

12-5-2008

Personality Characteristics of Women Who Commit Felonies: A Comparison of Women Who Act Alone Versus Those Who Act with a Male Partner

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Recommended Citation

McNeal, Megan (2008). Personality Characteristics of Women Who Commit Felonies: A Comparison of Women Who Act Alone Versus Those Who Act with a Male Partner (Doctoral dissertation, Pacific University). Retrieved from: <http://commons.pacificu.edu/spp/147>

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Abstract

Over the past 20 years, the rates of incarceration of women have skyrocketed. In 1986, there were 19,812 women in US jails and prisons and by 2005, that number had jumped to 106,000, which represents a five-fold increase in less than 20 years (Bureau of Justice Statistics, 2005). Between 1977 and 2004, the number of women incarcerated for a year or longer rose by 757%, which is more than double the increase for men. In 2006, the US had 183,000 women in jail or prison, which is at least three times higher than any other country (US Census Bureau, 2006). In addition, by 2005 over one million women were being monitored by the justice system in either probation or parole status (Glaze & Palla, 2005). The growing number of women entering the criminal justice system creates a compelling need to identify and better understand the factors that contribute to women's involvement in criminal activities. Greater insight into the psychological factors associated with women's criminal behavior will aid in the development of strategies to reduce the risk that women will become involved in criminal activity in the first place. A better understanding of these factors will contribute to more effective judicial decision-making for female defendants and also assist efforts to design effective treatment strategies for women both during incarceration and during post release supervision.

Degree Type

Dissertation

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PERSONALITY CHARACTERISTICS OF WOMEN WHO COMMIT FELONIES: A COMPARISON
OF WOMEN WHO ACT ALONE VERSUS THOSE WHO ACT WITH A MALE PARTNER

A DISSERTATION
SUBMITTED TO THE FACULTY
OF
SCHOOL OF PROFESSIONAL PSYCHOLOGY
PACIFIC UNIVERSITY
HILLSBORO, OREGON
BY
MEGAN MCNEAL, M.S.
IN PARTIAL FULFILLMENT OF THE
REQUIREMENTS FOR THE DEGREE
OF
DOCTOR OF PSYCHOLOGY
DECEMBER 5, 2008

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INTRODUCTION

Over the past 20 years, the rates of incarceration of women have skyrocketed. In 1986, there were 19,812 women in US jails and prisons and by 2005, that number had jumped to 106,000, which represents a five-fold increase in less than 20 years (Bureau of Justice Statistics, 2005). Between 1977 and 2004, the number of women incarcerated for a year or longer rose by 757%, which is more than double the increase for men. In 2006, the US had 183,000 women in jail or prison, which is at least three times higher than any other country (US Census Bureau, 2006). In addition, by 2005 over one million women were being monitored by the justice system in either probation or parole status (Glaze & Palla, 2005).

The growing number of women entering the criminal justice system creates a compelling need to identify and better understand the factors that contribute to women's involvement in criminal activities. Greater insight into the psychological factors associated with women's criminal behavior will aid in the development of strategies to reduce the risk that women will become involved in criminal activity in the first place. A better understanding of these factors will contribute to more effective judicial decision-making for female defendants and also assist efforts to design effective treatment strategies for women both during incarceration and during post release supervision.

There is a large body of psychological research focused on a variety of factors associated with criminal behavior among men. These factors include, among others, a

history of abuse in childhood or adolescence (Weeks & Widom, 1998; Hamalainen, 1996; Dutton & Hart, 1992), the presence of mental health issues such as depression, anxiety, substance problems, and PTSD (Swartz & Lurigio, 1999), and the presence of Axis II features, especially psychopathy and antisocial personality disorder (Hare, 2003; Yarvis, 1995). There is a much smaller, but growing body of literature that focuses on how similar factors may be involved in women's criminal behavior. Researchers have begun to examine the differences between female offenders and the general population of women as well as differences between male and female offenders on these and other factors. Finally, there are a few studies that look at differences among women offenders, e.g. those who commit violent versus non-violent crimes and women who commit a single crime versus repeat offenders.

It is commonly assumed that male offenders represent a highly heterogeneous group characterized by differences along a number of dimensions (e.g., type of crime, motivation for crime, and psychological and personality functioning). Given the rapid increase in the rate at which women are being incarcerated for crimes it can be assumed that women offenders also represent a highly heterogeneous population. The current study examines the differences between two groups of female offenders: those who committed a crime with a male co-defendant versus solo offenders. As with other studies of criminal behavior, the current study focused on histories of abuse, exposure to violence, mental health issues and personality functioning among these two groups. Hypotheses of potential differences in personality characteristics will be explored and analyzed in a sample of women who have either committed crimes alone or engaged in

criminal activity with a male partner. The results from the analysis and their application in prevention, risk assessment, and treatment with female offenders will be discussed.

To provide a context for the current study, research findings regarding how female offenders differ from non-offending females, male offenders, and each other with respect to their histories and specific psychological and personality variables will be presented. In addition, research that addresses the identification of risk factors and the challenges of risk assessment unique to the female offender population will be included.

Similarities and Differences Between Female Offenders and Female Non-offenders

As the number of female inmates has increased over the past 20 years, more studies have been devoted to this growing population. This research has focused primarily on the differences between female offenders and their non-offending counterparts. Most of these studies have focused on the differences in historical factors (especially rates of trauma and abuse) along with rates and types of psychopathology.

In the female offender population, the prevalence of childhood abuse, sexual abuse, and domestic violence is significantly greater than that seen with women in the general population. Warren, Hurt, Booker Loper, Bale, Friend, et al. (2002) studied 802 incarcerated females and found that 39% reported being physically abused and 55% ($n = 431$) reported sexual abuse or molestation before the age of 18. In a different sample of 150 incarcerated women in a maximum security prison, 70% reported experiencing severe physical abuse as a child, 59% reported some type of sexual abuse as a child or adolescent, and 75% reported being subjected to significant physical violence by intimate partners in adulthood (Browne, Miller, & Maguin, 1999). Furthermore, 35% of these

women reported being raped by an intimate partner. In addition, Raj, Rose, Decker, Rosengard, and Hebert et al. (2008) evaluated 484 incarcerated women and found that 57% reported experiencing some type of sexual abuse before the age of 18. The above figures of abuse are many times higher than the occurrence of abuse in the general population, with estimates of child physical abuse at 20% (Raj, Clarke, Silverman, Rose, Rosengard, et al. 2006) and sexual abuse/assault rates at approximately 22% in women who do not offend (Tjaden & Thoennes, 2000).

Mental health problems are also more common in incarcerated women compared to females in the general population. Typically, prevalence rates of Posttraumatic Stress Disorder occur in approximately 8% of the general population. Bipolar Disorder is estimated to occur in less than 2% of community samples and Major Depression falls between 10-25% in the general population (DSM-IV-TR, 2000). Teplin, Abram, and McClelland (1996) evaluated 1272 female inmates and found that 70% were diagnosed with substance disorders, 34% were diagnosed with Posttraumatic Stress Disorder, and 19% were diagnosed with Mood Disorders (including Mania and Major Depression). James and Glaze (2006) estimated that mental health problems were present in 73% of the women in State prisons, 61% of those in Federal prisons, and 75% of women in local jails. Tye (2006) found that 84% of women in a prison in Australia were diagnosed with at least one psychiatric disorder, such as Posttraumatic Stress Disorder, Major Depression, anxiety disorders, or substance problems. In addition, it has been estimated that between 25% and 50% of female prison samples have made a suicide attempt prior to their incarceration (Verona, Hicks, & Patrick, 2005). The above figures are far greater than those estimated for non-offending women, with the rate of overall mental illness

closer to 26% and suicide attempts estimated at .025% in the general population (National Institute of Mental Health, 2008).

