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# Psychopathy and Adolescent Females: Does Gender Alter the Relation Between Childhood Trauma and PCL:YV Scores?

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Psychopathy and Adolescent Females: Does Gender Alter the Relation Between

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Thesis submitted in partial fulfillment of the requirements for the degree

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Abstract

A growing rate of violence among adolescent females has led to an increased interest in gender differences associated with the assessment and development of psychopathy. This study utilized a sample of 100 youthful offenders, to examine the role of gender in the relation between various forms of childhood trauma and scores on the Psychopathy Checklist: Youth Version (PCL:YV). Correlations were found between certain forms of childhood abuse and elevated PCL:YV scores. Furthermore, gender appeared to alter the predictive power of proposed developmental risk factors commonly associated with psychopathy. The findings indicate possible discrepancies in developmental risk factors between genders. Implications for guiding intervention and treatment strategies are discussed.

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Dedication

I would like to dedicate this thesis to my family and loved ones.  Particularly my mother,

Dr. Evelyn Barese who has been a continuing source of inspiration throughout my life.

Her integrity and unwavering dedication to the pursuit of knowledge and intellectual-

growth continue to amaze me.  Most important, she has taught me never to compromise

my beliefs and values but also to maintain an open mind.  Without her unconditional love

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psyche and the importance of being genuine.  I truly admire him as an educator and

clinician.

Psychopathy and Adolescent Females: Does Gender Alter the Relation Between

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The psychopath, according to Cleckley, is characterized by a lack of:

responsibility, honesty, sincerity, guilt or shame, capacity for deep attachment, and

insight into his condition (1976).  In addition, the psychopath is egotistical and appears

unable to learn from his past transgressions.  Although, psychopathy is not included in

the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision

(DSM-IV TR) it is nevertheless recognized as a legitimate personality disorder within the

field of psychology (Hemphill & Hart, 2003).  First identified by Philip Pinel in 1801, as

an emotional pathology, this conceptual disorder has since been studied by social and

medical scientists under a variety of names for over two centuries.  Yet, it was not until

1915 that Emil Kraepelin coined the term "psychopathic personality", in reference to a

group of criminals seeming to lack a sense of morals (Lykken, 1996).  Cleckley later

defined psychopathic individuals as, "hotheaded; cold-hearted; impulsive; irresponsible;

selfish; emotionally shallow; manipulative; and lacking in empathy, anxiety, and

remorse" (Lynam, 1999).  In *The Mask of Sanity*, Cleckley eloquently illustrates the

psychopath's lack of emotional intelligence, stating "Beauty and ugliness, except in a

very superficial sense, goodness, evil, love, horror, and humor have no actual meaning,

no power to move him" (1976, p. 40).

Perhaps the psychopathic personality has captured the interest of so many

scientists due to the relative rarity of the disorder and the severity of its impact on

society.  Despite higher rates within the prison population (15-25%), base rates for

psychopathy are generally very low (Hare, 2003).  In fact, less than one percent of the

general adult population would meet the diagnostic criteria for psychopathy (Hare).

Though small, this group of individuals is believed to be responsible for a

disproportionally large amount of crime and resulting monetary loss to society (Hare,

McPherson, & Forth, 1988; Hart, Kropp, & Hare, 1988; Moffitt, 1993).  Psychopathic

individuals are at an increased risk of reoffending and doing so: more quickly, more

often, and more violently than non-psychopathic offenders (Salekin, Rogers, & Sewell,

1996).  In a comprehensive study by David Anderson (1999) the annual burden of crime

in the United States was estimated in excess of one trillion dollars.  If, as the literature

suggests, psychopathic individuals do in fact commit more crimes, of a greater variety

and over a longer span of time (Forth & Burke, 1998) then it can be inferred that they

create a disproportionately large financial strain on tax payers and society in general.

Accordingly, the ability to identify adolescents who might be at increased risk of

developing psychopathic personalities would be invaluable.  In general adolescents are

more likely to engage in criminal behaviors than are adults.  Rather than being

pathological, in certain settings "antisocial" behaviors might be considered normative

among adolescent groups (Vincent & Grisso, 2005).  Therefore, it is not "adolescent-

limited" offenders, those who exhibit late onset antisocial behavior over a brief period of

time, but rather the "life-course-persistent" offenders, those who have exhibited antisocial

behaviors from very early on and seem unable to desist, that are most closely linked to

psychopathy and of the greatest concern to society (Moffitt, 1993).

Identification of specific childhood risk factors associated with the development

of psychopathic or life-course-persistent antisocial adult personalities are crucial

preliminary steps in the advancement of effective screening and intervention strategies

(Forth & Mailloux, 2000).  Detection of empirically supported risk factors will assist in the recognition of youths at elevated risk of developing personalities conducive to criminal and antisocial lifestyles.  The accurate identification of these youths will facilitate the more efficient and effective implementation of intervention strategies (Forth & Mailloux; Frick, 2001; 2004).  Thus, the continued study of at-risk youth and possible etiological factors associated with psychopathy are ethically and financially viable pursuits.  Although the importance of such research has not gone unnoticed within the field of psychology it has, until fairly recently, focused primarily on male adolescent offenders.

*Current Trends in Female Offending*

Over the last couple of decades, the United States Department of Justice has reported a significant increase in the arrest and imprisonment rates of adult and adolescent females.  According to a survey by Snell and Morton (1991), female arrest rates increased by 24% and the number of females incarcerated increased by 75% between 1986 and 1991.  Yet, during this five year span male arrest rates only increased by 13% and male imprisonment rates increased by 53%.  Interestingly, the 1998 per capita arrest rate among juvenile females was nearly twice that of adult females (Greenfeld & Snell, 2000).  As of 2006 the number of female prisoners under state or federal jurisdiction was 112,498, a 33% increase from 1998 (Greenfeld & Snell; Sabol, Couture, & Harrison, 2007).  What's more, the percentage of the prison population accounted for by females has risen from 4.7% in 1986 to 7% in 2006 (Sabol et al.; Snell & Morton).  Despite the growing rate of female involvement within the legal system, the majority of psychopathy literature has relied heavily on samples of male offenders

(Odgers & Moretti, 2002; Warren et al., 2003).  This lack of literature, specific to female offending, has left social scientists to rely heavily on findings obtained from male samples in guiding clinical judgments and treatment strategies.

*Assessment of Psychopathy among Adolescents*

The growing rate of violence among females and subsequent involvement in the legal system combined with the recent downward application of the psychopathy construct has led to an increased interest in the valid assessment of psychopathy among adolescent females (Odgers & Moretti, 2002; Odgers, Reppucci, & Moretti, 2005). Historically the assessment of psychopathy in adolescents and children has relied primarily on modified forms of adult assessment tools (Forth et al., 2003). Unfortunately, these tools relied mostly on Factor 2 (Socially Deviant Lifestyle) traits, or overt antisocial behaviors (Forth et al.).  More recently, formal assessment tools have been developed with the primary goal of assessing psychopathy among children and adolescents (Frick & Hare, 2001; Hare & Hervé, 1999; Lilienfeld & Widows, 2005; Lynam, 1997).  In response to growing research demands and the inadequacies of available assessment tools, modified versions of the Psychopathy Checklist Revised (PCL-R; Hare, 1991; 2003) began to be utilized by researchers.  This led to the development and publication of the Psychopathy Checklist: Youth Version (PCL: YV; Forth, Kosson, & Hare, 2003), as a research tool for assessing psychopathy during adolescents.  The majority of research pertaining to adolescent females has relied largely on the PCL-R, and the PCL:YV.  The validity of these tools in the prediction of future offending and violence has been supported through a growing number of studies

(Corrado, Vincent, Hart, & Cohen, 2004; Forth & Burke, 1998; Gretton, Hare, &

Catchpole, 2004; Guy, Edens, Anthony, & Douglas, 2005).

