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# Gender issues in the assessment and manifestation of psychopathy

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## Outline

- I. Psychopathy: different in women?
- II. Multicenter study gender
- III. Case Lisa



## Psychopathy in risk assessment

- Psychopathy is an important risk factor for violence / recidivism
- Psychopathy often incorporated as risk factor in risk assessment tools



## Psychopathy Checklist-Revised (PCL-R)

### INTERPERSONAL

- Glibness, superficial charm
- Grandiose sense of self-worth
- Pathological lying
- Conning / manipulative

### AFFECTIVE

- Lack of remorse or guilt
- Shallow affect
- Callous / lack of empathy
- Failure to accept responsibility of own actions



### IMPULSIVE

- Need for stimulation / proneness to boredom
- Parasitic lifestyle
- Lack of realistic, long-term goals
- Impulsivity
- Irresponsibility

### ANTISOCIAL

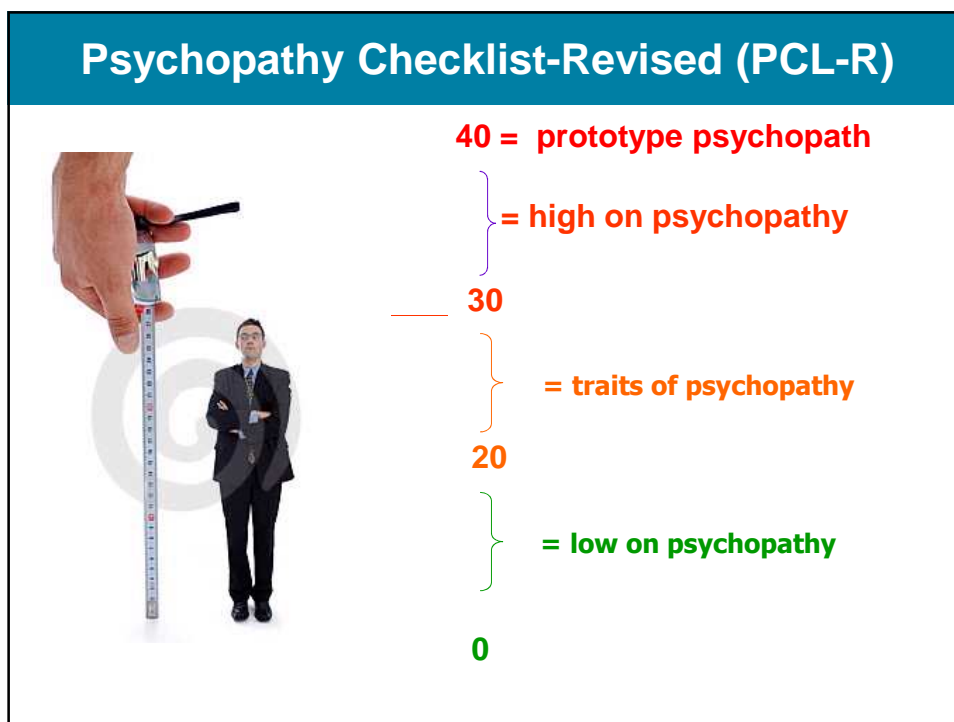
- Poor behavioral controls
- Early behavioral problems
- Juvenile delinquency
- Revocation of conditional release
- Criminal versatility



### OTHER

- Promiscuous sexual behavior
- Many short-term marital relationships





### Different manifestation psychopathy in women?

**Example item 1**  
*Glibness, superficial charm*

Some inmates create an image of being a **macho** or a tough guy

The block contains two images. On the left is a photograph of a man with extensive tattoos on his arm and chest, representing a 'macho' or 'tough guy' image. On the right is a vintage-style photograph of a woman with a sign that reads 'I Like My Men Super Rich and Almost Dead'.