Higher rates of personality disorders have also been consistently observed in female offenders compared to their non-offending counterparts. Warren, Burnette, South, Chauhan, Bale, et al. (2002) used the Structured Clinical Interview for DSM-IV Personality Disorders Screening Questionnaire (SCID-II Screen) in a heterogeneous sample of female inmates. Of the 802 participants, 92% screened positively for at least one personality disorder, with 58% meeting criteria for Borderline Personality Disorder and 47% meeting criteria for Antisocial Personality Disorder. Hurt and Oltmanns (2002) found that in a sample of 157 incarcerated women, 64% met DSM-III-R criteria for at least one personality disorder. The rate of Antisocial Personality Disorder was 9% in this sample, whereas the occurrence of Antisocial Personality Disorder in the general female population is approximately 0.8%. The diagnosis of Borderline Personality Disorder was 12% in this sample, whereas it occurs in only 2% of community samples. Putkonen, Komulainen, Vikkunen, Eronen, and Lönnqvist (2003) found that in a group of 31 repeat female offenders in Finland, 81% were diagnosed with a personality disorder by a forensic psychologist. These figures are much higher than estimates for the presence of any type of personality disorder in the general population, which is closer to 9% (National Institute on Mental Health, 2008). Clearly, incarcerated offenders have a higher rate of mental health problems than non-incarcerated individuals. Although a causal relationship between mental illness and criminal behavior has not been assumed or established, a correlation between psychopathology and criminal offending patterns cannot be dismissed.

Comparisons of Female and Male Offenders

In an effort to better understand female offenders, many researchers have examined how they compare to male offenders. The Bureau of Justice Statistics (BJS) has released multiple studies depicting how female offending varies from male offending. An analysis by Greenfeld and Snell (2000) revealed that women accounted for 22% of all arrests in 1999, compared to males who were responsible for 78% of all arrests. Women tended to commit more non-violent crimes than men, such as property crimes, forgery, theft, and embezzlement, which accounted for 64% of the overall arrest rates for females in 1998. They reported that females were responsible for 14% of violent crimes, whereas males committed 86% of all violent acts. Approximately 62% of female violent offenders had a previous relationship with their victim, whereas only 36% of male violent offenders had a prior relationship with their victims. About 8% of violent female offenders committed their offense with at least one male offender; by contrast, less than 1% of male violent offenders committed an offense with a female offender present.

Not only do prevalence rates and types of crimes differ between male and female offenders, consistently, historical factors such as the presence of childhood abuse and trauma, especially rates of sexual abuse, vary considerably between these groups (McClellan, Farabee, and Crouch, 1997). Research has repeatedly demonstrated that incarcerated women have experienced higher rates of violent victimization, childhood abuse, and neglect than their male offending counterparts. McClellan, Farabee, and Crouch (1997) compared 1030 male prisoners with 500 female prisoners and found that 26% of the women had been sexually abused as children compared with 5% of the men. Over 50% of the women in prison reported being physically or sexually abused, whereas

10% of men reported physical and sexual abuse. Also, domestic violence is far more common for females, with nearly 70% of women in prison reported having been abused by an intimate partner versus 11% of men (James, 2004).

In addition, the prevalence and types of mental health problems and personality disorders are significantly different when comparing male and female offenders (James & Glaze, 2006). As previously mentioned, female offenders have higher prevalence rates of mental illness than women in the general population. Mental health problems are also more common in female offenders than in male offenders. Incarcerated women consistently report higher rates of mental health problems than male inmates. According to federal statistics, approximately 73% of females in State prisons, compared to 55% of male inmates, had a mental health problem (James & Glaze, 2006). In Federal prisons, 61% of females and 44% of males had mental illness. Females and males in local jails had rates of mental health problems at 75% and 63%, respectively. While mental illness is more prevalent for offender than non-offender groups, this link is stronger for women. All of these statistics suggest that a majority of women in various types of incarceration are mentally ill.

Besides variation in major mental illness, the prevalence rates and types of personality disorders also substantially differ between male and female offenders. Not surprisingly, female offenders tend to receive diagnoses of Borderline Personality Disorder more often than male offenders (Strand & Belfrage, 2001), a phenomenon that also occurs in the general population. Strand et al. (2001) compared 63 female and 85 male forensic inpatients and found 25% of the women had Borderline Personality Disorder versus 9% of the males. In addition, female inmates were diagnosed less often

with Narcissistic Personality Disorder (2.9%) or Antisocial Personality Disorder (0%) than incarcerated males, 9.7% of whom were diagnosed with Narcissistic Personality Disorder and 25% with Antisocial Personality Disorder. de Vogel and de Ruiter (2005) found similar results in their comparison of 42 female and 42 male forensic inpatients. Of the females in the study, 75% were diagnosed with Borderline Personality Disorder, whereas only 24% of the males received this diagnosis. Narcissistic Personality Disorder was prevalent in 9% of the females and 35% of the males and diagnosis of Antisocial Personality Disorder occurred in 25% of the female and 48% of the male inpatients.

Despite the fact that male criminals often have higher rates of an Antisocial Personality Disorder diagnosis than incarcerated females, it has been theorized that the disparities are likely more related to how the construct is operationally defined than due to actual differences in antisocial attitudes and behaviors. Specifically, researchers have found that many antisocial women do not overtly display signs of Conduct Disorder in adolescence, which is necessary for a diagnosis of Antisocial Personality Disorder, per DSM-IV-TR criteria (Goldstein, Prescott, & Kendler, 2001). Whereas boys demonstrate more of the symptoms captured by the diagnosis of Conduct Disorder (e.g., fighting, stealing, disruptive behavior in school), girls tend to engage in behaviors not as readily identified as symptoms of the Conduct Disorder diagnosis (e.g., lying, truancy, and running away from home). In a study conducted by Burnette and Newman (2005) 261 incarcerated females were evaluated and only 34% qualified for the diagnosis of Antisocial Personality Disorder. This was because only 40% of the total sample met criteria for a diagnosis of Conduct Disorder by the age of 15. The researchers noted that nearly half of the sample met criteria for Adult-Onset Antisocial Personality Disorder.

In addition to historical factors and comparisons of mental health problems and personality disorders, researchers have also addressed the prevalence of psychopathy and violence within the male and female offending populations. Although male and female offenders are similar because psychopathy and violence occurs in each group, subtle differences exist between these two groups.

Psychopathy has been described by Hare (1999) as a syndrome consisting of detrimental and self-serving emotional and interpersonal characteristics as well as socially deviant behaviors. This syndrome is present in both males and females in the general population and to a higher degree in offending populations. Hare (1999) defines the psychopath as a “self-centered, callous, and remorseless person profoundly lacking in empathy and the ability to form warm emotional relationships with others, a person who functions without the restraints of conscience” (p. 2).

The Psychopathy Checklist – Revised, second edition (PCL-R; Hare, 2003) is a psychometrically sound, heavily researched measure used to detect the presence and severity of psychopathy in offenders. It consists of two domains: Factor 1, which measures emotional/interpersonal qualities and Factor 2, which measures social deviance. Factor 1 is further broken down into an Interpersonal facet and Affective facet. Variables on these facets include qualities such as superficial charm, grandiosity, lack of remorse and/or empathy, and deceitfulness. Factor 2 captures the behavioral components of psychopathy with an Impulsivity facet and Social Deviance facet. Factor 2 items include impulsivity, poor behavioral controls, irresponsibility, and adult antisocial behaviors. The diagnostic criteria for Antisocial Personality Disorder overlap significantly with items from Factor 2, whereas only two interpersonal/affective criteria from Factor 1 are present

in the DSM diagnostic criteria. The PCL-R yields possible scores from zero to 40. Although most studies usually use a cut-off score of 30 to label an individual a psychopath, psychopathy is not conceptualized as a dichotomous construct. Rather, research suggests that psychopathy is a dimensional disorder that varies in degree and severity (Hare, 1999).