Collectively, the literature supports at least three general hypotheses, of particular

relevance to the current study: adult psychopathic females differ significantly from males

in prevalence, factor structure, and comorbid diagnosis; childhood trauma in the forms of

abuse and unstable environment have been positively correlated with total PCL scores,

and at least two subtypes of psychopathy exist.  These hypotheses and their implications

will be discussed in further detail later.

*Precautions*

Since its introduction the PCL:YV has been used extensively to research

adolescent psychopathy in relation to youth violence and recidivism.  The motivating

force behind these studies is the hope of early intervention and prevention of adult

psychopathy.  However, the stigma attached to the label of psychopathy has caused much

trepidation within the field of psychology as well as the juvenile courts (Forth et al.,

2003).  More important, there is still a great deal of research needed to address the

relation between gender and PCL:YV scores (Odgers, Reppucci et al., 2005).

It is important to note that under no circumstance should psychopathy be

considered a disorder diagnosable during childhood or adolescence.  Rather, psychopathy

is a personality disorder, and by definition must reflect a stable pattern of behavior that is

present over a significant portion of an individual's life (American Psychiatric

Association, 2000; Zaitchik & Barese, 2008).  The identification and examination of

adolescents that share behaviors similar to those of adult psychopaths should be aimed at

gaining insight into possible developmental processes and in no way as an attempt to

diagnose or label adolescents as psychopathic.  Regardless of ethical and theoretical

concerns, no tool currently exists capable of the reliable and therefore valid assessment of

future psychopathy among adolescents.

The little longitudinal research that has been done does not provide overwhelming

support for the global stability of psychopathic traits from adolescents into adulthood

(Frick, Kimonis, Dandreaux, & Farell, 2003).  For instance, a longitudinal study

comparing assessments of psychopathy at age 13 with follow up assessments of the same

group at age 24 found only moderate correlations between childhood and adult total

scores ($r^2 = .31$) (Lynam, Caspi, Moffitt, Loeber, & Stouthamer-Loeber, 2007).  This

study illustrates the limitations of attempting to assess psychopathy during childhood and

early adolescents.  To label a child psychopathic at age thirteen would be unwise and

unethical, given that roughly 70% of children appearing psychopathic at age 13 would

not meet the criteria for diagnosis, a decade later, at age 24.  The tools currently available

for the assessment of psychopathy in adolescents continue to lack the predictive validity

necessary to outweigh the risk of a false-positive diagnosis.  Thus, it would be unethical

and unfounded to extend the assessment of psychopathy among adolescents beyond the

realm of empirical research (see Frick, 2002; Hart, Watt, & Vincent, 2002; Lynam, 2002;

Seagrave & Grisso, 2002; Skeem & Cauffman, 2003).

*Gender Differences*

The literature supports gender differences in: factor structure of the PCL-R and

PCL:YV, prevalence of psychopathy and associated concurrent comorbid diagnosis for

both adult and adolescent samples (Forouzan & Cooke, 2005; Nicholls, Ogloff, Brink, &

Spidel, 2005; Strand & Belfrage, 2005).  These differences suggest that the construct of

psychopathy, largely developed using male samples, may differ between genders in: etiology, expression, and prognosis (Odgers, Moretti, & Reppucci, 2005).  If females who score high on the PCL display unique factor loadings this might suggest membership in a distinct subgroup of psychopathy or the presence of an unidentified, confounding personality disorder.

Differences in the prevalence of psychopathy between genders have been found in a large number of studies using different versions of the Psychopathy Checklist (Grann, 2000; Vitale & Newman, 2001).  According to Nicholls and Petrila, base rates of adult psychopathy in female offender samples range between 7.5 and 23% compared to 15 and 30% in male offender samples (2005).  However, precise differences in base rate are difficult to assess due to a lack of standardized cut off scores for female samples between studies.  A number of researchers have used lower cut off scores, such as 25, when assessing psychopathy among females in an attempt to compensate for lower prevalence rates and mean total scores (Forouzan & Cooke, 2005; Vitale & Newman).  Unfortunately, these procedural modifications contribute to the difficulty in interpretation of findings and the ambiguity surrounding differences in prevalence between genders.

Generally, female subjects obtain lower total scores on the PCL-R in comparison to males (Forth, Brown, Hart, & Hare, 1996; Grann, 2000; Vitale, Smith, Brinkley, & Newman, 2002).  For instance, using the suggested cut off score of 18 on the PCL:SV, Strand and Belfrage (2005) found total prevalence rates of 16% among adult female offenders and 25% among adult male offenders.  Similarly, in a study of 103 adult female offenders only 16% scored above the cutoff score of 29 on the PCL-R (Salekin, Rogers,

& Sewell, 1997).  This lower prevalence rate among females has likely contributed to an overrepresentation of males in the psychopathy literature (Schrum & Salekin, 2006).

In addition to differences in prevalence between genders, research implies that females exhibit PCL-R factor structures distinct from those of males (Grann, 2000; Jackson, Rogers, Neumann, & Lambert, 2002).  Forouzan and Cooke state, "A core requirement of gender equivalence is that the factor structures should be equivalent" (2005, pp.769).  Yet research, using the 2 factor model, has found males to consistently load higher on Factor 2 (Socially Deviant Lifestyle) of the PCL-R than do females with similar total scores (Schrum & Salekin, 2006).  Furthermore, some of the literature has failed to support the validity of the two factor model among female samples.  As a result the majority of recent psychopathy studies utilizing female samples have relied on the three or four factor models (Strand & Belfrage, 2005).  These findings bring in to question the construct validity of psychopathy among females.

Similar to the discrepancies in factor structure a few studies have examined the convergent validity of psychopathy between genders in the prevalence of concurrent comorbid psychological disorders among psychopaths (Odgers et al. 2007; Vitale et al., 2002; Warren et al., 2003).  These studies examine gender differences between psychopaths on types and rates of personality disorder.  If psychopathy is essentially the same between genders, one would expect to find similar constellations of comorbid diagnoses between genders.  Differences in comorbid personality disorders are to be expected when taking in to account factor structure, and item response differences between genders (Strand & Belfrage, 2005).

*Childhood Risk Factors*

The literature has identified a number of social or environmental factors positively correlated with PCL-R, PCL:YV scores, and psychopathy in general. As early as the 1950s and 60s sociologists and psychologists have expressed an interest in the parent-child relationships of sociopathic or psychopathic individuals. Early on, Hare (1970) described how studies utilizing semantic differential procedures implied that psychopathic or sociopathic adults evaluated their parents more negatively than other subjects. He explained how inconsistent or postponed discipline might facilitate the development of psychopathic personalities in individuals with higher physiological thresholds of anticipatory anxiety. Further, he theorized that separation from primary caregivers was related to the development of psychopathy. However, at that time "psychopathy" as a personality disorder had not been clearly operationalized and as a result lacked construct validity and therefore reliability of assessment. Consequently, many studies relied on self-report measures such as the Maudsley Personality Inventory (MPI) or the Psychopathic Deviate (Pd) scale from the Minnesota Multiphasic Personality Inventory (MMPI; Hare, 1970).

Almost three decades later, in a review of the literature surrounding early childhood trauma and family background as they relate to PCL:YV scores, Forth and Burke (1998) provide support for findings supportive of Hare's theory. Poor discipline, poor school experience, and parental rejection were found to be significant predictors of PCL-R total scores, with inconsistent parenting found to be the strongest predictor of Factor 1 (Interpersonal\Affective) scores. Notably, lack of parental supervision and parental rejection were the two variables most strongly linked to psychopathy throughout all of the studies (Forth & Burke). In an unpublished study by Burke and Forth (1996),

the authors created a global scale of family background variables in order to assess the combined influence on PCL:YV scores.  Their findings indicate that negative family experiences are associated with increased total, Factor 1 (interpersonal + affective), and Factor 2 (behavioral + antisocial) scores on the PCL:YV.  However, these findings were not significant among young offenders (in Forth & Burke; see also Forth & Mailloux, 2000).

