



## Antisocial personality disorder and psychopathy in women: A literature review on the reliability and validity of assessment instruments

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### ABSTRACT

Crime rates are low in women compared to men. The two disorders most commonly associated with offending behaviour, antisocial personality disorder (ASPD) and psychopathy, are also less prevalent in female samples. However, developments in forensic psychiatry have often ignored gender, and the utility of constructs such as psychopathy and their assessment instruments in female samples remains unclear. This article presents a review of studies looking at rates of ASPD and psychopathy and on the reliability and validity of assessment instruments of these disorders in women. Gender differences in symptom patterns will be considered. The literature seems to suggest that DSM-IV criteria for ASPD may lead to an underestimation of the prevalence of the disorder in women due to the requirement of childhood conduct disorder symptoms. The Psychopathy Checklist-Revised (PCL-R) is a valid and reliable instrument to identify psychopathy in women but there are gender differences in the factor structure and item loadings on this measure. Research to date seems to suggest a three-factor model may be most strongly supported in females. Preliminary evidence suggests the PCL-R may have some value in predicting future offending while the PCL:SV may be useful in predicting institutional violence. Clinical implications are discussed.

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### 1. Introduction

High rates of personality pathology have been identified in offender populations (e.g. Singleton, Meltzer, Gatward, Coid & Deasy, 1998). The relationship between personality disorders, including psychopathy, and re-offending and violent crime is reflected in their inclusion in major risk assessment instruments such as the HCR-20 (Webster, Douglas, Eaves & Hart, 1997).

A recent general increase in aversion to risk has been observed across different countries (Maden, 2007). In line with this trend, mental health policies have placed increasing emphasis on the protection of the public from those who may pose a risk to others. Acknowledging the link between violent offending and personality disorders, the assessment and management of personality disorders has become a policy priority in a number of countries, e.g. the UK (Dolan & Doyle, 2000) and Finland (Putkonen & Völlm, 2006).

Given the likely implications of a diagnosis of personality disorder or psychopathy in the decision to detain and treat an individual, it is crucial to consider the validity and reliability of assessment instruments used to identify these conditions. To date, however, much of the research on assessment of antisocial personality disorder (ASPD) and

psychopathy and their relationship with offending has focused on male populations. Relatively little is known about the generalisability of these findings to female samples.

This article sets out to selectively review the literature on rates of antisocial personality disorder and psychopathy and their clinical presentation in women. Furthermore, a systematic literature review on the reliability and validity of the main assessment instruments identifying these disorders in women will be presented.

### 2. Method

A systematic review was conducted on the reliability and validity of these instruments in female samples. Instruments included in this review are the International Personality Disorder Examination (IPDE; Loranger et al., 1994), the Structured Clinical Interview for DSM Axis II disorders (First, Spitzer, Gibbon & Williams, 1997) for ASPD, the Psychopathy Checklist Revised (PCL-R; Hare, 2003) and the screening version of the Psychopathy Checklist (PCL:SV; Hart, Cox & Hare, 1995) for psychopathy. MEDLINE (1990–October 2007) was searched for articles containing the main search terms ('antisocial personality disorder' OR 'ASPD' OR 'APD' OR 'psychopathy') AND ('women' OR 'woman' OR 'female') AND ('IPDE'; OR 'SCID-II', OR 'psychopathy checklist', OR 'PCL-R', OR 'PCL:SV') AND ('diagnosis' OR 'assessment' OR 'reliability' OR 'validity'). A total of 972 citations were identified. Abstracts were reviewed and empirical studies focusing on the reliability and validity of any of the above measures in female samples

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were included. The review concentrates on adult female samples in a range of settings including community, in-patient and correctional settings.