Overall, research has indicated that psychopathy occurs more often in males than in females, with 15.7% of male inmates and 7.4% of female inmates receiving PCL-R scores above 30 (Hare, 2003). Grann (2000) compared 36 male and 36 female forensic inpatients and found that 31% of the males scored above the cut-off score, whereas only 11% of the females reached the cut-off score. However, like males, higher scores on the PCL-R in women are associated with higher rates of criminal activity (Vitale, Smith, Brinkly, & Newman, 2002). Also, higher ratings of psychopathy in female offenders have been associated with higher rates of recidivism than offenders without psychopathic traits, which is consistent with findings for male offenders (Hare, 1999; Warren & South, 2006).

It is notable that the elevated scores on the PCL-R for females were influenced by different factors than elevations for male offenders. Salekin, Rogers, Ustad, and Sewell (1998) found that recidivism in females was related to increased Factor 1 scores on the PCL-R, whereas elevated Factor 2 scores were more indicative of recidivism in males. The researchers suggested that when assessing psychopathy and recidivism in females, personality traits are more important than behavioral symptomatology, whereas behavioral components are likely more important when evaluating recidivism in males. Although the data is sparse, other research has suggested that the theoretical construct of

psychopathy may differ for female offenders than for male offenders (Nicholls, Ogloff, Brink, Spidel, 2005). Jackson, Rogers, Neuman, and Lambert (2002) investigated the underlying dimensions of psychopathy and their relevance to females. They found that very few women score over 30 on the PCL-R, likely due to the fact that females exhibit few of the behavioral aspects captured by Factor 2 of the PCL-R. These qualitative differences (i.e. characterological expressions vs. behavioral expressions of psychopathy) between male and female offenders highlight the need for better understanding regarding the factors involved in female criminality.

When comparing the prevalence rates of violence between male and female offenders, research findings vary. Some studies indicate that similar rates of violence exist between the groups (Muncer, Campbell, Jervis, & Lewis, 2001) and other research has indicated that females offenders are less violent than male offenders (Pollack & Davis, 2004). Also, many researchers have noted that the type of violence committed by females varies significantly from the violence typically perpetrated by males. Strand et al. (2001) evaluated a sample of 63 female and 85 male forensic psychiatric inpatients. They found that, although the frequency of violent behavior was higher in the female inpatient population, with 65% committing some type of violence compared to 38% of male inpatients, the violence caused by women was generally less severe than the violence committed by men. In addition, the women in the study tended to direct their violent behavior toward themselves and/or hospital staff, whereas males focused their violence towards other patients.

There are clear differences between males and females in their motivation to commit violence and relationship to the victim. Compared to male offenders, violence

committed by female offenders has consistently been described by researchers as more reactive and less instrumental, more often relational, and usually occurring in the home (Monahan, Steadman, Silver, Appelbaum, Robbins, et al., 2001; Odgers & Moretti, 2002). The literature has depicted female violence as emotionally motivated and impulsive compared to male offenders (Ben-David, 1993). When women commit homicide, they are more likely to kill someone they know, while men are more likely to kill a stranger (Greenfeld & Snell, 2000). These differences in violent offense patterns underscore the importance of understanding the emotional elements and relational factors involved in female perpetrated violence.

Differences Among Female Offender Groups

Many studies have compared female criminals to their male or non-offending counterparts, but few studies have analyzed the differences that exist between female offender groups. Although the literature has demonstrated the heterogeneity of the female offending population, research comparing the prevalence of historical factors, mental health problems, and personality disorders between different groups of female criminals is sparse.

As previously noted, female offenders as a whole experience high rates of childhood abuse, domestic violence, and mental illness. However, some subtle differences exist among female offender groups. For instance, Weizmann-Henelius, Veimero, and Eronen (2004) compared first-time offenders with repeat offenders. First-time offenders and repeat female offenders reported similar rates of physical and sexual abuse, however; the repeat offenders reported higher rates of parental divorce as children

and adult domestic violence. Hurt and Oltmanns (2002) found that older female inmates exhibited lower rates of Cluster B personality disorders (except Antisocial Personality Disorder) than their younger counterparts. Their results showed that a negative correlation existed between age and Borderline Personality Disorder ($r = -.22, p < .001$), Histrionic Personality Disorder ($r = -.15, p < .05$), and Narcissistic Personality Disorder ($r = -.14, p < .05$). These findings are not surprising in light of research that demonstrates a decline in personality disorders as people in the general population become older.

The literature regarding female offender groups has largely concentrated on comparisons between higher risk female offenders and lower risk female offenders. Specifically, researchers have been interested in how psychopathic female offenders differ from non-psychopathic offenders, how violent female offenders and non-violent female offenders vary and how psychopathy affects female recidivism.

Women with high PCL-R scores have been found to be at a higher risk of recidivism than their non-psychopathic counterparts (Salekin, Rogers, Ustad, and Sewell, 1998), though the presence of psychopathy in women did not necessarily indicate more violent crimes. Other research has replicated those findings. Warren, South, Burnette, Rogers, Friend, et al. (2005) studied 132 female inmates and their results suggested that psychopathic women usually take part in chronic, non-violent criminal behaviors, such as property crimes, theft, and forgery. Women convicted of murder and other violent offenses tended to have lower PCL-R scores. The researchers theorized that motivations other than a psychopathic disposition, such as relational dynamics, suspicious attitudes, and/or certain personality disorders, influences violent offending. They suggested that

“psychopathy predicts dominant patterns of criminality...rather than violence per se”
(p.286).

Notable differences exist between violent and non-violent female offenders. Pollack, Mullings, and Crouch (2006) evaluated violent and non-violent female inmates in a Texas prison sample of 657 women. Violent offenders included women who reported a violent index offense and/or inmates who had physically or sexually assaulted another inmate, either with or without a weapon. Violent female offenders were more likely to be African American, come from single households, have at least one parent with a psychological problem, and to have been victims of childhood abuse. In addition, studies have shown that women with personality disorders tend to exhibit more violent behavior than women without personality disorders (Warren et al., 2002). Watzke, Ullrich, and Marneros (2006) found that violent female offenders had a higher number of comorbid mental disorders and higher prevalence of alcohol use than their non-violent counterparts. Jones and McJetters (1999) analyzed data on 37 female murderers and reported that White women were more likely to kill intimate partners and minors. They found that African American women murderers were typically younger and more likely to kill for financial incentive. The researchers concluded that their findings demonstrated differing motives for homicide among African American and White women and that race, class, and gender influenced the criminal motivations of the women. Jones and McJetters recommended that gender, class, and race be studied further in relation to criminal behavior to better understand how discrimination and oppression relate to violence perpetrated by women.

Motivations for Female Offending

The results of the above studies suggest that, similar to male offenders, there is heterogeneity among female offenders with respect to criminal motivation and activity. For example, a woman who killed her abusive partner out of fear is, theoretically, much different than a woman who killed a security guard during a bank robbery. Although the act of murder brings about the same result and likely a similar legal consequence, the underlying motivation of each woman committing the murder is often very different. Such different motivations may relate in part to the varying rates of mental illness, personality disorders, and history of victimization among female offenders. While consideration of the moral implication of differing motivations on legal charges and sanctions is beyond the scope of this paper, information regarding motivation for criminal activity is important information for mental health professionals who aid the criminal justice system by evaluating and treating these offenders.