More recently, Lynam and Gudonis (2005) offered an overview of theoretical models of development designed to explain these correlations.  One such theory implicates childhood abuse and disrupted early attachments as key risk factors associated with the development of psychopathy (Saltaris, 2002).  For example, foster care placement, a form of disrupted attachment, and history of physical abuse have been positively correlated with PCL:YV scores (Campbell, Porter, & Santor, 2004).  Additionally, both childhood physical and sexual abuse have been linked to high total PCL-R scores (Marshall & Cooke, 1995; Verona, Hicks, & Patrick, 2005; Weiler & Widom, 1996).  Although statistically significant, these risk factors are generally weak predictors of psychopathy, typically accounting for only a small amount of variance in total scores (Poythress, Skeem, & Lilienfeld, 2006).  When interpreting these findings it is important to consider the likely covariance between childhood abuse and disruptions of attachment and living situations.

The literature linking childhood trauma to criminal behavior and lifestyles is seemingly corroborated by the crime statistics offered by the Bureau of Justice.  For example, in 1991, 42% of female and 43% of male inmates reported having been raised by a single parent.  In addition 17% of both male and female inmates reported ever living

in a foster home, agency, or institution while growing up (Snell & Morton, 1991).

Despite similarities between genders in reported disruptions of family structure, gender

differences do appear to exist in reported levels of physical and sexual abuse. The

percentages of female offenders and male offenders who reported ever being physically

or sexually abused were 43% and 12%, respectively. Thirty two percent of females

compared to 11% of males reported being abused prior to age 18. Females reported

relatively equal instances of physical and sexual abuse, about 32% whereas males

reported twice the amount of physical abuse (10%) as sexual abuse (5%). Interestingly,

female offenders who were the victims of abuse were more likely than non-abused

female offenders to be in prison for a violent offense (42% v. 25%) and less likely to be

serving a sentence for either a drug offense (25% v. 38%) or a property offense (25% v.

31%). Of all violent female offenders those who had experienced abuse were

significantly more likely to be sentenced for homicide (Snell & Morton). This

information is relevant to the study, in that psychopathy has been empirically linked to

increased rates of violent crime.

In general the findings suggest the existence of multiple developmental pathways

to becoming a psychopathic adult (Forth & Burke, 1998). These pathways are likely

guided by a combination of both environmental and biological factors. It is important to

note, all of these studies have relied on retrospective reports of childhood trauma. Thus,

caution must be taken when making inferences as to causation.

*Psychopathy Subtypes*

In 1948 Karpman separated psychopathy into two subgroups, "primary

psychopathy" and "secondary psychopathy". Primary psychopathy involved personality

traits such as, "callousness, manipulativeness, glibness, and lack of anxiety and remorse" (Lynam, 1999).  Secondary psychopathy dealt with the stress-related antisocial patterns of behavior of psychopaths (Lynam).  It was not until 1991 that Hare operationalized these two subcategories, renaming them "Factor 1" and "Factor 2".  Factor 1 was defined as "a personality style associated with (the) callous; remorseless exploitation of others"; Whereas Factor 2 involved "an impulsive, unstable, antisocial lifestyle" (Kosson & Kelly, 1997).  This new distinction maintained the underlying differences originally proposed by Karpman.

The existence of psychopathic subtypes have been revealed using a number of personality tests to assess the concurrent validity of the PCL-R and PCL:YV and  identify within group heterogeneity using cluster analysis (Falkenbach, Poythress, & Creevy, 2008; Murphy & Vess, 2003; Vassileva, Kosson, Abramowitz, & Conrod, 2005; Vincent, Vitacco, Grisso, & Corrado, 2003).  Subtypes have been developed not only to explain apparent behavioral differences between psychopaths but also as a bases for proposing unique etiological models and differentiating risk of recidivism (Poythress et al., 2006). The two subtypes of psychopathy known as: primary or emotionally stable psychopathy and secondary or aggressive psychopathy, have been supported using model-based cluster analysis of PCL-R and Multidimensional Personality Questionnaire in brief form (MPQ-BF) scores.  Primary psychopathy has been characterized by low stress reaction, and increased level of control or planning; whereas, secondary psychopathy has been characterized by aggressive behavior and high stress reaction (Hicks, Markon, Newman, Patrick, & Krueger, 2004).  The overly emotional and impulsive secondary psychopath doesn't fit Hervey Cleckley's (1976) classic conceptualization of psychopathy.

Conversely, the research suggests that secondary psychopaths comprise the majority of adult males diagnosed with psychopathy (Hicks et al.).

Despite a paucity of research on subtype prevalence among adolescent females, findings pertaining to factor structure indicate that female factor loading on the PCL-R is more similar to that of males within the primary psychopathy group (Hicks et al., 2004; Jackson et al., 2002).  Thus, a possible discrepancy in subtype prevalence between genders might account for gender base rate differences among adult psychopaths. Furthermore, subtypes may present distinct etiologies and thereby mediate the developmental pathway and degree to which early environmental factors are predictive of future PCL-R and PCL:YV scores.  The reliable and valid assessment of gender-specific risk factors associated with the development of psychopathy is crucial to creating effective early intervention and prevention strategies for at-risk youth.

Hypotheses:

1.      The following forms of childhood abuse will be correlated with high PCL:YV scores: physical abuse, sexual abuse, emotional abuse, and neglect.

2.      PCL:YV scores will be positively correlated with number of previous living arrangements.

3.      PCL:YV scores will be negatively correlated with age at first interruption of family structure.

4.      Positive parental support or nurturance and parental control or accountability will be negatively correlated with PCL:YV total scores

5.     PCL:YV factor loading, for the two factor model, will differ between genders. Females will obtain higher Factor 1 scores and lower Factor 2 scores in comparison to males.

6.     Early childhood abuse, unstable living arrangement, and early interruption of family structure will predict PCL:YV scores.

7.     Gender will alter the degree to which early childhood abuse, unstable living arrangement, and early interruption of family structure are predictive of PCL:YV scores.

## Method

*Subjects*

This study utilized a sample of 100 youthful offenders, consisting of 50 females and 50 males, ranging in age from 13 to19 years old (M = 16 years: SD = 1.2).  All subjects were committed to a state juvenile justice agency in the northeastern United States.  The mean age of subjects did not differ significantly between genders (females M = 15.8: SD = 1.2; males M = 16.3: SD = 1.2).  It is important to note the mode for males was 17 years old, comprising 52% of the entire male sample.  Approximately one half of the sample was Caucasian (49%) and one quarter African American (26%).  The remaining subjects consisted of 18% Hispanic, 4% biracial, and 3% Asian.  There were no significant differences in the distribution of race between gender groups (Table 1).

All of the subjects were evaluated by the Forensic Evaluation Service of the Bedford Policy Institute between the years of 1996 and 2003.  Upon a request from the Massachusetts Department of Youth Services, the Bedford Policy Institute developed, implemented, and operated an evaluation service designed to assess risk and treatment needs of juvenile offenders.  The Forensic Evaluation Service began in 1996 and by

2003, had completed approximately 2,800 evaluations compiling an extensive computer

database of juvenile records.  All evaluations were conducted by doctoral-level

psychologists, licensed in Massachusetts, and possessing the added credential of

Designated Forensic Psychologist (DFP) by the Massachusetts Department of Mental

Health.  Subjects were randomly selected from the database by a Bedford Policy Institute

employee, blind to the hypotheses of the current study.  All forensic evaluation reports

included in the sample had the subjects' names and other identifiers redacted and

replaced with an identifying number.  Thus, the identities of participating offenders were

kept strictly confidential.  Data about each youthful offender was collected solely from

case files and forensic mental health reports.  There were no attempts to contact subjects.

