2015). However, these studies have not been conclusive in defining the relationship between psychopathy and antisocial acts in women. Whilst some seem to show the validity of PCL (e.g., Nicholls et al., 2004), others have failed to find a significant relationship (e.g., de Vogel and de Ruiter, 2005) and others have even found the PCL score to be negatively related to the measures of violence (Warren et al., 2005). Hence, it has been suggested that “PCL-R in violence risk assessment with women should be approached with caution” (Falkenbach, 2008). However, many of these studies either tested a female sample with no male control, or did not have large enough samples to be able to compare performance directly between males and females. In contrast, Coid et al. (2009) studied a large sample of both men and women offenders due to be released from prison and tracked their future criminal career when released. They found that the PCL-R was an effective predictor of reconviction with little difference between men and women.

In the present study, we take advantage of two existing large clinical databases to examine whether the psychopathy is predictive of future antisocial acts in women psychiatric patients, and compare them to similar male patients. The first study examines forensic psychiatric patients discharged from medium secure facilities in the UK. The second examines civil psychiatric patients after an acute admission to hospital in the USA. Given the contradictory nature of previous research on the relationship between psychopathy and future antisocial behaviour in women, we did not make any *a priori* hypotheses about the nature of this relationship.

2. Method

The data used in the present analyses are taken from pre-existing databases that have been reported in previous publications (see references below). We present only a brief description in this paper.

2.1. Partnerships in Care (PiC) database

2.1.1. Participants

The database contained data from 154 women and 777 men who had PCL:SV

Table 1
Descriptive and inferential data for the PCL:SV.

	PiC study			MacArthur study		
	Male	Female	Cohen's <i>d</i>	Male	Female	Cohen's <i>d</i>
Total	7.43	5.97	0.29*	9.40	7.33	0.31*
Factor 1	3.56	2.62	0.31*	3.52	2.56	0.32*
Factor 2	4.02	3.45	0.20	5.87	4.80	0.33*
Superficial	0.20	0.06	0.28*	0.50	0.33	0.27*
Grandiose	0.24	0.06	0.34*	0.47	0.27	0.32*
Manipulative	0.32	0.36	-0.07	0.63	0.54	0.12
Lacks remorse	0.98	0.68	0.35*	0.58	0.42	0.23*
Lacks empathy	0.69	0.55	0.18	0.54	0.38	0.32*
DNA responsib	1.18	0.94	0.29*	0.79	0.61	0.24*
Impulsive	0.55	0.44	0.15	1.02	0.83	0.25*
Poor bev. con.	0.77	0.91	-0.16	0.88	0.80	0.10
Lacks goals	1.10	0.93	0.20	1.15	1.02	0.18
Irresponsible	0.58	0.73	-0.18	0.95	0.80	0.19
Adol. antisocial	0.31	0.08	0.40*	0.82	0.62	0.27*
Adult antisocial	0.70	0.34	0.44*	1.03	0.71	0.42*

* Indicates significant differences between the genders ($p < .01$, one-tailed *t*-test).

scores. Mean age for the women was 32.5 years (range 17.3–68.3) and 31.9 years (range 17.3–68.3) and for the men. Overall, the sample self-described as “white” (68.4%), “black” (21.1%), “mixed” (2.9%), “asian” (2.8%), and “other” (0.4%), with 4.4% providing no classification. No significant gender differences in ethnicity were apparent.

2.1.2. Procedure

Ethical approval for the study was obtained from the Ethical Committee of the School of Psychology, Cardiff University. The database consists of information taken from a case note analysis of the files from people who had been discharged from one of four independent-sector medium-secure facilities in the UK. All lifetime convictions were obtained from the Home Office Offenders' Index (a UK Government database of all convictions), both prior to admission to hospital and following discharge. Convictions following date of discharge were classified as “outcome” data. All assessments were completed blind to outcome following discharge. Details of this database are available in other publications (Gray et al., 2008; 2011).

2.1.3. Measures

Psychopathy was measured via the Psychopathy Checklist: Screening Version (PCL:SV; Hart et al., 1995). The PCL:SV is a shorter version of the PCL-R and was designed for use outside of forensic settings (Hart et al., 1995). It consists of 12 items that produce a total score and a score for Factor 1 and Factor 2 (termed Part 1 and Part 2 in the manual). Factor 1 (Emotional Detachment) measures the interpersonal and affective components of psychopathy, while Factor 2 (Social Deviance) measures behavioural lifestyle and antisociality. The properties and factor structure of the PCL:SV were designed to mirror that of the PCL-R and empirical research supports the argument that they have extremely similar properties (Guy and Douglas, 2006; Walters et al., 2007).

The raters were trained on the PCL:SV by the current authors who are designated trainers via the Darkstone training programme (<http://www.hare.org/welcome/darkstone.html>). All ratings were made solely on the file information as these patients had already been discharged from the hospital.

Our outcome variable was the reconviction data obtained from the Home Office Offenders' Index. We did attempt to divide the convictions into violent versus others (see Snowden et al., 2007) but due to low base rates for violent reconviction among women such an analysis was not possible.

2.2. MacArthur study

Details of this study are available in detail elsewhere (Monahan et al., 2001), including its relationship to violence (Skeem and Mulvey, 2001) and legal and ethical issues (Monahan et al., 1993).

2.2.1. Participants

The study recruited patients who were civilly admitted to acute psychiatric hospitals at three sites in the USA. Patients were between 18–40 years of age and spoke English. In this paper we analyse data from 367 female and 496 male patients who had the PCL:SV completed. Mean age for the women was 29.9 years (range 18–40) and 29.8 years (range 18–40) for the men. Ethnicity was 69.1% white, 28.6% black, and 2.3% Hispanic, with no statistical differences between the genders.

2.2.2. Procedure

Over one thousand ($N = 1136$) patients were interviewed for the baseline assessment (which took 4–6 h) where information about a variety of demographic, clinical and behavioural variables were collected. Patients were then contacted in the community at regular (10 week) intervals over the subsequent year after discharge. This follow-up also included an interview with a collateral informant. Three or more such interviews were obtained for 77.3% of the sample. Supplementary data were obtained from hospital and arrest records.

Table 2

Data relating to reconviction rates and their prediction by the PCL:SV for the PiC study.

		Reconviction – 1 year			Reconviction – 2 years		
		(%)	AUC	Z-score	(%)	AUC	Z-score
Total	Male	10.2 ^a	0.714*	-0.299	17.6 ^a	0.708*	0.291
	Female	6.5	0.739*		8.4	0.685*	
Part 1	Male		0.592*	-1.110		0.601*	-0.367
	Female		0.712*			0.639	
Part 2	Male		0.755*	0.328		0.750*	0.328
	Female		0.725*			0.726*	

* AUC different from chance (0.50) at $p < .01$.

^a Levels of reconviction differ $p < .01$.

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