Gudjonsson and Sigurdsson (2004) found that personality characteristics can influence motivation for criminal behavior. Although the participants were college and university students, the researchers were able to determine a link between personality features and the reason for committing a crime. They evaluated 738 male and female college students who had reported involvement in at least one delinquent act during the previous year. The criminal behaviors included serious traffic violations (i.e., driving under the influence of intoxicants), theft, drug related charges, violence, deception and criminal damage. Most students (73%) reported committing their most serious act in the company of peers. The researchers assessed personality traits and motivation for offending via the administration of six measures, which measured delinquent behaviors

and dispositions, offending motivation, self-esteem, and personality traits. The results of this study indicated that more compliant personality dispositions (i.e. those who need to please others and give in easily to peer pressure) were significantly correlated with students' reports of feeling led or coerced into criminal activity. The college students with more antisocial traits were more likely to commit crimes for reasons of vengeance, financial gain, or for excitement. This study is one of few that addresses the relationship between personality characteristics and types of criminal activity and lends support to the theory that a link exists between personality traits and how people become involved in crime. Those with more excitement seeking traits and/or anger and hostility tended to initiate crime, whereas people with more passive and agreeable qualities become involved due to a desire to please others.

Although not focused on personality per se, Daly (1992) delineated five different paths women follow into criminal activity. Four of the five pathways reflect “gendered offending contexts” in which the offending patterns are based largely on factors unique to the female experience. These various pathways subsume many factors unique to women, especially problematic relationships (e.g., childhood abuse, domestic violence, and exploitative partners) which significantly influence female offending. For example, Daly identifies one pathway into crime as that of *street women* who escaped abusive homes as juveniles and became involved in drugs and prostitution. The second pathway includes *drug-connected women* who used, manufactured, and/or dealt drugs in the context of a relationship with a romantic partner or family member. A third path into crime involves the *harmed and harming women* who have experienced abuse in childhood and reacted violently. *Battered women* constitute a fourth pathway into crime, though the context was

deemed slightly different because the abuse that influenced the criminal behavior occurred in an adult relationship. Finally, the fifth group of women is referred to as *economically motivated* and research has shown that this latter group of women differ considerably from the four gendered pathway groups and are more similar to male offenders.

Wright, Salisbury, and Van Voorhis (2007) focused on both gender-specific and gender-neutral needs to determine which ones might predict institutional misconduct. Similar to the pathways perspective, gender-specific needs have been described as being unique to or more common in the female population. For example, childhood and adult victimization, mental health problems, parental stress, and dysfunctional relationships represent gender-specific needs as these problems generally occur more often in girls and women. Gender-neutral needs describe qualities that generally pertain to both males and females, such as employment and financial problems, anger, and antisocial attitudes. The researchers followed 272 incarcerated women for one year and found that gender-specific needs, especially childhood abuse, depression, anxiety, psychosis, and involvement in unsupportive relationships were highly predictive of institutional misconduct. Several gender-neutral factors, such as antisocial attitudes and financial problems were also found to be slightly related to misconduct by the incarcerated women and the authors cautioned that gender-neutral needs should not be dismissed as unimportant. These results highlight how important it is to assess female offenders in the context of their unique attributes and that risk factors for violence may be different for men and women.

The results of many other studies are consistent with the above, though their terminology is slightly different. Instead of identifying the factors as gender-neutral or

gender-specific needs, the term “criminogenic needs” is often used instead. Criminogenic needs has been defined by Andrews and Bonta (1994) as “the dynamic attributes of an offender that, when changed, are associated with changes in the probability of recidivism” (p. 176). They found that significant overlap in criminogenic needs and risk factors exists for males and females, but also that women-specific criminogenic needs, such as childhood and adult abuse, have been linked to criminal activity. Hollin and Palmer (2006) evaluated the literature and concluded in their review that female-specific criminogenic needs, such as physical abuse, sexual abuse, and mental health problems, influence offending. However, researchers have had difficulty demonstrating how adverse life events interact with each other and impact offending. They emphasized that, although it is not clear how traumatic events interact with other life events, they are potential precursors to the criminogenic risks related to female criminality.

Repeatedly, studies have acknowledged that female offenders have a different constellation of risk factors related to offending. Early victimization and trauma, substance abuse, mental health problems, and negative relationships often lead to depression and low self-concept which can result in drug use, victimization in adulthood, and criminal behavior (Bloom, Owen, & Covington, 2003; McClellan, Farabee, & Crouch, 1997). Research has also found that relationship dynamics can impact female offending. Crick and Grotpeter (1995) explained that violent crimes by females are more often due to reactive and relational factors and result less from instrumental or criminogenic reasons. Uggen and Kruttschnitt (2001) evaluated how women discontinue offending and reestablish themselves into the community after incarceration. They explained that previous research has established that much of the deviant behavior

committed by women (e.g. gang fights, shoplifting, drug charges) is “a direct result of their emotional attachments to pimps, boyfriends, and spouses” (p. 359). Although they were hesitant to form any conclusions, the authors underscored the importance of understanding how gender differences in offending patterns are linked to social relationships.

Other researchers have been more definitive in their theories that females are often influenced by relationship factors when offending. In a study of fraud cases committed by 43 female offenders, the authors noted that 51% committed the criminal activity with a male co-offender and that some of the women in the study reported being coerced or forced into the commission of the crimes by their male partners (Goldstraw, Smith, & Sakurai, 2005). They reported that twice as many women as men had a primary motive of pleasing others and that the circumstances often involved the influence of someone with whom they had an emotional attachment. The authors defined these women as “obsessive protectors” and found that when in positions of trust, these women compromised that trust when faced with the needs and responsibilities of their families. They elaborated that most of the women who committed white-collar crime (i.e., embezzlement) “were more likely to do so due to family needs than to fund high living, unlike their male counterparts” (p.2). Goldstraw et al. found that males were more generally motivated by greed, ambition, and social status.

The studies summarized here suggest important issues related to the motivation of females to engage in criminal activity. Whereas males are more likely to be influenced by financial greed, status, or vengeance to engage in criminal and violent behavior, women are typically motivated by relationship dynamics, abuse histories, family needs, and

mental health problems. However, female offenders are clearly a varied group and it is important to elicit the differences between different kinds of female offenders, the crimes they commit, and the risk factors involved for the different groups.

Risk Assessment with Female Offenders

As more women enter the criminal justice system, mental health professionals are challenged to accurately determine which women are at higher risk of being violent or recidivating during incarceration or upon release. By better understanding the reasons why women offend, clinicians can make more appropriate risk assessment predictions and recommendations. Skeem, Schubert, Stowman, Beeson, Mulvey, et al (2005) found that mental health professionals were less accurate in their risk assessment with female psychiatric patients than with male psychiatric patients. It was noted that these results were consistent with previous research that has evaluated risk assessment accuracy with women. The authors theorized that risk assessment with females has been highly inaccurate due to significant underestimation of women's potential to engage in violence. They hypothesized that this underestimation is likely due to two factors. First, women have an overall lower rate of violence compared to men. Second, violence perpetuated by women occurs primarily in the home, largely unseen by others or reported to the authorities.