The study strictly followed American Psychological Association ethical guidelines as

well as relevant policies set forth by the Massachusetts Department of Youth Services

Institutional Review Board and the Roger Williams University Human Subject Review

Board.

*Materials*

<div align="center">

*The Psychopathy Checklist: Youth Version (PCL:YV).*

</div>

The youth version of the PCL maintains essentially the same 20 items of the PCL-

R (Appendix A).  However, the items have been modified to fit the experiences and

social expectations unique to adolescents.  For instance items pertaining to: marital

relationships, occupational history, and past criminality where rephrased and rescaled

accordingly.  Each item is rated on a three point scale (0 = No, 1 = Maybe, 2 = Yes) there

is also an option to omit an item.  The sum of all 20 items provides a total score ranging

between 0 and 40.  If items were omitted prorated scores are available (Forth et al.,

2003).

Unlike the PCL-R, no cut off scores have been provided for use with the PCL:

YV (Forth et al., 2003).  However, the research indicates fairly parallel distributions of

total scores between the youth and adult versions, with adolescents' generally scoring

about five points lower than adults.  In response, much of the research with adolescents

has used total scores of 25 and above to represent high-Psychopathy groups (Forth et al.).

Much like the PCL-R, two, three, and four factor models are available for use with the

PCL: YV to examine both, individual and group loading differences (Jones, Cauffman,

Miller, & Mulvey, 2006).  The current study utilized both the two and four factor models

to explore possible discrepancies in factor loading between genders and distinct variable

correlations.  Both the two and four factor models consist of the same 18 items (see

Appendix B).  The four factor model includes four item clusters: F1: Interpersonal (4

items), F2: Affective (4 items), F3: Behavioral (5 items), F4: Antisocial (5 items).  The

two factor model combines both, F1 and F2 to form a single factor, Factor 1

(Interpersonal/Affective), as well as F3 and F4 to form a single factor, Factor 2 (Socially

Deviant Lifestyle).  The two factor model is thought to capture the key features

associated with primary (Factor 1) and secondary (Factor 2) psychopathy subtypes.

Archival information from subjects' case files was used to obtain scores on the

Psychopathy Checklist: Youth Version (PCL:YV; see Appendix C).  Valid scoring the

PCL:YV solely through the use of archival data has been empirically supported (Guy &

Douglas, 2006) and permitted in the technical manual (Forth, 2005; Forth et al., 2003).

The PCL:YV is made up of twenty items that are scored as either 0  if the trait does not

apply to the youth, 1 if the trait is present but not to a substantial degree, or 2 if the trait is definitely present; the maximum score on the PCL:YV is 40.  To aid in the scoring and determination of each trait the evaluator is provided with an item description and some behavioral examples.  The inter-rater reliability of the PCL:YV has been supported, with a single-rater intra-class correlation ranging from .90 to .96 (Forth et al.).

Each subject, in the study, was scored by one of two trained raters.  Thirty (30%N) cases were randomly selected to be scored independently by both raters in order to assess and establish adequate inter-rater reliability of PCL:YV total and factor scores.  To establish inter-rater reliability, Intra-class Correlation Coefficients (ICC) were computed for PCL:YV: total scores (ICC = .95),  Factor 1: Interpersonal/Affective scores (ICC=.97), Factor 2: Socially Deviant Lifestyle scores (ICC= .85), F1: Interpersonal scores (ICC = .91), F2: Affective scores (ICC = .94), F3: Behavioral scores (ICC = .83), and F4: Antisocial scores (ICC = .86).  These results maintain an acceptable level of agreement between raters implying that subjects were scored reliably between raters.

*Procedure*

The case information used in this study was part of a computer database compiled through the Forensic Evaluation Service of the Bedford Policy Institute.  The evaluations completed as part of this service were comprehensive and extensive.  Initial assessments included: a full review of relevant records and reports, consultations with caseworkers, team members, and program clinicians, as well as a complete and thorough clinical interview.  The clinical interviews focused on historical risk factors and the youth's current level of functioning and goals for the future.  During the interview juveniles were asked to provide an account of their past, highlighting shifts in family structure,

memorable experiences, and social support networks.  On the basis of the material

gathered, an evaluation was prepared with the intent of informing and aiding the

classification of offenders and the identification of relevant treatment needs.  To avoid

experimenter bias, subjects' family histories were omitted during scoring of the PCL:YV.

Permission to utilize the case information was gained through the Massachusetts

Department of Youth Services and Bedford Policy Institute (see Appendix D).

Upon completion of the forensic evaluation, the evaluator, or other trained

Bedford Policy Institute employee, extracted information relevant to six broad areas and

coded it on a forensic evaluation data sheet (FEDS; see Appendix E).  The six areas

represented on the data sheet include: 1) demographic information (e.g., age, gender,

etc.); 2) delinquency history information (i.e., list of prior delinquency adjudication and

legal findings); 3) mental health history and data (e.g., prior psychiatric hospitalization,

current medication, history of suicide attempts, etc.); 4) clinical data/risk factors (e.g.,

history of abuse, substance abuse problems, mode of violence); 5) nature of the offense

(e.g., age of victim, gender of victim, relationship to victim, etc.); and 6) clinical

judgments (e.g., type of service recommended, risk factors identified, treatment needs,

etc.).  The information from the data sheet was then entered into a computer database.

With the exception of page 2 (delinquency adjudication and legal findings) this

information was omitted during scoring of the PCL:YV and used in conjunction with

family histories to code the independent variables.

*Variables*

For this study, the variables considering subjects' histories of abuse, attachment

problems, parental support or control, and exposure to domestic violence were coded

with the aid of the FEDS (see Appendix E).  All variables were coded by the same

licensed psychologist who authored the subject's evaluation for DYS. These were

recorded by the researcher from the FEDS. Permission to utilize the forensic evaluation

data sheets was gained through the Massachusetts Department of Youth Services and

Bedford Policy Institute.  There were seven items of primary interest.  These are

described below.

*Positive Parental Support or Nurturance*

"Positive Parental Support or Nurturance" was a Clinical Data / Risk Factor.  The

evaluator was provided three response choices: yes, no, or not clear.  In order to reduce

possible ambiguities only yes or no responses were used in the final analysis.  All

variables originally coded as not clear were recoded as missing data.

*Parental Control and Accountability for Juvenile*

"Parental Control and Accountability for Juvenile" was recorded as: yes, no, or

not clear (see Appendix E).  In order to reduce possible ambiguities only yes or no

responses were used in the final analysis.  All variables originally coded as not clear were

recoded as missing data.

*History of Attachment Problems Early Childhood*

"History of attachment problems early childhood" was recorded by the evaluators

as provided three response choices: yes, no, or not clear (see Appendix E).  In order to

reduce possible ambiguities only yes or no responses were used in the final analysis.  All

variables originally coded as not clear were recoded as missing data.

*History of Abuse*

Upon completion of each assessment the evaluator completed the FED form, which includes "History of abuse" under section IV (Clinical Data / Risk Factors).  The evaluator was provided two response choices: yes or no (see Appendix E).  In order to establish the reliability of this variable all answers were checked against the subject's files to corroborate the finding.

### Type of Abuse

Type of abuse was categorized as: physical, sexual, emotional, and neglect.  Evaluators were allowed to provide multiple responses to this item, representing multiple forms of abuse (see Appendix E).  In order to establish the reliability of this variable all answers were checked against the subject's files to corroborate these findings.

### Prior History of DSS Services

Upon completion of each assessment the evaluator completed the FED form, which includes "Prior History of DSS Services" under section IV (Clinical Data / Risk Factors).  The evaluator was provided two response choices: yes or no (see Appendix E).  This item was coded solely on the evaluator's response to this question.