## Different manifestation of psychopathy in men and women?

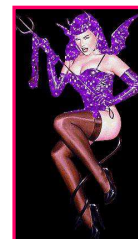


“What drives both psychopathic men and women is: power over others, the expectation of gain and glorification of the self”

*Logan & Weizmann-Henelius, 2012, p. 107*

## Different manifestation of psychopathy in women?

- **Behavioral expression**; more histrionic, manipulative sexual behavior, lure others to criminal behavior
- **Interpersonal symptoms** like grandiose sense of self-worth more muted
- **Psychological meaning**: promiscuity as strategy
- Societal norms may affect coding (e.g. financial dependency)



Forouzan & Cooke, 2005; Kreis & Cooke, 2011; Roberts & Coid, 2007

## PCL-R in women

- Lower scores and prevalence rate psychopathy (9-23% ♀ vs 15-30% ♂)
- Interrater reliability: moderate to good
- Predictive validity: equivocal
- Factor structure: 3 factor model better fit

**True lower prevalence psychopathy in women, or is the PCL-R not optimally fit to assess psychopathy in women?**

Logan, 2009; Logan & Weizmann-Henelius, 2012; McKeown, 2010; Nicholls et al., 2005; Vitale et al., 2002; Warren et al., 2005

## Women high on psychopathy Summary research results

- Compared to **women** low on psychopathy
  - More instrumental violence / to strangers
  - More chronic offenders, less often murder
- Compared to **men** high on psychopathy
  - More fraud, deceit
  - More often a score 2 on the items:
    - *Conning / manipulative*
    - *Promiscuous sexual behavior*



Roberts & Coid, 2007; Strand & Belfrage, 2005; Warren et al., 2005; Weizmann-Henelius et al., 2010

## Psychopathy and violence risk assessment in women

- Significant differences men / women in the expression of violence, violence risk factors and manifestation of psychopathy
- Most tools developed / validated in males
- PCL-R item descriptions focus on 'male' (overt antisocial) behavior

Are commonly used tools, like the HCR-20 or PCL-R well enough suited for use in women?

Garcia-Mansilla et al., 2009; McKeown, 2010

## Female Additional Manual (FAM)



Additional guidelines to HCR-20 / HCR-20<sup>V3</sup> for women:

- New items and additional final risk judgments
- Additional guidelines to several Historical factors, e.g., use of lower PCL-R cut-off score (M + SD; experimental)

<b>No</b>	<b>PCL-R = 0-14</b>
<b>Possible</b>	<b>PCL-R = 14-23</b>
<b>Yes</b>	<b>PCL-R ≥ 23</b>

de Vogel et al., 2012; 2014

## FAM Gender-specific items



### Historical items

- Prostitution
- Parenting difficulties
- Pregnancy at young age
- Suicide attempt / self-harm
- Victimization after childhood\*

### Clinical items

- Covert / manipulative behavior
- Low self-esteem

### Risk management items

- Problematic child care responsibility
- Problematic intimate relationship

\* This item is no longer needed with HCR-20<sup>V3</sup>

## II Dutch Multicenter study

### Characteristics of women in forensic psychiatry



## Importance of more knowledge female offenders

- **Rising numbers**
- **Intergenerational transfer**
  - Children of violent / antisocial mothers: high risk of multiple problems (criminal, mental health, addiction, risk taking behavior)
- **Recognition of victims of female offending**
  - The experience of female perpetrated (sexual) abuse is harmful and damaging. Sometimes reported by victims to be even worse because it led to a deeper sense of betrayal

De Vogel & Nicholls, 2016

## Acknowledgments



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## Multicenter study

### Method

- Five Dutch forensic psychiatric settings
- N = 275 female forensic psychiatric patients
- N = 275 males matched on year of birth, admittance, judicial status
- Comprehensive questionnaire including several tools (PCL-R, Historical items HCR-20 / FAM) was coded based on file information by trained researchers