A common criticism of risk assessment is the lack of instruments that discriminate between male and female offenders (Funk, 1999). Most risk assessment measures have been normed on male offender populations and do not easily translate to assessment with female offenders, especially in light of research highlighting how female risk factors

often differ from male risk factors. However, over the last decade, more studies have been focused on the use of current risk assessment tools with female criminals. Salekin, Rogers, Ustad, and Sewell (1998) followed 78 female offenders for one-year post release to determine if the Psychopathy Checklist - Revised (PCL-R), the Personality Assessment Inventory (PAI), and inclusion criteria for Antisocial Personality Disorder from the Personality Disorder Examination (PDE) could be used to predict recidivism. They found a moderate relationship between psychopathy (i.e., elevated PCL-R scores) and recidivism rates and suggested that psychopathic women are slightly more at risk to reoffend than nonpsychopathic women. However, the authors noted that differences in symptomatology in females compared to males are likely important in the conceptualization of psychopathy in females and therefore affect the correlation between psychopathy and recidivism. Still, the study found meaningful relationships between psychopathy and Factor 1 of the PCL-R, the Egocentricity scale of the PAI, and the Verbal Aggression subscale of the PAI. The researchers found that the combination of these scales best predicted future recidivism in female offenders.

The Level of Service Inventory-Revised (LSI-R) is a risk assessment measure that has been fairly successful when used to evaluate males. The LSI-R measures various criminogenic factors, such as criminal history, education and employment, finances, alcohol and drug use, and emotional/mental health issues. However, a recent meta-analysis by Holtfreter and Cupp (2007) suggests that the LSI-R does not adequately measure risk of recidivism in females ($r = .08$ to $.29$). They explained that the LSI-R was a better predictor for females with similar offending patterns as males or those females with more extreme offending patterns. The authors noted that the LSI-R is not as

successful in predicting recidivism in women who follow “gendered pathways” into crime. They acknowledged that the LSI-R has predictive validity for “economically motivated women” but lacks the ability to measure recidivism among women who commit crimes for reasons other than financial incentive, such as the “gendered circumstances” identified by previously mentioned researchers. They recommended that future LSI-R studies consider the influence of gender-specific factors and whether or not these variables improve the prediction of recidivism in female offenders.

Another risk assessment measure that lacks accuracy in assessment of female offenders (despite good predictive validity in male offenders) is the Historical, Clinical Risk Management – 20 (HCR-20). A study by de Vogel and de Ruiters (2005) compared the HCR-20 instrument with a sample of 42 female forensic inpatients and 42 male forensic inpatients. Although the HCR-20 demonstrated high predictive validity for violent recidivism and inpatient violence in males, the researchers found that the HCR-20 was less accurate in predicting recidivism in the female population ($r = .57$) than for males ($r = .70$). However, the researchers noted that the final risk judgment score on the HCR-20 had a greater accuracy in predicting violent recidivism in the female forensic inpatients than the overall HCR-20 score. This may be because the historical and clinical factors that aid risk assessment in male offenders are not as relevant to risk assessment with female offenders.

The literature has reliably demonstrated that female offenders are influenced by both gender-neutral as well as gender-specific risk factors, which most risk assessment measures do not evaluate. The multiple and complicated risk factors that influence women’s pathways into crime make prevention difficult, risk assessment inaccurate, and

many current treatment interventions irrelevant. This is likely due to the fact that many of these risk assessment strategies have been constructed and validated on male samples, and then just applied to females, without attention to the gender-specific risk and protective variables. Ideally, as this population is studied in greater depth, empirical evidence will yield better understanding of these women, and professionals will be better equipped to identify high risk individuals and provide appropriate rehabilitative measures for a population that, thus far, has been largely misunderstood and underserved.

The Current Study

Many of the above mentioned studies have linked certain personality characteristics with motivation for criminal behavior. For example, research suggests that people with complacent characteristics are more easily coerced into criminal activity by peers, whereas some people with more thrill seeking characteristics enjoy the “rush” of committing crimes. Researchers have also consistently identified the influence of adult relationship dynamics as a factor unique and central to women’s criminal behavior. Evaluating women involved in crime with males may shed light on what makes these women susceptible to the effects of relationships on offending behaviors. Comparing personality characteristics in women who commit crimes alone versus with a male partner may provide some explanation regarding differences between these two groups of women. Such clarification could potentially allow clinicians to more readily identify women who are vulnerable to gender-specific risk factors, such as the combination of certain personality traits and relationship dynamics.

The purpose of this study is to evaluate the differences in personality features between women who have committed criminal acts alone compared with those who committed crimes with a male partner. The gender-pathways and gender-specific needs theories would suggest that many of the women from both groups have a history of childhood physical abuse, childhood sexual abuse, and/or a domestically violent adult relationship. Most likely, women with male co-offenders would have greater levels of anxiety, more PTSD symptoms, and exhibit fewer dominant traits. Based on the aforementioned research depicting many female offenders with a male counterpart as being coerced or forced into criminal activity, these women could be more passive and distressed. Due to their more submissive characteristics, women with a male partner in crime likely have been pressured or intimidated into criminal behavior. Therefore, it is hypothesized that this group of women will have lower levels of dominance, aggression and egocentricity. On the other hand, solo offenders will likely be less anxious and passive and not as susceptible to the gender-pathways or gender-specific risk factors. It is theorized that solo offenders have more antisocial, narcissistic, aggressive, and dominant features than women with a male partner in crime. Women in this category likely have similar presentations as male offenders, with greater levels of thrill seeking behaviors, entitlement, and disregard for social norms.

The characteristics being measured in this study are scales from the Personality Assessment Inventory (PAI; Morey, 1991). Specifically, the hypotheses are that solo female offenders will have significantly greater scores on scales that measure grandiosity (MAN-G), egocentricity (ANT-E), stimulus seeking (ANT-S), aggression (AGG), and dominance (DOM) scales than women with a male partner. Conversely, the women with

male partners in crime will likely score significantly higher on scales that measure anxiety (ANX), identity problems (BOR-I), and warmth (WRM) than the solo offenders.

METHOD

Participant characteristics

Two study groups were assembled from files of 68 female detainees who were evaluated by a forensic psychologist in private practice in a northwest metropolitan area, between January 1, 2000 and August 31, 2006. Every evaluation was conducted at the request of the detainee's attorney while each woman was a defendant in a criminal case and awaiting either a trial or a sentencing hearing. The purpose of these forensic evaluations was to evaluate the woman's cognitive and personality functioning in order to determine if such information was relevant to the legal proceeding. Every woman evaluated by the psychologist did so at the request of her defense attorney and each evaluation occurred either in an office or institutional setting.

Evaluations that occurred prior to 01/01/00 or later than 08/31/06 were not included. Data from participants under the age of 18 were not used in this study. Women who were not administered the Personality Assessment Inventory (PAI) or had invalid PAI results were also not included. Invalid PAI profiles were those with validity scales above the thresholds recommended by Morey (2003) as follows: INC \geq 73, INF \geq 75, NIM \geq 92, and PIM \geq 68.

In addition, women who committed crimes with a female partner/co-defendant were omitted from this study. There were no other exclusionary criteria. The initial number of collected files totaled 68, however, 16 were not administered the PAI, nine

subjects had invalid PAI scales, and two had female co-defendants, therefore 27 were ineligible for analysis. The resulting total number of female offenders included in the study was 41. The group of women who committed crimes on their own totaled 16 women, and will be referred to as “solo offenders.” The group of women who committed a crime with a male partner or co-defendant numbered 25, and will be called “partnered offenders” throughout this study.

Measures

All of the demographic, historical, and legal information was collected from clinical interview data, such as age, type of offense, and whether or not a male partner was involved in the charged offense. The severity and types of abuse experienced by each subject were also recorded, which included childhood physical and sexual abuse; adult sexual abuse and domestic violence; and childhood neglect, witnessing violence between parents, and/or parental substance use. Information regarding mental health problems was also gathered, including reported mood disorders, anxiety disorders, and substance problems.