### Witnessed Domestic Violence

Upon completion of each assessment the evaluator completed the FED form, which includes "Witnessed domestic violence" among a list of factors, under section VI (Conclusions / Risk factors identified).  The evaluator simply checked all items that were applicable (see Appendix E).  Therefore, all subjects who received a check next to "Witnessed domestic violence" were coded as yes and all others were coded as no.  In order to establish the reliability of this variable all answers were checked against the subject's files to corroborate these findings.

*Number of Previous Living Arrangements*

In addition to the previously coded variables found in subjects' FED forms, each subject was also coded on two factors at the time of the study.  Subjects' "Number of Previous Living Arrangements" was coded, using case files, by summing the number of shifts in family structure our guardian (see Appendix F).  For example if a subject lived at home with his biological family was placed in foster care for a year and returned home to his biological family he would be coded as a three.  All shifts in living arrangement were coded up until the juveniles governing offense.  Transitions between secure facilities following the juvenile's governing offense were not included.  Additionally parental separation and acquisition of live-in significant others, step-parents, or step-siblings were defined as shifts in living arrangement.  This item was coded separately from PCL:YV, after all PCL:YVs had been scored.  Additionally, the family background section of each case file was not used in the scoring of the PCL:YV.

*Age at First Interruption of Family Structure*

Subjects' "Age at First Interruption of Family Structure" was coded, using case files, according to the earliest age (year) at which they experienced a significant shift in family structure (see Appendix F).  For example if a subject lived at home with her biological mother from birth until age three when she was sent to live with her grandmother, she would be coded as a three.  If the subject did not experience any early interruption of family structure prior to their commitment to DYS, then the age at which they entered DYS was coded.  This item was coded separately from PCL:YV, after all PCL:YVs had been scored.  Additionally, the family background section of each case file was not used in the scoring of the PCL:YV.

Results

*Descriptive Statistics*

PCL:YV scores did not differ significantly between genders (see Table 1).

Additionally, PCL:YV total scores did not differ significantly between races, though

African American subjects did obtain higher scores than Caucasian subjects, means of

19.4 and 16.6 respectively.  Total PCL:YV scores for female subjects ranged from 6 to

30, with a mean of 18 (SD = 5.2).  Total PCL:YV scores for male subjects ranged from 8

to 35, with a mean of 17.7 (SD = 6.1; Table 1).  There were no significant differences

between genders on the two factor model for either Factor 1 (Interpersonal/Affective)

scores (M = 7.1, SD = 3.5), or Factor 2 (Socially Deviant Lifestyle) scores (M =9.1, SD =

2.7).  Similarly, factor scores did not differ significantly between genders on the four

factor model.  Using the four factor model, subjects obtained the following average factor

scores; F1: Interpersonal (M = 3.0, SD = 2.1); F2: Affective (M = 4.1, SD = 2.1); F3:

Behavioral (M = 4.5, SD = 1.6); F4: Antisocial (M = 4.5, SD =1.8).

The majority of the sample had experienced some form of abuse (71%), 84% of

female subjects and 58% of male subjects had a history of abuse.  A majority of the

sample (67%) had contact with the Department of Social Services (DSS) prior to their

commitment offense.  The mean age at first interruption of family structure was 8.9 years

(SD = 5.3).  No significant differences in age at first interruption of family structure were

found between genders (see Table 1).  The mean number of previous living arrangements

for the entire sample was 4.4 (SD = 4.3).  The average number of previous living

arrangements did not differ significantly between genders (see Table 1).

A chi square analysis revealed significant differences in history of abuse between genders, $\chi^2$ (1, N = 100) = 8.2, p =.004, with females being more likely to have experienced abuse.  In fact, females were twice as likely as males to have been either sexually abused $\chi^2$ (1, N = 100) = 6.3, p =.012 or emotionally abused $\chi^2$ (1, N = 100) = 5.5, p =.019.  Females were significantly more likely than males to have had prior involvement with the Department of Social Services (DSS) $\chi^2$ (1, N = 100) = 5.5, p =.019.

*Hypothesis 1: The following forms of childhood abuse will be correlated with high PCL:YV scores: physical abuse, sexual abuse, emotional abuse, and neglect.*

The hypothesized correlation between childhood abuse and PCL:YV scores was partially supported.  Chi square analysis revealed significant relations between high PCL:YV scores and history of sexual abuse $\chi^2$ (1, n = 62) = 5, p =.025 (see Table 2).  Subjects with total PCL:YV scores above 21 had significantly higher rates of sexual abuse compared to those with total scores below 15.  Similarly the relation between high total PCL:YV scores and neglect approached significance $\chi^2$ (1, n = 62) = 3.4, p =.065 (see Table 2).  Subjects who obtained high scores on the PCL:YV had higher rates of childhood neglect.  Chi squares were performed for history of abuse, history of physical abuse and history of emotional abuse and high and low PCL:YV groups.  The results failed to support the hypothesis, that physical and emotional abuse would be significantly correlated with PCL:YV scores.  Interestingly, prior involvement with DSS was significantly correlated with high PCL:YV scores $\chi^2$ (1, n = 62) = 4.3, p =.039 (see Table 2).

*Hypothesis 2: PCL:YV scores will be positively correlated with number of previous living*

*arrangements.*

Pearson product-moment correlations failed to support the hypothesis that,

PCL:YV total scores would be positively correlated with number of previous living

arrangements.  Number of previous living arrangements was not significantly correlated

with PCL:YV total scores.  In addition, number of previous living arrangements was not

significantly correlated with either Factor 1 (Interpersonal/Affective) or Factor 2

(Socially Deviant Lifestyle) scores.  Furthermore, splitting the sample by gender did not

result in a change of significance.

*Hypothesis 3: PCL:YV scores will be negatively correlated with age at first interruption*

*of family structure.*

Pearson product-moment correlations failed to support the hypothesis that,

PCL:YV total scores would be negatively correlated with age at first interruption of

family structure.  Age at first interruption of family structure was not significantly

correlated with PCL:YV total scores.  In addition, age at first interruption of family

structure was not significantly correlated with either Factor 1 (Interpersonal/Affective) or

Factor 2 (Socially Deviant Lifestyle) scores.  Furthermore, splitting the sample by gender

did not result in a change of significance.

*Hypothesis 4: Positive parental support or nurturance and parental control or*

*accountability will be negatively correlated with PCL:YV total scores*

Chi square analysis supported the hypothesis that, parental control and

accountability would be negatively correlated with high PCL:YV total scores, $\chi 2$ (1, n =

53) = 5.6, p =.017.  Subjects who scored above 21 on the PCL:YV were less likely to

have had parental control or accountability.  The presence of positive parental support or

nurturance was not significantly correlated with high PCL:YV scores.   Next, the sample

was split by gender and the chi square analyses were repeated for both positive parental

support or nurturance and parental control and accountability with PCL:YV total scores.

Females scoring below 15 on the PCL:YV were more likely to have had parents who

provided positive support and nurturance than females who obtained high (>21) scores,

$\chi 2$ (1, n = 22) = 4.8, p =.029.  Whereas, males scoring below 15 on the PCL:YV were

more likely to have had parents who provided adequate control and accountability than

males obtaining high (>21) scores $\chi 2$ (1, n = 27) = 4.2, p =.04 (see Table 3).