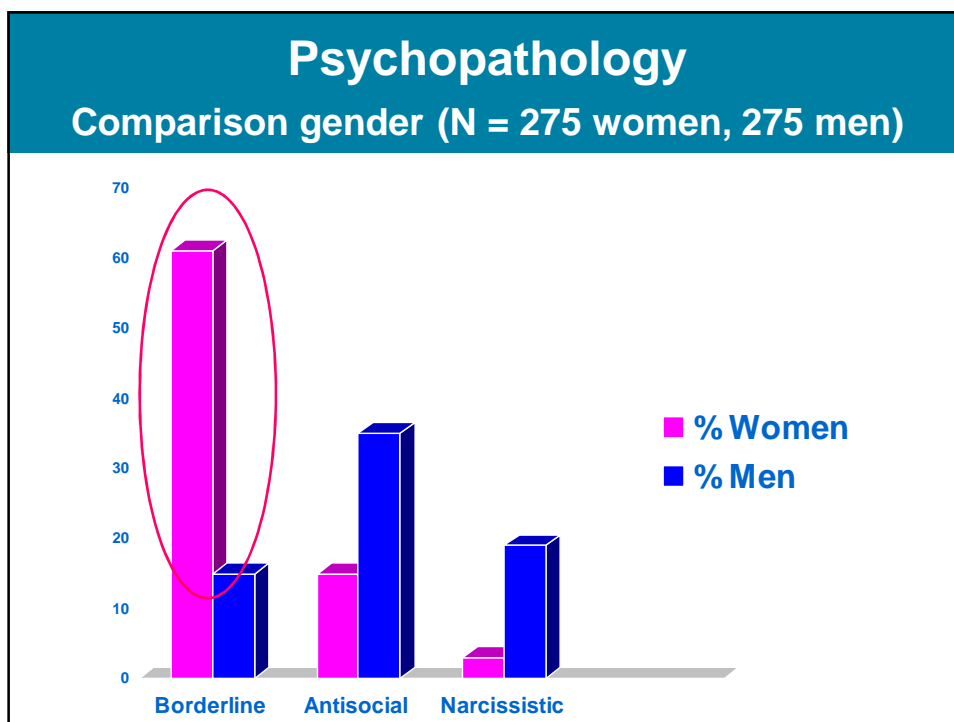


de Vogel et al., 2015


## Multicenter study

### Aims

- To gain more **insight** into criminal and psychiatric characteristics of female forensic psychiatric patients, especially characteristics that may function as risk or protective factors for violence.
- Possible **implications** for psychodiagnostics, risk assessment and treatment in forensic psychiatric settings, but possibly also in general psychiatry or in the penitentiary system.



### Subgroups women Psychopathology



- **Borderline Personality Disorder**
  - More severe victimization history
  - More incidents during treatment, dropout
- **Intellectual disability**
  - More prostitution
  - More stranger victims, less homicide, filicide
  - More 'vulnerable'
  - More severe victimization history

Karsten et al., 2015; de Jong et al., 2014

All  $p < .05$

## Subgroups women Offenses

- **Filicide**
  - Less criminal history
  - Less often previous treatment
  - More often depression / PTSS, lower on PCL-R
  - Less violent incidents during treatment
- **Arson**
  - Psychiatric problems prevailing (Borderline)
  - More incidents during treatment, dropout
- **Sexual**
  - Small group (4%)
  - Always with (male) co-offender

All  $p < .05$

## Two studies into psychopathy



1. Comparison 221 women with and without psychopathy (Klein Tunte, de Vogel, & Stam, 2014)
2. Gender differences manifestation psychopathy 197 ♀ and 197 ♂ (de Vogel & Lancel, 2016)

## Results Study 1

Psychopathic vs. non-psychopathic women (N = 221)

### Criminal characteristics:

- Younger age at first conviction
- More criminal versatility
- More often stranger victims
- Less often arson and lethal violence
- More often 'bad' motives for offenses less often 'sad'