### 3. Antisocial personality disorder in women

Studies exploring gender differences in personality pathology in different settings have produced varied findings. In community settings, the most recent survey of psychiatric morbidity among adults in Great Britain assessed 54 out of 1000 men and 34 out of 1000 women as fulfilling criteria for a DSM-IV personality disorder (PD; *American Psychiatric Association, 1994*) based on SCID-II interviews. All but schizotypal and schizoid PD were more prevalent in men. ASPD was identified in 0.7% of women and 1% of men (*Singleton et al., 2000*). In a Norwegian sample, *Torgersen, Kringlen and Cramer (2001)*, using the structured interview for DSM-III-R Personality Disorders, found that overall prevalence rates for any PD were similar for males (14%) and females (13%) but that males had higher prevalence rates of ASPD, obsessive-compulsive PD and passive-aggressive PD. By contrast, females did not exhibit higher rates of any specific personality disorder. Two large US epidemiologic surveys also revealed higher rates of ASPD according to DSM-III-R in men compared to women. The Epidemiological Catchment Area survey (*Regier et al., 1984*) showed that between 2% and 4% of men and between 0.5% and 1% of women fulfilled DSM-III-R criteria for ASPD and that women had fewer ASPD symptoms than men (*Robins, Tipp & Przybeck, 1991*). The National Comorbidity Study (*Kessler, McGonagle & Zhao, 1994*) found five times higher rates of ASPD in males than in females (5.8% vs. 1.2%).

A number of large scale UK, US and Canadian studies have observed pronounced gender differences in the prevalence and clinical presentation of conduct disorder (e.g., *Robins & Price, 1991; Zoccolillo, Tremblay & Vitaro, 1996; Disney, Elkins, McGue & Iacono, 1999; Moffitt, Caspi, Rutter & Silva, 2001; Kim-Cohen et al., 2005*) with boys being significantly over-represented in the antisocial group. Several studies also suggest that antisocial girls have a later onset of childhood conduct problems (*Robins, 1966; Silverthorn & Frick, 1999; Kim-Cohen et al., 2005*) and are less likely to engage in aggressive acts (*Silverthorn & Frick, 1999*) compared to their male counterparts. There have been suggestions that these gender differences may partly be accounted for by gender bias in sampling and in the diagnostic criteria, particularly DSM criteria for conduct disorder (CD) and ASPD (*Zoccolillo, 1993; Zoccolillo et al., 1996; Hartung & Widiger, 1998*).

In treatment settings, rates of any PD diagnoses are generally higher than in the general population. In substance misuse services, gender differences in ASPD are striking, e.g. 42% in men and 24% in women in a sample with substance use problems and a criminal history (*Cottler, Campbell, Krishna, Cunningham-Williams & Abdallah, 2005*). Higher rates of ASPD in males compared to females (25.7% vs. 9.1%) have also been reported in alcohol treatment settings (e.g. *Morgenstern, Langenbucher, Labouvie & Miller, 1997*) and in abstinent alcoholic individuals (35.7% vs. 8.3% lifetime diagnosis; *Di Sclafani, Finn & Fein, 2007*). Rutherford and colleagues (*Rutherford, Alterman, Cacciola & Snider, 1995*) reported similar gender differences (28.6% male vs. 5.3% female) in a methadone maintenance clinic, while *Chiang et al. (2007)* found that 43% of male and 26.7% of female Taiwanese opiate addicts met DSM criteria for ASPD. In the latter study women were significantly younger than men which may account for the less pronounced gender differences in rates of ASPD compared to other studies. Over 38% of male and 13.9% of female cocaine-dependent inpatients were diagnosed with ASPD in a study by *Weiss, Martinez-Raga, Griffin, Greenfield and Hufford (1997)*. Several studies have noted stronger associations between alcoholism and ASPD in women than in men (*Kessler et al., 1997; Lewis & Bucholz, 1991; Zucker, 1994*). Only one study found comparable rates of ASPD in men (9.8%) and women (7.5%) in a community sample of substance abuse patients (*Westermeyer & Thuras, 2005*). In dual diagnosis

patients, 27.2% of male and 7.5% of female patients fulfilled DSM-IV criteria for ASPD according to SCID-II interviews (*Mueser et al., 2006*). However, when the CD criterion was dropped, rates of ASPD were 43.2% for men and 32.1% for woman suggesting marked gender differences in rates of conduct disorder.

