Women as Perpetrators of Violence: Personality Disorder

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Aims

• Explore relationship between violent behaviour and personality disorder in women

• Focus on recent research evidence
• Focus on gender differences
Outline

• What does the literature tell us about the associations between personality disorder and violence in women?
  • Within different populations
  • Within subtypes of PD
  • In relation to specific violent behaviours
How do the evidence and theoretical models help us understand these associations—exploring the role of:

- Trauma
- Attachment
- Social Problem Solving
- Co-morbid mental illness
- Substance misuse
- Neurobiology
- Hormones
- Developmental considerations: LD, ASD and ADHD
• Female offenders are a minority : 9:1 (1987)
• Similar proportions for juvenile delinquency (Farrington 1981)
• Minority of female offenders are violent: 6%
• Slower decline in offending rates than males
• Offending rate/ 100 population twice for women vs men (HO 1987)
• Reasons for male preponderance - self reported rates are more similar
Background

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• 1:10 of general population (Girolano & Reich 1993)
• 8.7% (weighted 3.4%) of general population of women vs 13.3% (5.4%) of men (Coid et al 2005; n=626)
• Weighted prevalence of ASPD was 5x higher in men (1% vs 0.2%)
• All PD subtypes were more prevalent in men except schizotypal
• Cluster C most common amongst women
• High levels of comorbidity, but not as high as clinical samples
• British Household Survey (Coid et al 2006) measured self-reported violence and psychiatric morbidity- risk of violence was substantially increased by alcohol (OR 2.72), drugs (OR 2.63) and ASPD (OR 6.12)

• Violence amongst men was twice that in women for most diagnostic categories except ASPD and psychosis where prevalences were similar

• Prevalence for men was 4 x that for women in ‘no disorder’ group
Violent Behaviour and PD: Healthcare Samples

- 1/3 of GP attenders; mainly cluster C (Casey & Tyrer 1990)
- Heavy users of MH services, especially if comorbid with Mental Illness
- 20-40% of psychiatric outpatients
- 50% of psychiatric inpatients (Girolamo & Dotto 2000)
- In high secure hospital setting: although females had less violent offending backgrounds, ratings of extreme violence were associated with PD (Lumsden 1996)
Violent Behaviour and PD: Criminal Justice

- Traditionally 3-4% of prison population
- 17% of female sentenced prisoners-violent offenders
- Approx half with psychiatric disorder
- Approx double the rate of MHA disposal compared to males (Allen 1987)
- National survey of prisoners: 18% of women suffered with PD vs 10% of men (Gunn 1991)
ONS Survey of Psychiatric Morbidity amongst Prisoners in England and Wales (DoH 1997)
- 50% of women had PD
- 31% ASPD
- 20% BPD
- 16% Paranoid PD
- Corsten Report highlighted high levels of psychiatric morbidity in women prisoners: 78%; 5 times rate in gen pop (2004)
- Trestman (2007) 77% psych morbidity in Connecticut Jails; 23% had BPD ie higher prevalence than males; 27% ASPD; higher levels of comorbidity in women
- Systematic review of 23 000 prisoners: 42% of women had PD; 21% ASPD (vs 65% and 47% amongst men) (Fazel 2002)
- Highlighted historically high rates of PD in women prisoners vs community samples
- Assessed violent behaviour in 261 women prisoners max security prison
- Young age was related to cluster B Personality Disorder
  - 43% ASPD
  - 27% Paranoid PD
  - 24% Borderline
Coid et al (2009) found a lower prevalence of psychopathy: 1.9% in women- correlated with young age, repeat inprisonment, detention in higher security, disciplinary problems, antisocial, narcissistic, histrionic and schizoid PD
A note on Deliberate Self Harm:
- Prevalence in women prisoners (7.5%)
- Association with violent offending (Cookson 1997)
- Association with deprivation, abuse, abnormal psychosexual development, early onset offending (Wilkins & Coid 1991)
- Indicative of severe psychopathology, mainly PD
Violent Behaviour and PD: Subtypes of PD