All  $p < .05$ ; Klein Tunte et al., 2014

## Study 2

Comparison men and women with psychopathy

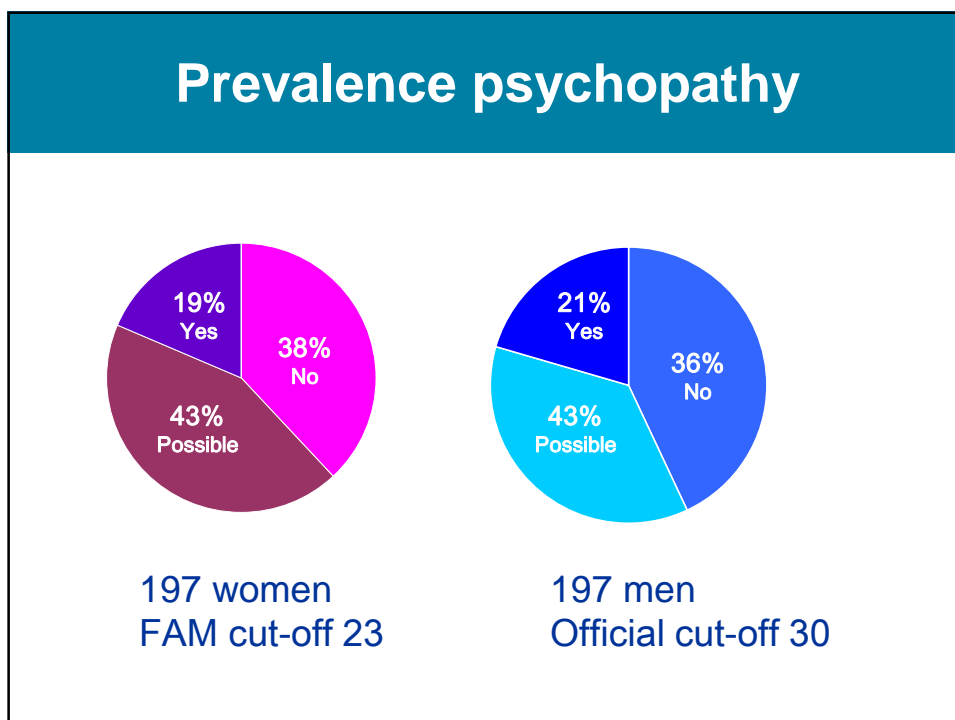
### Procedure

- N = 197 women and 197 matched men
- PCL-R was used (66% in consensus)
- Psychopathy was defined as:
  - Women: PCL-R  $\geq$  23
  - Men: PCL-R  $\geq$  30
- Taxonomy of motivations inspired by Coid (1998)

de Vogel & Lancel, 2016

### Prevalence psychopathy

	<b>Women</b>	<b>Men</b>
Mean PCL-R score	16.5 (6.7)	21.4 (8.6)
Range	0 - 33.3	1- 38.9
Official cut-off score	3.0%	20.8%
FAM cut-off score	19.3%	49.2%



## Gender differences in PCL-R scores

197 women / 197 men

- Women significantly higher scores on:
  - *Many short term marital relationships*
- No significant differences:
  - *Conning / manipulative*
  - *Poor behavioral control*
  - *Impulsivity*
- Men significantly higher scores on all other items

$p < .01$

## Summary Study 2

197 women / 197 men



### Clear differences between women and men high versus low on psychopathy

- **History:** more often unemployed, no diploma, financial problems
- **Criminal history:** younger age first conviction, criminal versatility, strangers as victims, less often arson and lethal violence, bad motivations
- **Treatment:** more dropout, manipulative behavior and less self-destructive behavior