*Hypothesis 5:  PCL:YV factor loading, for the two factor model, will differ between*

*genders.  Females will obtain higher Factor 1 scores and lower Factor 2 scores in*

*comparison to males.*

Multiple regressions partially supported the hypothesis that, early childhood

abuse, unstable living arrangements, and early interruption of family structure would act

as predictors of PCL:YV scores.  In order to uncover the best predictors of PCL:YV total

scores, standard multiple regressions were performed.  The best-fitting model, accounting

for 12% of the total variance, in PCL:YV scores, revealing: "Number of Previous Living

Arrangements", "Prior History of DSS Services", and "Parental Control and

Accountability for Juvenile"  as significant predictors of subjects' PCL:YV total scores:

$F$ (3, 83) = 3.9, $p$ = .012.  The best predictor of PCL:YV total score within this model

was "Parental Control and Accountability for Juvenile" ($\beta$ = -.25, $p$ = .021).  Subjects

who were viewed as having parental control and accountability were more likely to

obtain low scores on the PCL:YV, whereas  subjects who were perceived as lacking

parental control and accountability were more likely to obtain high scores on the

PCL:YV.  Prior History of DSS Services was a significant predictor of PCL:YV total

score ($\beta = .23$, $p = .048$).  Finally, "Number of Previous Living Arrangements" did not

contribute significantly to the model as an independent variable ($\beta = -.12$, $p = .29$) (see

Table 4).  Additional regressions suggest that histories of: abuse, physical abuse,

emotional abuse, witnessing domestic violence, and attachment problems were not

significant predictors of PCL:YV total score for the sample as a whole.

*Hypothesis 6 Early childhood abuse, unstable living arrangement, and early interruption*

*of family structure will predict PCL:YV scores.*

Using the two factor model, Independent samples t-tests failed to support

significant differences between genders on mean Factor 1 (Interpersonal/Affective) and

mean Factor 2 (Socially Deviant Lifestyle) scores.  Both males and females scored

approximately 2 points higher on Factor 2 (mean = 9) in comparison to Factor 1 (mean =

7).  To further investigate the possibility of differences in subtype prevalence rates

between genders a categorical variable was created based on differences of factor scores

within subjects.  All subjects obtaining a Factor 1 (Interpersonal/Affective) score greater

than their Factor 2 (Socially Deviant Lifestyle) score were coded as primary and all

subjects obtaining a Factor 2 score greater than their Factor 1 score were coded as

secondary.  All subjects displaying equal scores on both Factor 1 and Factor 2 were

excluded.  After splitting the sample by gender and excluding all subjects with PCL:YV

total scores < 20 a simple analysis of frequency for subtype was performed.  Despite the

small sample size, subtype did not appear to differ between genders.  However, about two

thirds of both males and females who scored above 20 on the PCL:YV fell into the

secondary group ($n_f$ = 11,  $n_m$ = 10).  Only one third of both males and females who

scored above 20 on the PCL:YV fell into the primary group ($n_f$ = 5, $n_m$ = 6).

*Hypothesis 7: Gender will alter the degree to which early childhood abuse, unstable*

*living arrangement, and early interruption of family structure are predictive of PCL:YV*

*scores.*

Multiple regressions partially support the influence of gender on the degree to

which early childhood abuse, unstable living arrangement, and early interruption of

family structure are predictive of PCL:YV scores.  To uncover the degree to which

gender might alter the relation between childhood trauma and PCL:YV total scores the

sample was split by gender and the above regression (Number of Previous Living

Arrangements, Prior History of DSS Services, and "Parental Control and Accountability

for Juvenile as predictors of PCL:YV total score) was repeated.  After splitting the

sample by gender the model was no longer significant for female subjects.  However, the

model increased in effect size when used exclusively for predicting PCL:YV total scores

of male subjects.  This model, accounting for 19% of the total variance, using "Number

of Previous Living Arrangements", "Prior History of DSS Services", and "Parental

Control and Accountability for Juvenile"  as significant predictors of male subjects'

PCL:YV total scores, $F$ (3, 38) = 3.0, $p$ = .044.  The only significant independent

predictor of PCL:YV total score within this model was Prior History of DSS Services ($\beta$

= .38, $p$ = .043).  Finally, "Parental Control and Accountability for Juvenile" ($\beta$ = -.23, $p$

= .13) and "Number of Previous Living Arrangements" did not contribute significantly to

the model on their own ($\beta$ = -.18, $p$ = .31) (see Table 5).

Further multiple regressions imply inconsistencies between genders in terms of which variables are significant predictors of PCL:YV total and factor scores. For example, "number of previous living arrangements", "history of sexual abuse", and "positive parental support or nurturance" were significant predictors of female Factor 1 (Interpersonal/Affective) scores. However these variables were not significant predictors of PCL:YV Factor 1 (Interpersonal/Affective) scores among male subjects.

In order to uncover the best predictors of PCL:YV Factor 1 (Interpersonal / Affective) scores, standard multiple regressions were performed. The best-fitting model, accounting for 25.8% of the total variance in PCL:YV Factor 1 (Interpersonal/Affective), revealed "number of previous living arrangements", "history of sexual abuse", and "positive parental support or nurturance" as significant predictors of female subjects' PCL:YV Factor 1 (Interpersonal/Affective) scores, $F(3, 34) = 3.9$, $p = .016$. The single best predictor of PCL:YV Factor 1 (Interpersonal/Affective) score in this model was "positive parental support or nurturance", which explained 19% of the total variance ($\beta = -.46$, $p = .006$). Thus, females who were viewed as having positive parental support or nurturance where more likely to obtain low scores on Factor 1 (Interpersonal/Affective) of the PCL:YV and females who were perceived as lacking positive parental support or nurturance were more likely to obtain high scores on Factor 1 (Interpersonal/Affective) of the PCL:YV. Similarly, "number of previous living arrangements" was predictive of female PCL:YV Factor 1 (Interpersonal/Affective) score, accounting for 9% of the total variance ($\beta = -.31$, $p = .056$). Finally, "history of sexual abuse" did not contribute significantly to the model as an independent variable ($\beta = .16$, $p = .31$) (see Table 6).

## Discussion

This study examined the role of gender in the relation between childhood trauma and PCL:YV scores. In general the results support correlations between certain childhood traumas and increased PCL:YV scores.  Specifically, childhood sexual abuse and neglect were correlated with high PCL:YV scores.  Whereas, childhood physical and emotional abuse were not associated with high PCL:YV scores.  Multiple regressions supported the number of previous living arrangements, a history of DSS involvement, and the presence of parental control or accountability, as predictors of PCL:YV total score.  It is important to note, history of DSS may have been a strong predictor because it captured a group of subjects who likely experienced significant and confirmed instances of sexual abuse and neglect.   Both of which were significantly correlated with high PCL:YV total scores. Essentially, subjects who had experienced sexual abuse or neglect would be more likely to have had involvement with DSS in response to these experiences.  Although these variables were significant predictors, as suggested by the literature they accounted for a rather small amount of the variance in PCL:YV total score.

As hypothesized, gender did appear to alter the relation between proposed risk factors and PCL:YV scores.  The presence of positive parental support or nurturance was significantly correlated with low PCL:YV scores for females, but not males.  However, the presence of parental control or accountability was correlated with low PCL:YV scores for males, but not females.  The importance of positive parental support and nurturance for females, and parental control and accountability for males, as possible protective factors suggests that effective intervention strategies may differ between genders.

Furthermore, multiple regressions failed to support the universality of predictor variables between genders on both total and two factor PCL:YV scores.  The presence of

gender-specific predictors suggests that there may be discrepancies in developmental risk

factors between genders.  Interestingly, the number of previous living arrangements, a

history of sexual abuse, and the presence of positive parental support or nurturance were

significant predictors of females' Factor 1 (Interpersonal/Affective) scores.  Though

insignificant, females did score higher than males on Factor 1 and lower than males on

Factor 2.  In addition, female subjects were twice as likely to have experienced sexual or

emotional abuse compared to male subjects.  Thus, it would seem plausible that a history

of sexual or emotional abuse might lead to the development of Post Traumatic Stress

Disorder (PTSD).  As a result, symptoms of PTSD may mimic affective and interpersonal

traits commonly associated with psychopathy, leading to inflated Factor 1 scores on the

PCL:YV.

*Limitations*

This study was limited in that all data was gathered archivally, which limited the

amount of control over what information was available for scoring and coding.