- Risk of violence: personality dimensions
- Impulse control
- Affect regulation
- Narcissism
- Paranoid personality style (Nestor 2002)
Violent Behaviour and PD: Subtypes of PD

- High degree of comorbidity—particularly ASPD and Borderline (Warren 2002; Sansone 2009)
- Also ASPD & Paranoid, Schizoid, Schizotypal
- Also BPD & Schizotypal, Paranoid
- Diagnosis of Cluster A predicted violent crime incl. homicide and conviction for prostitution
- Diagnosis of Cluster B predicted institutional violence
- Diagnosis of Cluster C predicted absence of drug crime
- Within Cluster B: Narcissistic PD predicted violence, ASPD and BPD predicted institutional violence

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Warren’s results suggest that combination of traits such as rule breaking and volatile behaviour plus distorted and odd perceptions may be a high risk combination for women that also carries a worse prognosis for progress within institutions.

Other social and developmental vulnerabilities may aggravate this relationship.

Recent evidence highlights importance of narcissistic traits predicting violence in women (Warren 2009).

Logan (2009) found violent women offenders 4x more likely to suffer from BPD—argument for individual risk formulations.

Role of emotional dysregulation in impulse control (Herpetz 2000).
ASPD increased risk of violence in women over 50x vs 10x in males (Eronen et al 1996)

Some research suggests that most serious female offenders are similar to male violent offenders: hx of conduct disorder, substance misuse and ASPD (Lewis 2010)

Female primary and secondary psychopaths (Hicks et al 2010)

Dolan and Vollm suggest prevalence of ASPD underestimated in women (2009)

PCLR scores: lower values and prevalence in women (Weizmann-Henelius 2004)
Traditionally minority of homicides committed by women
- 4% of murders
- 12% manslaughters
- 20% diminished responsibility (d’Orban 1990)
- Victims 80% family relations
Violent Behaviour and PD: Offender Typologies

- Maternal Filicide: 4 subtypes (Scott & Resnick); 3 of which related to PD
- Stalkers: study of 82 female stalkers found associations with personality disorder. Frequency of interpersonal violence was 25%, producing predominantly minor injury. Risk of violence escalated > 50% if victim was a prior sexual intimate. Motivation to establish intimacy-anger, obsessional thoughts and abandonment rage (Meloy et al 2003)
Domestic violence:
- rising numbers of women arrested for domestic violence (Magdol 1997)
- association with high rates of PD and mood disorder compared to male offenders (Henning 2003)
- Association with PTSD, GAD and substance misuse (Stuart et al 2006)
- Women commit more Intimate Partner Violence; Cluster B traits were predictive (Thornton et al 2010)
- Recent study of relationship quality: BPD predicted communication and attachment problems & violence (Bouchard 2009)
- Not always a response to victimisation (Weizmann-Henelius 2004)
Profile of violent female offender in Finland: single, unemployed, violent history, comorbid PD, substance misuse and MI. Adverse childhood experiences and adult relationship problems, social ineptitude and poor coping skills. Violence often resulted from interpersonal conflict, but not typically self defence or response to victimisation (Weizmann-Henelius 2005)
Patients with history of violence and victimisation are at increased risk of being assaultative & requiring restraint (Flannery 2002)

Increased risk of psychological disturbance (Folette 1996; Luntz-Weiler et al 1996)

“damaged people are dangerous, they know they can survive”
• Relationship between chronic PTSD (interpersonal problems, impulsivity, aggression, re-enactment/re-victimisation, self mutilisation)

• May develop paranoid attributions as they have difficulty appreciating own contribution to problems (van der Kolk 1996)

• Violence further facilitated by lack of stimulus discrimination and heightened sensitivity to threat; impaired social development

• Deficient skills for resolving interpersonal conflict eg angry, threatening, bullying behaviours (Cichetti & White 1990)
Attachment theory and reflective function provide a means of understanding and linking mental processes involved in attachment and those involved in offending (Fonagy & Target 1997).