$p < .01$

## Summary Study 2

197 women / 197 men



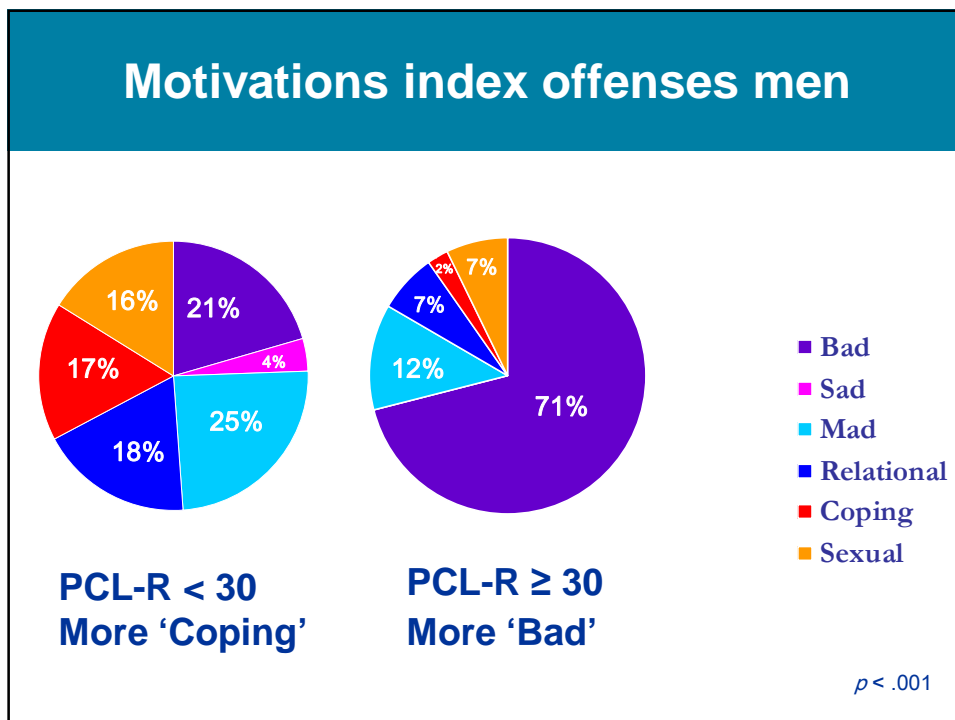
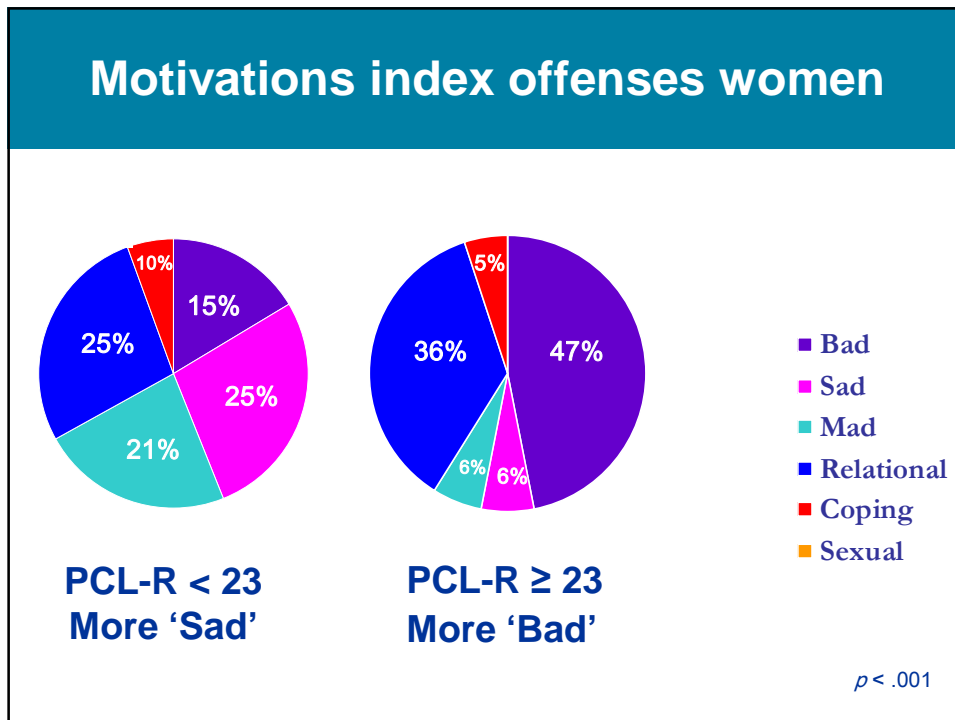
### Psychopathic women are more 'like men', but still several gender differences:

- Offending: more fraud, less sexual, motivations: more relational frustration, less instrumental
- Psychopathology: more BPD
- Treatment: more incidents during treatment of manipulative and self-destructive behavior