Personality Assessment Inventory. In addition to the information obtained from the clinical interview data, eight scales of the Personality Assessment Inventory (PAI; Morey, 1991), a standardized personality measure, were used in this study. The PAI is a 344-item, self-report instrument intended to assess a variety of clinical disorders in individuals in the age range of 18 through adulthood. There are 22 non-overlapping full scales with 11 clinical scales (Somatic Complaints, Anxiety, Anxiety-Related Disorders, Depression, Mania, Paranoia, Schizophrenia, Borderline Features, Antisocial Features,

Alcohol Problems, and Drug Problems) and four validity scales (Inconsistency, Infrequency, Negative Impression, and Positive Impression). In addition, the PAI has five treatment consideration scales (Aggression, Suicidal Ideation, Stress, Nonsupport, and Treatment Rejection) and two interpersonal scales (Dominance and Warmth). The scales used for analysis included all the validity scales, Anxiety (ANX), Mania (MAN-G), Borderline Features (Identity Problems) (BOR-I), Antisocial Features (Egocentricity and Stimulus Seeking) (ANT-E and ANT-S), Aggression (AGG), Dominance (DOM), and Warmth (WRM).

The four validity scales include the Inconsistency (INC) scale, which measures how consistently the person is responding to the items; the Infrequency (INF) scale, which determines if the test-taker is responding carelessly or randomly to the items; the Positive Impression Management (PIM) scale, which captures a respondent's desire to present oneself in an overly favorable light or an overall naiveté about one's internal experience; and the Negative Impression Management (NIM) scale, which was developed to detect both the possibility of malingering and the tendency exaggerate psychological problems and symptoms. The PAI profiles were deemed invalid if one or more of the validity scales were elevated beyond the uninterpretable threshold recommended by Morey (2003). The thresholds used were $INC \geq 73$, $INF \geq 75$, $NIM \geq 92$, and $PIM \geq 68$.

The Anxiety scale (ANX) measures levels of tension and negative affect and includes cognitive, behavioral, and somatic components. The Mania-Grandiosity scale (MAN-G) is a subscale that determines how highly a person thinks of him or herself. Elevated MAN-G scales suggest an overestimation of one's abilities and self-image. The

Identity Problems subscale of the Borderline scale (BOR-I) evaluates an individual's difficulty in establishing a sense of self and the tendency to define oneself in relationship to other people. Two subscales from the Antisocial scale were used: Egocentricity (ANT-E), which captures an overall callousness and lack of empathy in interpersonal interactions, and Stimulus Seeking (ANT-S), the items of which are associated with a penchant for taking risks and looking for new and exciting situations. The Aggression scale (AGG) includes a variety of violent dispositions and behaviors, such as aggressive attitude/hostility, verbal, and/or physical aggressive expression. The Dominance scale (DOM), indicates the degree to which a person desires and attempts to control interpersonal relationships. Finally, the Warmth scale (WRM) measures the level of comfort a person has with attachment relationships.

The reliability of the PAI has been evaluated in numerous studies, which have examined the internal consistency and test-retest reliability of the measure. The internal consistency alphas for the PAI full scales have shown little variability with median alpha ranges between .77 and .86 (Morey, 1996). In addition, test-retest reliability on the 11 scales in subjects over a four-week period ranged between .71 and .86.

Recently, the PAI has been established as an effective assessment tool during the forensic evaluation process. A review of the literature by Morey and Quigley (2002) illustrated the usefulness of the Positive Impression Management (PIM) scale in forensic evaluations, as it had a high rate of identifying fake-good offenders. In addition, the Negative Impression Management (NIM) scale has accurately identified most individuals who attempt to feign severe mental disorders in forensic evaluations. Edens, Cruise, and Buffington-Vollum (2001) summarized the literature and concluded that elevations on

AGG, ANT, and BOR (to a smaller degree) tend to correlate with increased potential for institutional misbehavior in offender populations. However, the researchers cautioned that the correlations obtained were too small to make absolute predictions regarding the likelihood of future misconduct.

Procedure

The women in this study were evaluated in various prison settings, including two local jails and the state correctional facility for women. Several women who were awaiting the sentencing phase of their trial were evaluated in the psychologist's office. These assessments were conducted at the request of each woman's attorney for the purpose of sentencing mitigation. Each person was informed of the confidentiality limitations before the evaluation was conducted. As this study was essentially a chart review, the women were not consented, nor were they compensated, as part of this study.

Each participant eligible for inclusion in the study was assigned a unique identification number to ensure that the data was not individually identifiable. Review of the clinical files captured the following demographic data: age at time of offense and race/ethnicity. The legal information gathered was limited to the crime committed and the absence or presence of a male partner.

Historical and clinically relevant information regarding incidences of trauma and abuse were collected. These variables included physical abuse before the age of 18, sexual abuse/assault before the age of 18, sexual abuse/assault after the age of 18, witnessing parental domestic violence, being in a domestic violence situation, parent substance abuse, and neglect. In addition, three other clinically important historical

areas, witnessing parental domestic violence, parent substance abuse, and neglect were collected. Also, mental health problems diagnosed by the psychologist were recorded, including mood disorders, anxiety disorders, and various substance use disorders.

Finally, the following PAI scale T-scores were collected from the chart of every woman who had completed a PAI profile and were entered into SPSS for analysis: all validity scales, ANX (Anxiety), MAN-G (Grandiosity), BOR-I (Identity Problems), ANT-E (Egocentricity), ANT-S (Stimulus Seeking), AGG (Aggression), DOM (Dominance), and WRM (Warmth).

RESULTS

The data collected was analyzed with SPSS which determined that the groups are homogenous in nature. The demographic data in Table 1 shows the similarities between the groups. The ages of all offenders ranged from 18 to 58 years. The mean age of the solo offender group was 37.13 (SD = 7.39) and mean age of partnered offender group was 36.56 (SD = 11.90). Race was comparable among the groups. In the solo offender group 69% were Caucasian, 12% African American, 6% Hispanic, and 12% were in the Combined race category. In the partnered offender group, 76% were Caucasian, 12% were African American, and 12% were in the Combined race category.

Table 1

Participant Demographics

	Solo Offenders	Partnered Offenders
Age mean (SD)	37.13 (7.39)	36.56 (11.90)
Caucasian	68%	76%
African American	12%	12%
Hispanic	6%	0%
Combined Race	12%	12%
Person crime	31%	12%
Property crime	50%	48%
Drug crime	13%	20%
Other crime	6%	20%

Table 2 lists the prevalence rates of the various abuse and neglect types for both groups. High rates of abuse occurred in the sample of women. In the solo offender group, 75% experienced some form of physical abuse, sexual abuse, or domestic violence and 69% encountered multiple types of abuse. Rates of abuse were similar among the partnered offenders, with 92% exposed to physical abuse, sexual abuse, or domestic violence and 68% subjected to more than one type of abuse.

Table 2

Participant Abuse and Neglect Histories

	Solo Offenders	Partnered Offenders
Physical abuse before 18	56%	28%
Sexual abuse before 18	50%	48%
Sexual abuse/assault after 18	19%	16%
Domestically violent relationship	56%	80%
Witnessing parent domestic violence	44%	40%
Parental substance abuse	56%	60%
Neglect	69%	56%
Total with any type of abuse	75%	92%
Total with multiple types of abuse	69%	68%

In the solo offender group, 56% experienced some form of physical abuse before the age of 18, compared to 28% of the partnered offenders. Sexual abuse that occurred before the age of 18 was reported in 50% of the solo offenders and 48% of the partnered offenders. The incidence of sexual abuse or assault after the age of 18 was markedly less, with 19% in the solo offender group and 16% in the partnered offender group. Reported domestic violence was high for both groups, with 56% of the solo offenders and 80% of the partnered offenders reporting some form of violence in an intimate relationship. Incidence rates for witnessing parental domestic violence were 44% for the solo offenders and 40% for partnered offenders. Prevalence rates for parental substance abuse

were similar between the groups with 56% of the solo offenders and 60% of the partnered offenders reporting problematic drug and alcohol use in their parents. Rates of neglect were reported at 69% in the solo offenders and 56% in the partnered offender group.