Work by *Grilo (2002)* in out-patients with eating disorders suggests that rates of DSM-IV PD are high in both genders, but not significantly different, with 34.4% of males and 27.4% of females meeting the criteria for an Axis II disorder. In the latter study, although there were few gender differences in specific Axis II disorders, there were higher rates of ASPD in men with co-morbid depression. Higher rates of ASPD in male compared to female patients have also been observed in outpatients with posttraumatic stress disorder (*Zlotnick, Zimmerman, Wolfsdorf & Mattia, 2001*) and depression (*Carter, Joyce, Mulder, Sullivan & Luty, 1999*).

Several UK and US studies have reported high levels of undetected Axis II psychiatric morbidity in remand and sentenced prison populations (e.g. *Gacono & Meloy, 1994; Maden, Swinton & Gunn, 1994; Maden, Taylor, Brooke & Gunn, 1995; Singleton et al., 1998; Teplin, Abram & McClelland, 1996*). In the UK, *Maden et al. (1994)* conducted a case note and interview study using the Clinical Interview Schedule (CIS; *Goldberg, Cooper, Eastwood, Kedward & Shepherd, 1970*) in a sample of 25% of all sentenced women in England and Wales. The authors identified an ICD-9 diagnosis of any PD in 18% of females, almost twice the rate in the comparison sample of male prisoners. In remand prisoners, a PD diagnosis according to ICD-10 was found in 15.5% of females, slightly higher than the rate in males (*Maden et al., 1995*). However, no break-down according to type of PD is provided in these studies. The Office of National Statistics (ONS) study (*Singleton et al., 1998*) used SCID-II interviews to identify rates of PD using a sample of one third of all female prisoners in England and Wales and a comparison group of male prisoners. Results suggest that 64% of UK male sentenced and 50% of female prisoners meet DSM-IV criteria for any PD diagnosis with ASPD being the most prevalent disorder (49% of male sentenced and 31% of female prisoners). Paranoid and borderline personality disorder (BPD) were also common and gender differences were apparent with paranoid PD being more prevalent in men and BPD in women (*Singleton et al., 1998*).

High rates of ASPD in women have also been reported in US studies. *Warren et al. (2002)* used SCID-II interviews to identify DSM-IV PD in a cohort of 261 female felons in a maximum security prison. They found that ASPD was the most common diagnosis (43%) in those diagnosed with any PD. Interestingly, ASPD diagnosis was not predictive of incarceration for a violent crime which the authors interpreted as indicative of the varied pattern of offending in these women. *Jordan et al. (2002)* interviewed 805 female felons incarcerated in a prison in North Carolina using the Diagnostic Interview Schedule (*Robins, Helzer, Croughan & Ratcliff, 1981*) to identify personality pathology. ASPD was identified in 11.9% and BPD in 28% of the women prisoners.

Several studies have identified notable gender differences in the backgrounds of women with a diagnosis of ASPD, both in community and prison samples, suggesting more severe sociodemographic deprivation in females. *Mulder, Wells, Joyce and Bushnell (1994)* found that women with ASPD, identified in a general-population survey, were more likely than their male counterparts to be chronically unemployed, have higher rates of marital separation and be dependent on social security support systems. It is also of note that different patterns of co-morbidity have been reported in women. In community samples high rates of co-morbidity have been identified between ASPD and histrionic personality disorder (*Lilienfeld, Van Valkenburg, Larntz & Akiskal, 1986*), hysteria (*Cloninger & Guze, 1970*) and anxiety and depression (*Robins et al., 1991*). High rates of borderline, schizoid and schizotypal PD in female prisoners with ASPD have been found by *Warren et al., 2002*. *Lilienfeld et al. (1986)* suggested that histrionic individuals may develop ASPD if they are male and somatization

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