$p < .001$

### Taxonomy of motivations inspired by Coid (1998)

<b>Mad</b>	Psychotic, Compulsive urge to harm/kill
<b>Bad</b>	Expressive aggression, Power domination and control, Illicit gain, Excitement, Undercontrolled aggression
<b>Sad</b>	Cry for help/attention seeking, (Extended) suicide, Despair, Influenced by partner
<b>Relational frustration</b>	Revenge, Jealousy, Threatened/actual loss, Displaced aggression, Victim precipitation
<b>Coping</b>	Relief of tension/dysphoria, Hyperirritability
<b>Sexual</b>	Paraphilia, Sexual gratification, Sexual conflict





## Gender differences motivations Psychopathic women versus men

**Women  $\geq 23$**   
More Relational frustration

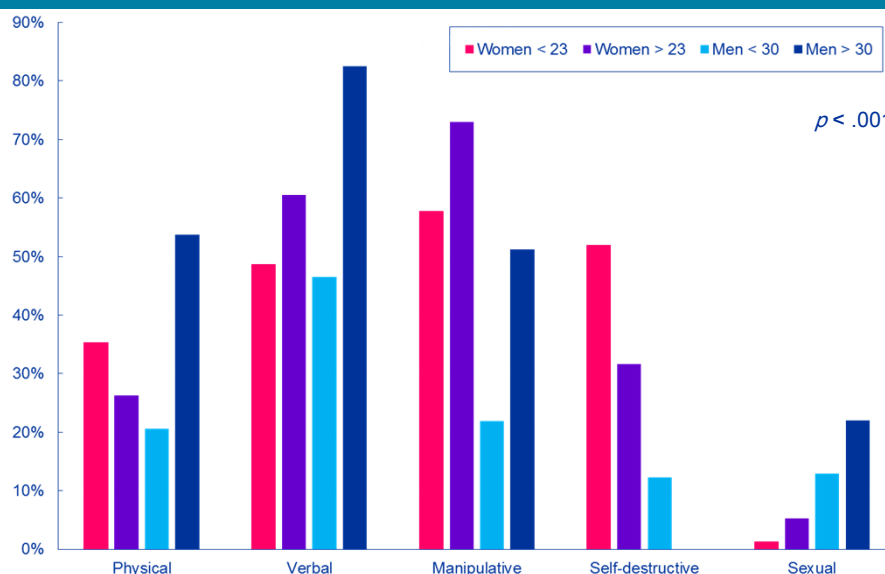
**Men  $\geq 30$**   
More 'Bad'



$p < .01$

## Incidents during treatment

197 women vs 197 men



$p < .001$

## Predictive validity Incidents during treatment

### Women:

- PCL-R total score **moderate** predictor of manipulative behavior, but good when verbal violence / threats was included

### Men:

- PCL-R total score **good** predictor of violence, verbal violence / threats, manipulative behavior and internal transfer

All  $p < .05$

## III Case Lisa

Now ....whose mind shall I  
fuck with today.....?



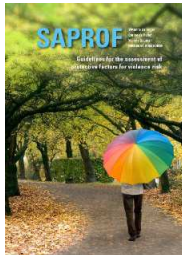
## Case Lisa

- 35 year old woman
- Youth: domestic violence, neglect, sexual abuse
- 18 y: prostitution
- Unstable and violent relationships
- Suicide attempts
- Previous offenses: murder (child 1 y), drug smuggling
- Index-offense: stalking (ex-husband, children, ex-family in law, friends ex)
- Mandatory treatment with maximized duration (4y)