Additionally, the sample was rather small and very few subjects obtained total scores

above 25 on the PCL:YV, especially after splitting the sample by gender.  The mean

PCL:YV total score for the entire sample was 18.  This is relatively low in comparison to

the typical mean total score of 24 obtained in other studies of institutionalized

adolescents.  In addition, there was a high rate of abuse among the sample.  In fact, the

majority of subjects (71%) had experienced some form of abuse.

Moreover, subtype differences between genders were difficult to assess in this

study and interestingly as total scores increased the number of primary females

significantly declined.  All four females who scored above 25 on the PCL:YV were

coded as secondary.  Two of the four males who scored above 25 on the PCL:YV were coded as primary and the other two were coded as secondary.  Therefore it would be unwise to make any assumptions about subtype prevalence based on a small sample of relatively low scoring individuals.  Furthermore the method of classification used in designating subtypes was overly simplistic and may not have accurately captured the key characteristics associated with each of the subtype groups.

One limitation of this study is possible within group heterogeneity in terms of age at onset of antisocial behavior.  The PCL:YV alone does not provide an indication of the age at which subjects began their antisocial behavior.  According to Moffitt and Caspi, there is a distinct difference between antisocial adolescents with early onset in comparison to those with onset beginning at adolescents, in relation to etiological factors (2001).  Children with early onset tend to exhibit a more stable and nonmalleable pattern of antisocial behavior similar to that of the adult psychopath.  These are the individuals who seem most effected by early childhood trauma and parental attachment issues. Furthermore, Moffitt and Caspi suggest a greater difference in prevalence rates of life-course persistent offenders between genders in comparison to adolescent limited offenders.  Their research suggests a life-course persistent ratio of 10:1 and an adolescent-limited ratio of 1.5:1 for males and females respectively (Moffitt & Caspi). The failure to discriminate between these two groups may confound the relation between early childhood experiences and the development of adult psychopathic personalities.

*Implications*

Differences in modes of expressed violence between genders have been empirically supported among adults and adolescents who have obtained high scores on

the PCL (Odgers, Moretti et al., 2005).  These differences are often viewed as different outlets for the same disorder rather than distinct outlets for distinct disorders.  If females who exhibit psychopathic traits differ significantly from males not only in etiology and distinct developmental pathways, but also in the manner of manifestation and mode of expression, perhaps they should be viewed as having a distinct disorder.  Any attempt at effective identification, intervention, and treatment aimed at youth considered high risk for the development of antisocial or psychopathic personality disorders must be framed around the development and symptoms of the disorder.  The findings of this study and the existing literature suggest that distinctions be made between genders in the identification of risk factors and resulting treatment needs.

Finally, the failure of longitudinal studies in the early identification of adult psychopathy should not be viewed as a failure or a shortcoming but as a sign that personalities are malleable during adolescence.  Rather than discouragement these findings should provide motivation in the development of effective intervention strategies.  It has been debated whether antisocial and criminal behaviors are a necessary product of psychopathy or an unpleasant but avoidable side effect.  Yet, many individuals who appear to share the affective and interpersonal characteristics associated with psychopathy mange to adapt their behaviors to societal expectations by finding socially acceptable lifestyles congruent to their unique character traits. Through the continued study of adolescents at risk of developing psychopathic personalities and antisocial lifestyles it is hoped that we can effectively intervene in this process; Thereby increasing the quality of life for both the adolescent and society as a whole.

*Hyp 6 These results did not support differences in subtype prevalence between genders.

However, due to the small sample size, relatively low cutoff score, and rudimentary

procedure of subtype classification, few inferences should be made from these findings.

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Appendix A
Psychopathy Checklist: Youth Version
(Forth, Kosson, & Hare, 2003)

| Item |
| --- |
| 1.  Impression management |
| 2.  Grandiose sense of self-worth |
| 3.  Stimulation seeking |
| 4.  Pathological lying |
| 5.  Manipulation for personal gain |
| 6.  Lack of remorse |
| 7.  Shallow affect |
| 8.   Callous/lack of empathy |
| 9.  Parasitic orientation |
| 10.  Poor anger control |
| 11.  Impersonal sexual behavior |
| 12.  Early behavior problems |
| 13.  Lacks goals |
| 14.  Impulsivity |
| 15.  Irresponsibility |
| 16.  Failure to accept responsibility |
| 17.  Unstable interpersonal relationships |
| 18.  Serious criminal behavior |
| 19.  Serious violations of conditional release |
| 20.  Criminal versatility |

Appendix B
Two and Four Factor Structures of PCL:YV
(Forth, Kosson, & Hare, 2003)

| Item | 2 Factor | 4 Factor |
|---|---|---|
| 1.  Impression management | 1 | 1 |
| 2.  Grandiose sense of self-worth | 1 | 1 |
| 3.  Stimulation seeking | 2 | 3 |
| 4.  Pathological lying | 1 | 1 |
| 5.  Manipulation for personal gain | 1 | 1 |
| 6.  Lack of remorse | 1 | 2 |
| 7.  Shallow affect | 1 | 2 |
| 8.   Callous/lack of empathy | 1 | 2 |
| 9.  Parasitic orientation | 2 | 3 |
| 10.  Poor anger control | 2 | 4 |
| 11.  Impersonal sexual behavior | - | - |
| 12.  Early behavior problems | 2 | 4 |
| 13.  Lacks goals | 2 | 3 |
| 14.  Impulsivity | 2 | 3 |
| 15.  Irresponsibility | 2 | 3 |
| 16.  Failure to accept responsibility | 1 | 2 |
| 17.  Unstable interpersonal relationships | - | - |
| 18.  Serious criminal behavior | 2 | 4 |
| 19.  Serious violations of conditional release | 2 | 4 |
| 20.  Criminal versatility | 2 | 4 |

Factor 1 (interpersonal + affective): Interpersonal/Affective
Factor 2 (behavioral + antisocial): Socially Deviant Lifestyle

F1: Interpersonal: Interpersonal
F2: Affective: Affective
F3: Behavioral: Lifestyle
F4: Antisocial: Antisocial

Appendix C

**Subject ID:** _____          **Rater:** _____

| Item | Score | Factor 1 | Factor 2 | Factor 3 | Factor 4 |
|---|---|---|---|---|---|
| 1. Impression management | | | | | |
| 2. Grandiose sense of self-worth | | | | | |
| 3. Stimulation seeking | | | | | |
| 4. Pathological lying | | | | | |
| 5. Manipulation for personal gain | | | | | |
| 6. Lack of remorse | | | | | |

| | | | | | |
|---|---|---|---|---|---|
| 7. Shallow affect | | | | | |
| 8. Callous/lacking empathy | | | | | |
| 9. Parasitic orientation | | | | | |
| 10. Poor anger control | | | | | |
| 11. Impersonal sexual behavior | | | | | |
| 12. Early behavior problems | | | | | |
| 13. Lacks goals | | | | | |
| 14. Impulsivity | | | | | |
| 15. Irresponsibility | | | | | |
| 16. Failure to accept responsibility | | | | | |
| 17. Unstable interpersonal relationships | | | | | |
| 18. Serious criminal behavior | | | | | |
| 19. Serious violations of conditional release | | | | | |
| 20. Criminal versatility | | | | | |
| **Total Score:** | | | | | |

| **Omitted Items:** | | | | | |
|---|---|---|---|---|---|

| **Prorated score:** | | | | | |
|---|---|---|---|---|---|

| | |
|---|---|
| **Total Score:** | |
| **Factor 1: Interpersonal:** | |
| **Factor 2: Affective:** | |
| **Factor 3: Lifestyle:** | |
| **Factor 4: Antisocial:** | |

Appendix D

Lifecourse Approach Research

Massachusetts Department of Youth  Services Institutional Review Board

*The Commonwealth of Massachusetts*

Executive Office of Health and Human Services
**Department of Youth Services**
27 Wormwood Street, Suite 400
Boston, MA  02210-1613

617.727.7575
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*DEVAL PATRICK*
**GOVERNOR**

*TIMOTHY MURRAY*
LIEUTENANT GOVERNOR

*JUDYANN BIGBY, M.D.*
SECRETARY

*JANE E. TEWKSBURY, Esq.*

Frank DiCataldo, Ph.D.
Bedford Policy Institute
35 Braintree Hill Office Park
Braintree, MA  02184

November 20, 2007

Dear Frank:

I am pleased to notify you that your project, *Violence Risk in Adolescent Females*
(Principal Investigators:  Nathan Cook and Trevor Barese) has been approved by the
Institutional Review Board of the Massachusetts Department of Youth Services.