Insecure attachment status is overrepresented amongst PD patients (van Ijzendoorn & Bakermans-Kranenberg 1996) vs mentally ill patients (Patrick et al 1994).

Evidence suggests link is complex and also subject to other factors-risk factor.
Theoretical link: BPD and ‘Preoccupied’ classification on AAI (Dozier et al rev. 1999)

- Non-reflective function dominates behaviour of BPD patient in affectively charged situations (Fonagy 1995, 2002); also increases vulnerability to future trauma; should be inhibitory of interpersonal violence.
• Original link with offending hypothesised by Bowlby and supported by recent research (van Ijzendoorn et al 1997: 5% of serious offenders had secure attachment style; Frodi 2001)
• Violent offenders:
  • higher rates of insecure attachment
  • lower rates of reflective capacity
  • linked to reduced sense of responsibility and understanding of consequences
  • reliance on punitive and less flexible range of internal working models
• Helpful model for institutional aggression (Adshead 1998)
• Relationship between recalled caregiver rejection/ control & adolescent misconduct; adult antisocial behaviour (Levy 2005)
Social Problem Solving

• ‘the self directed cognitive-affective behavioural process by which an individual attempts to identify or discover solutions to specific problems encountered in everyday living’

• Interpersonal problems of most relevance and may escalate risk in this group (Mc Murran 2009)

• Avoidant style of problem solving
Patients with co-morbid PD and Mental Illness significantly more likely to behave violently during 2 year UK 700 trial (Moran et al 2003)

Cluster B personality traits predictive in women with psychosis (Dean et al 2006)
Recidivism

- Study of recidivism in women homicide offenders (n=132): personality disorder predicted violent recidivism; whereas mental illness did not (Putkonen 2003)

- PD predicted repeat violence amongst women inpatients (Owen 1998)

- 15% of women discharged from medium secure forensic psychiatry services in UK re-offend: 6% grave; 5% violent offences (Coid et al 2007)
• Study of 109 female offenders in Finland: compared intoxicated with non-intoxicated offenders. Intoxicated offenders had higher rates of:
  • Substance misuse (73%)
  • PD (89%) especially ASPD (66%)
  • History of offending (69%)
  • PCL-R score
  • Non-intimate victims (77%) (Weizmann-Henelius et al 2009)
  • Obvious risk factor for violence
  • Mc Mahon, Butwell and Taylor (2003) found a steeper increase in alcohol consumption amongst women in high security
  • Low cognitive ability also a risk factor for substance misuse in violent PD women (Weismann-Henelius 2004)
Understanding the Links: Neurobiology

- Inverse correlation between 5HT function and ratings of aggression (Nielsen et al 1994) Study of 56 impulsive violent offenders with PD
- Conflicting evidence for role of other neurotransmitters- relatively little gender specific research
• Premenstrual Syndrome: evidence of increased rates of aggression in paramenstruum, however not correlated with self reported PMT (Ellis & Austen 1971; d’Orban & Dalton 1980)

• Likely a trigger in vulnerable women
Understanding the Links: Developmental

- No gender related ‘take home message’
- Global theory of mind dysfunction vs early amygdala dysfunction
- Research with ASPD women - emotional facilitation linked to violent crime (Lorenz 2002)
Personality Disordered women are a significant subgroup at risk of violent offending.

Women with PD appear to be at relatively greater risk of violent behaviour than men with PD.

Risk factors include co-morbidity of multiple PD, mental illness, substance misuse, history of trauma, disordered attachments.

Other vulnerabilities may escalate the risk of violence.

Neuropsychological and neurobiological factors require further study in women samples.

Women are most often violent within interpersonal relationships.

Trauma and attachment focussed approaches provide a helpful insight into the mechanisms that predispose women with PD to violent behaviour.