## Case Lisa

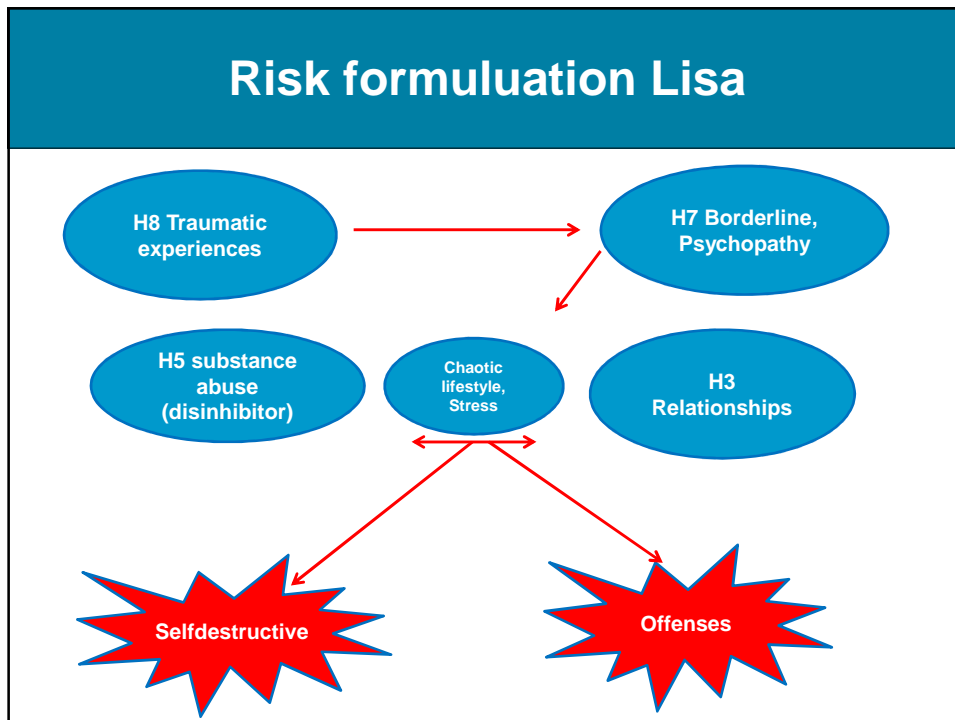
- Diagnoses: Borderline PD, Narcissistic PD and traits Antisocial PD
- PCL-R = 26
- Treatment:
  - Emotional outbursts
  - Manipulative, passive aggressive
  - Turmoil surrounding Lisa
  - Victim role

<b>HCR-20<sup>V3</sup> Lisa</b>		Coding: Yes, present Partially / maybe No, not present
<p><b>Historical items</b></p> <ul style="list-style-type: none"> <li>H1 Violence</li> <li>H2 Other antisocial behavior</li> <li>H3 Relationships</li> <li>H4 Employment</li> <li>H5 Substance abuse</li> <li>H6 Major mental disorder</li> <li>H7 Personality disorder</li> <li>H8 Traumatic experiences</li> <li>H9 Violent attitudes</li> <li>H10 Treatment or supervision reponse</li> </ul>	<p><b>Clinical items</b></p> <ul style="list-style-type: none"> <li>C1 Insight</li> <li>C2 Violent ideation or intent</li> <li>C3 Symptoms of major mental disorder</li> <li>C4 Instability</li> <li>C5 Treatment or supervision reponse</li> </ul> <p><b>Risk management items</b></p> <ul style="list-style-type: none"> <li>R1 Professional services and plans</li> <li>R2 Living situation</li> <li>R3 Personal support</li> <li>R4 Treatment or supervision reponse</li> <li>R5 Stress / coping</li> </ul>	

<b>SAPROF Lisa</b>		Coding: Not present Partially / maybe Present
<p><b>Internal factors</b></p> <ul style="list-style-type: none"> <li>1. Intelligence</li> <li>2. Secure attachment in childhood</li> <li>3. Empathy</li> <li>4. Coping</li> <li>5. Selfcontrol</li> </ul> <p><b>Motivational factors</b></p> <ul style="list-style-type: none"> <li>6. Work</li> <li>7. Leisure activities</li> <li>8. Financial management</li> <li>9. Motivation for treatment</li> <li>10. Attitudes towards authority</li> <li>11. Life goals</li> <li>12. Medication; n.a.</li> </ul>	<p><b>External factors</b></p> <ul style="list-style-type: none"> <li>13. Social network</li> <li>14. Intimate relationship</li> <li>15. Professional care</li> <li>16. Living circumstances</li> <li>17. External control</li> </ul>	