Mental health problems were similar among the groups; with 62% having at least one Axis I diagnosis in the solo offender group and 64% in the partnered offender group (see Table 3). Rates of Posttraumatic Stress Disorder were 19% in the solo offender group and 28% in the partnered offender group. The solo offender group had a prevalence rate of 25% for Bipolar Disorder, compared to 16% in the partnered offender group. Major Depressive Disorders were prevalent in both groups, with 31% in the solo offender group and 32% in the partnered offender group. Anxiety disorders, which included Generalized Anxiety Disorder and Anxiety Disorder, Not Otherwise Specified, occurred in 6% of the solo offender group and in 24% of the partnered offender group. Substance abuse diagnoses occurred in 19% of the solo offender group compared to 48% of the partnered offenders. At the time of the evaluation, 31% of the solo offenders and 48% of the partnered offenders met criteria for at least one diagnosis.

Table 3

Participant Mental Health Diagnoses

	Solo Offenders	Partnered Offenders
Posttraumatic Stress Disorder	19%	28%
Bipolar Disorder	25%	16%
Major Depressive Disorder	31%	32%
Anxiety Disorder	6%	24%
Substance Abuse/Dependence	19%	48%
Any Personality Disorder/Traits	56%	72%
Antisocial Personality Disorder/Traits	43%	36%
At least one disorder at time of evaluation	62%	64%
Multiple disorders at time of evaluation	31%	48%

An independent-samples t-test was conducted to compare the PAI scales for solo offenders and partnered offenders (see Table 4). It was expected that solo offenders would have significantly higher scores on MAN-G, ANT-E, and ANT-S than partnered offenders. Although solo offenders scored higher on the MAN-G scale than partnered offenders, the difference was not significant. In addition, no significant differences were found on the ANT-E and ANT-S scales, which were very similar for both groups with less than a two-point difference in means on each scale. On the ANX, BOR-I, and WRM scales, it was predicted that partnered offenders would have significantly higher scores than solo offenders. Although partnered offenders scored higher on the ANX and BOR-I

scales than solo offenders, analysis revealed no significant differences between the groups. Surprisingly, partnered offenders scored lower on the WRM scale than solo offenders, which, though unexpected, was also not significant. Because there were no significant differences between the means on these scales, these six hypotheses were not supported.

However, two hypotheses were supported with the analysis. It was anticipated that solo offenders would score significantly higher than partnered offenders on the AGG scale and the DOM scale. Indeed, statistically significant differences were found between groups on the AGG and DOM scales (Table 4). The solo offender group ($M = 54.56$, $SD = 8.17$) had significantly higher scores on the AGG scale than the partnered offender group [$(M = 46.36$, $SD = 13.24)$, $t(39) = 2.22$, $p = .03$]. On the DOM scale, the solo offender group ($M = 52.75$, $SD = 13.17$) also obtained significantly greater scores than the partnered offender group [$(M = 40.00$, $SD = 14.21)$, $t(39) = 2.88$, $p = .01$]. The magnitude of the differences on both the AGG and DOM scales were sizable (eta squared = .12 and .20, respectively).

Table 4

PAI Scale Comparisons Between Solo and Partnered Offenders

Scale	Mean of Solo Offenders (N = 16)	Mean of Partnered Offenders (N = 25)	T	p
ANX (Anxiety)	57.50	65.40	-1.71	.08
MAN-G (Grandiosity)	46.50	40.72	1.78	.08
BOR-I (Identity Problems)	59.75	64.28	-1.17	.25
ANT-E (Egocentricity)	46.50	48.16	-0.63	.53
ANT-S (Stimulus Seeking)	53.13	52.88	-0.06	.95
AGG (Aggression)	54.56	46.36	2.22	.03*
DOM (Dominance)	52.75	40.00	2.88	.01**
WRM (Warmth)	48.56	42.16	1.79	.08

*p < .05. **p < .01.

DISCUSSION

Review of Findings

The results suggest that the groups are more similar than different. Although analysis of differences in rates of abuse and mental health disorders was outside the scope of this study, it is interesting to note that prevalence rates were high in both groups. The high occurrence of childhood and adult abuse in female offenders in this study is consistent with other research. Also consistent with previously mentioned research was the frequency of mental health problems found in these women, which was high in both groups.

The groups were also quite similar in regard to elevations on the PAI scales. No significant differences were found on six of the eight scales analyzed. Although differences between groups are interesting and lead to various interpretations, a lack of differences between groups brings cause for speculation. Why were the two samples similar on scales that measured anxiety (ANX), grandiosity (MAN-G), identity problems (BOR-I), egocentricity (ANT-E), stimulus seeking (ANT-S), and warmth (WRM)? The results indicate that female offenders have similar (and seemingly complicated) reasons for offending and that the solo offenders in this sample do not have the classic antisocial disposition present in many male offenders.

It was expected that partnered offenders would have higher ANX scales than solo offenders, which did not occur. Instead, both groups had mean scale scores close to the

clinical range. The similarity in anxiety levels might be partially due to the fact that these women were evaluated during a stressful time, often before an important hearing.

However, this similarity could also reflect real, comparable levels of distress for both groups whether due to abuse, financial strains, substance problems, or a combination of factors.

The hypotheses that solo offenders would have higher scores on MAN-G, ANT-E, and ANT-S than partnered offenders were not supported and means for these scales were well below clinical relevance for both groups. In the solo offender group, the low grandiosity, egocentricity, and stimulus seeking scales probably indicate that the motivations for committing crimes were not due to thrill seeking or entitled characteristics, which was contrary to the expectations. These scores might more accurately represent the other motivations that the solo offenders had for committing the crimes, for instance to protect oneself, defend a loved one, or as an act of retribution as opposed to an overall antisocial or narcissistic character.

No significant differences were found on the BOR-I scale, which suggests that the two groups have similar amounts of concern regarding a sense of self. Like the ANX scale, both groups had means near the clinical range. Due to the abuse histories reported by both groups of women, the lack of difference on this scale is not surprising. Research has repeatedly demonstrated how childhood abuse affects the development of self. The extensive abuse histories reported by these women would undoubtedly cause most of them difficulty developing a strong sense of self identity and likely contribute to similar scale scores.

On the WRM scale, it was expected that solo offenders would have significantly lower scores than the partnered offenders. Although scores for solo offenders were slightly lower than scores for the partnered offenders, no significant difference existed between the groups. In addition, the mean scores on this scale were within normal limits for both groups. This similarity suggests that the groups experience comparable levels of trusting others and developing attachments to people. Given that most scores were not clinically elevated, one cannot make the assumption that these offenders experienced more concern about developing relationships with other people than individuals in the general population.