<b>FAM</b>		Coding:
<b>Gender-specific items Lisa</b>		<b>Yes, present</b> Partially / maybe No, not present
<b>Historical items</b>	<b>Clinical items</b>	
<ul style="list-style-type: none"><li>• <b>Prostitution</b></li><li>• <b>Parenting difficulties</b></li><li>• <b>Pregnancy at young age</b></li><li>• <b>Suicide attempt / self-harm</b></li><li>• <b>Victimization after childhood</b></li></ul>	<ul style="list-style-type: none"><li>• <b>Covert / manipulative behavior</b></li><li>• <b>Low self-esteem</b></li></ul>	
	<b>Risk management items</b>	
	<ul style="list-style-type: none"><li>• <b>Problematic child care responsibility</b></li><li>• <b>Problematic intimate relationship</b></li></ul>	


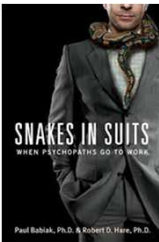
<b>Case Lisa: Conclusions</b>
<ul style="list-style-type: none"><li>• Risk of violence to others:<ul style="list-style-type: none"><li>– Context with mandatory treatment: moderate</li><li>– Context without mandatory treatment: high</li></ul></li><li>• Additional value of FAM:<ul style="list-style-type: none"><li>– Psychopathy and Covert / manipulative behavior</li><li>– Problematic child care responsibility = crucial risk factor</li><li>– Risk for Self-destructive behavior</li></ul></li><li>• Protective factors: mostly external</li><li>• Risk management: control, cost/benefit analyses</li></ul>



### Psychopathy in women

#### Overall conclusions

- Manifestation in women more nuanced and hidden, but still highly destructive to others
- PCL-R has relevance in violence risk assessment in women, but more research and refinement in assessment is necessary

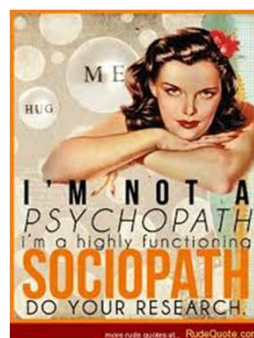


## Future studies



### More research is needed

- Different populations: Company, healthcare?
- Adapted version of PCL-R for women?
- Dynamic risk and protective factors
- Predictive validity tools for women
- Effect on staff
- Effect on children



## Thank you

**More information:**  
**vdevogel@dfzs.nl**  
**[www.violencebywomen.com](http://www.violencebywomen.com)**

## Extra slides

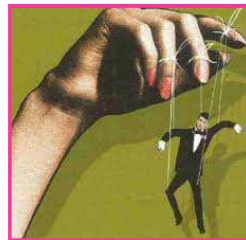
### General dilemma's Female forensic patients

- How to deal with **intimate relationships** in the hospital?
- **Children?**
- Effect on **staff** (e.g., risk of being falsely accused sexual intimidation)?
- **Biological factors** (birth control, hormones, menopause, pms, other effects of medication?)
- Risk of **victimization**: do we see enough?
- Social desirability / adaptive skills more prevalent in women?



## Specific dilemma's female forensic patients with psychopathy

- Manipulative skills?
- Effect on environment
- Do we see enough?
- Social desirability / adaptive skills more prevalent in women



## Treatment women with psychopathy

Richards et al. 2003

- 404 female inmates in substance abuse treatment program
- Psychopathy related to poor treatment response:
  - Rule violation
  - Noncompliance
  - Low attendance / drop out
  - Violent incidents

## Treatment women with psychopathy

Richards et al. 2003

### Recommendations:

1. Feedback results PCL-R to woman
2. Psychopathy as responsivity factor; e.g., emotional bonding and empathy training not effective
3. Alert to signals of psychopathic behavior and effect on group / climate; intervene when needed



## Treatment women with psychopathy

Recommendations Logan & Weizmann-Henelius (2012)

### Clinical practice

1. One to one meeting: prepare strategy and verify with colleagues
2. Group processes: structured observation
3. Acknowledgement of challenges / burden for staff
  - Being cognizant about toll on staff
  - Insight in own behavior and feelings



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