The results supported the hypotheses that solo offenders have higher levels of aggression (AGG) and dominant features (DOM) than their partnered counterparts. These differences bring about cause for consideration, especially when the two groups were so similar on all other scales. Interestingly, these two scales capture overlapping qualities regarding the nature of interpersonal interactions. Elevations on the aggression (AGG) scale suggest a propensity toward expressions of anger and hostility and elevations on the dominance (DOM) scale indicate domineering and controlling interpersonal characteristics. Also, higher rates of dominance and aggression in the solo offenders might indicate a more “take charge” attitude or a more assertive (albeit, detrimental) problem-solving approach than the partnered offenders who may submit in interpersonal situations. It may be that solo offenders are more apt to commit a crime out of desire to fix a problem (e.g. financial difficulties, obtain drugs, resolve relationship problems), whereas partnered offenders might be more likely to commit a criminal act due to coercion by, or fear of their partners.

In light of the previously mentioned research regarding the influence of males on female offending, it is important to note how often abusive relationships directly related to criminal behavior in the partnered offenders. Through reviewing the narrative reports, many women recounted horrific instances of partner-induced abuse that directly related to their criminal activity. Many reported being physically abused if they did not comply with their partners' demands, which often included committing various crimes such as fraud, theft and robbery. In light of the reported (and corroborated) stories of abuse, there is no question that the influence of an abusive relationship directly contributed to the crimes committed by many women in this study.

The insidious nature of relationship dynamics were also apparent in many of the solo offenders who were either directly or indirectly influenced by a close relationship with a male. Several women were charged with various assault-related crimes due to miscellaneous reasons. One was defending herself from a male partner, another was protecting a male relative, and one woman was fighting with another woman over a boyfriend. Another woman embezzled money from her company to keep her boyfriend happier and less verbally abusive. The confounding effects of these interpersonal relationships may explain why the two groups were similar in unanticipated ways. Another relational factor consistent with the other research findings is that most violence committed by women in this study (solo and partnered offenders) often occurred against people with whom they had an established relationship.

Implications of findings

When conceptualizing these differences within a risk assessment context, it is reasonable to consider relationship issues and their possible influence in future offending

behaviors. However, it is not merely the presence of a problematic relationship but more importantly the *type* of relationship that deserves meaningful consideration. In female offenders more susceptible to coercion or abuse, a risk factor might be a relationship with an exploitative male. In female offenders who are more dominant, the risk for re-offending might more appropriately be linked to the protective or enabling dynamics within certain relationships. Clearly, these risk factors would need to be evaluated in a contextualized format. The sentencing implications in evaluations for mitigation are considerable when placing the criminal behaviors into a relational construct. The case of a female offender who committed a crime due to fear of being beaten or killed by her abusive partner likely has different risk implications than one where the female offender was getting even with the lover of an ex-boyfriend.

Despite these differences in interpersonal functioning, treatment that focused on relationship dynamics would likely benefit each group, especially considering the earlier mentioned research that noted the success of family interventions. Although women in violent relationships have some different treatment needs, such as domestic violence interventions, both groups would probably gain from similar treatment focused on developing healthy relationships. Treatment geared toward improving assertiveness skills, setting appropriate boundaries with loved ones, and communicating effectively would translate across many types of relationship dynamics.

The results suggest that solo offenders are not cold, unemotional, self-absorbed, thrill-seeking psychopaths which might be an assumption based on their solo offending. Instead, many other factors, such as a history of abuse and neglect, mental illness, complex relational dynamics, and substance abuse appear to impact the motivation for

offending. The absence of antisocial and narcissistic characteristics has a positive implication for rehabilitation, as it is likely indicates greater amenability to treatment.

Limitations

One major limitation of this study was the small sample size. With only 16 solo offenders and 25 partnered offenders in the study, the results are not easily generalized to larger offender populations. In addition, a selection bias was inherent in the sample. These women were referred by defense attorneys because of possible mitigating factors. It is likely that women for whom attorneys did not believe such a recommendation was warranted may differ in significant ways than this sample. Also, although some of the evaluations occurred shortly after the offense was committed, many of the evaluations took place long after the criminal activity. In some cases the proximity of the crime and legal matters may have affected the scale scores and did not accurately represent the participant's emotional state at the time of the criminal behaviors. Unfortunately, the influence of drug use in commission of the crime was not evaluated, which might have bigger impact on criminal activity than other factors measured in the study.

From reading the narratives of the psycholegal evaluations, it is clear that many of the above solo offenders had indirect influences of males in criminal behaviors. In other words, none of the solo offenders existed in a vacuum and many of them were involved in intimate relationships, even though they were not directly linked to their partners through their criminal charges. Therefore, they were not a "clean" group of solo offenders, which may have affected the scales linked to antisocial and/or narcissistic dispositions. Many of their crimes were not performed to meet self-serving goals (which

would likely be reflected by higher scores on scales that measure antisocial and egocentric characteristics). Instead, many of these women were putting themselves at risk (via criminal activity) to appease, protect or provide for others.

Future Directions

The limitations highlighted some challenges in this sample of women, namely the possibility that relationship dynamics can indirectly impact offending. A group of solo offenders with no connection to males (in regard to their criminal offense) compared to partnered offenders might generate significant differences on many of the other scales analyzed. Also, research comparing recidivism rates between these two groups could potentially aid risk assessment evaluations.

It would be interesting to study other factors that may have been related to the differences in levels of aggression and dominance. For instance, the role of neglect during childhood may be a significant reason why solo offenders were significantly more aggressive and dominant than the partnered offenders. More neglected children may have had to learn to fend for themselves to get basic needs met, essentially becoming problem solvers at a young age. Although the analysis was not focused on the differences between the groups regarding neglect, another study to determine the link between neglect and dominance/aggression might be informative.

Even though the number was too small to analyze in this study, several of the PAI profiles were invalid due to elevated Negative Impression Management (NIM) and Positive Impression Management (PIM) scores. A study focused on whether or not a correlation existed between the type of offender and the type of invalid PAI profile could

prove beneficial. For instance, are solo offenders more likely to have an invalid profile due to elevated PIM scores? Certainly, it would not be unrealistic to expect that this group would tend to present themselves in a more positive light. In contrast, would partnered offenders be more likely to have elevated NIM scores as they represent their anxiety and depression in a “cry for help” profile? Examining the response styles of these two groups could inform risk assessment and treatment recommendations.

Research focused on identifying those at risk of being coerced into crime could be important. Identifying *how* the relationship with the male is coercive could also help with regard to prevention and treatment in these women. For instance, is the female coerced into crime due to the fear of being physically and emotionally abused? Is the coercion a result of the fear of losing the relationship? In some cases, is the female trying to impress or appease her male partner? Perhaps the presence of a criminally active partner acts as a destabilizing variable and encourages any propensities towards criminal behavior the woman might have. It is likely that all of these factors play a part in the relational aspect of offending, but more in-depth research could prove to delineate motivations and their relationship to types of crimes.

Also, given the seemingly significant impact of relationships on offending in females, it might be fruitful to study the influence of female relationships on each other in an offending context. In the current study, there were four women with female counterparts. Two were part of an all-female run fraud/identity theft ring. More understanding of the interpersonal dynamics between these females groups and how the dynamics affect motivation for offending could be useful. For instance, are these relationships coercive in the same way that many male-female offending relationships

are? Or are the female-female offending relationships more collaborative? Most likely there a combination of both types of relationships within the female-female offending dynamic, however, without research, one cannot make such an assumption. Given the increase in female gang activity, it might be helpful to better understand these types of offenders and potential prevention and treatment interventions.

Clearly women offenders are a heterogeneous group that we are only beginning to understand. Answers to the above questions, and countless others, could provide mental health professionals with more insight into why women become involved in crime. This knowledge could help professionals more easily identify those who are at higher risk of engaging in criminal activity and how to best prevent such behavior. Finally greater awareness about female offenders and their myriad reasons for offending will hopefully allow professionals to develop more appropriate treatment interventions for this vulnerable population.

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