**At the completion of your research, please send a copy of the final report to me at
the address below**.  Best of luck with this project.  If you have any questions or
comments, feel free to contact me.

Sincerely,

Robert Tansi
Institutional Review Board Chair
Department of Youth Services
27 Wormwood St., Suite 400
Boston, MA  02210-1613

**Tel**:  617-960-3348
**Email:**  robert.tansi@state.ma.us

Appendix E
Forensic Evaluation Data Sheet
(Bedford Policy Institute)

### I.        *Demographic Information*

**Name:**
**Age:**
**DOB:**
**Date of Commitment:**
**Mid#:**
**Area:**
**Committing Court:**
**DYS Program:**
**Dates of Interview:**
**Name of Evaluator:**
**Race/Ethnicity:**
**Gender:**

**Legal Status:** Commit to 18          Youthful Offender     Extension of Commit
Detained

**Type of Evaluation:** Class       Extension       68(a)       Assess       Testing
**Number of Commitments:**
**Referral Number:**

### II.       *Delinquency History Information*

**List of Prior Delinquency Adjudication and Legal Findings:**

| Name of the Offense | Date of Arraignment | Legal |
|---|---|---|
| **Outcome and Date** | | |

**Commitment offense(s):**

| Name of the Offense | Date of Arraignment |
|---|---|

### III.      *Mental Health History and Data*

**Prior psychiatric hospitalization:**      Yes        or        No

**Number of psychiatric hospitalizations:** _____

**Current Medication:**        Yes      or       No

**Name of *current* medications:**

**Name of *prior* medication:**

**History of suicide attempts:**          Yes    or      No

**Number of suicide attempts:** _____

**Methods Used and #:**          Overdose ( #   )        Cutting ( #   )      Hanging  ( #   )
Other: _____

**History of suicide threats: (only if there is no hx of attempts):**  Yes        or      No

**Self Injurious Behavior:**      Yes      or      No
          Scratching      Inserting Foreign Objects      Ingesting Foreign Objects      Head
Banging              Burning                  Other:

**Prior Diagnoses:**

*IV.          Clinical Data/ Risk Factors*

**Positive Parental Support or Nurturance:**          Yes      No      Not Clear

**Parental Control and Accountability for Juvenile**:          Yes      No      Not Clear

**Hx of attachment problems early childhood:**      Yes      No      Not Clear

**History of abuse:**      Yes      or      No

**Type of abuse:**          Physical        Sexual          Emotional      Neglect

**Prior History of DSS Services:**    Yes      or No

**Prior History of CHINS:**      Yes      or      No

**Academic Achievement:**      High          Average          Poor          No data

**History of Truancy:** Yes        or      No

**Fighting in School:**    Yes        or      No

**Disruptive Behavior at School:**    Yes      or          No

**Weapons at School:** Yes        or      No

**Retained a Grade:**   Yes    or          No   **If yes, how many:**_____

**IQ Level:**   Superior or Above          Average    Below Average          Borderline
MR        Unknown

**Hx of special education services:**   Yes    or          No

> **Behavior Problems:** _____
> **Learning Disability:** _____
> **Both:** _____

**Substance abuse problems:**   Yes    or    No

**Type of Substances Abused:**

**Negative peer relationships:**          Yes    or    No

**Gang Affiliation:**    Yes    or          No

**Pro-social or positive interests or hobbies:**    Yes    or No    or    Unknown

**What are they?** _____

**Admits to Commitment Offense:**    Yes      Partial      No

**Blames the Victim:**    Yes      Partial      No

**Blames external factors:**    Yes      Partial      No

**Minimizes harm:**    Yes      Partial      No

**Mode of violence:**    Reactive      Proactive      Mixed          Unknown        N/A

*V.        Sexual Offense (If commitment offense is not a sexual offense, skip to next section)*

**Type of victim:**    Child (5 yrs. Younger)          Peer aged      Adult   Disabled
        Mixed

**Age of victim:** _____

**Gender of victim:** _____

**Relationship to victim:**    stranger    acquaintance    girlfriend    bio sib
step/foster sib

**Location:**    residence    outdoors    motor vehicle    other:_____

**Time:** _____

**Type of offense:**    Solitary    or    Group

**Number of co-defendants:** _____

**History of prior sexual offenses:**  Yes    or    No

**Number of prior sexual offenses:** _____

**History of violent delinquency:**  Yes    or    No

**History of non-violent delinquency:**  Yes    or    No

**Method of victim compliance:**    Grooming    Threat                Force    Violence
Other:

**Type of sexual assault:**    Touching    Forced oral sex        Vaginal Intercourse
Anal intercourse

**Weapon present:**        Yes    or    No

**Type of weapon:**_____

**Violence Used:**  Yes    or    No

**Level of victim injury:**    Mild    Moderate    Severe

**Deviant arousal pattern:**  Pedophilic    Violent    other:_____    unknown

**Substance abuse at time of offense:**    Yes    or    No


► *Violent Offense (if commitment offense is a sexual offense, do not complete this section)*

**Type of offense:**    Solitary    or    Group

**Number of co-defendants:** _____

**Weapon present:**        Yes    or    No

**Type of weapon:**    Handgun            Shotgun or rifle        Knife   Blunt object
other: _____

**Victim injury:**   Yes    or    No

**Level of victim injury:**     Mild      Moderate      Severe

**Verbal threat:**    Yes    or    No

**Substance abuse at time of offense:**    Yes    or    No

► *Victim Characteristics*

**Number of victims:**  _____

**Gender:**

**Age:**

**Race:**

**Relationship:**      Friend      Girl/boyfriend      Family member      Stranger
Acquaintance      Rival

**Location:**    Residence        School        Outdoors        MBTA        Public
building

**Time:** _____

*VI.        Conclusions*

*1.        Diagnostic Impressions*

**Diagnoses, including substance abuse:**

**Recommendation of DMH services:**  Yes    or    No

**Type of service recommended**:   Inpatient         IRTP         Residential
Case management

*2.        Risk Assessment*

**Risk factors identified:  (Highlight all that apply)**

1.      Early childhood abuse
2.      Witnessed domestic violence
3.      Anti-social role modeling
4.      Poor attachment history
5.      Parental mental illness
6.      Parental substance abuse
7.      Early developmental/emot. problems
8.      Early pattern of undercontrolled behv.
9.      Early aggression/destructiveness
10.     Poor early peer socialization
11.     Poor school functioning
12.     Substance abuse
13.     Negative peer group
14.     Poor parental control
15.     Poor parental support/nurturance
16.     Weapon possession
17.     Violence history
18.     Impulsivity/low self-control
19.     No pro-social interests
20.     Grandiose/self-inflated:
21.     Externalizes blame
22.     Justifies behavior
23.     Minimizes harm
24.     Low empathy
25.     Thrill seeking
26.     Dominance/power needs
27.     Depression
28.     High harm vigilance
29.     Psychotic paranoia
30.     Perceives malevolent threat or challenge
31.     Violence as means to an end
32.     Anger
33.     Retaliation
34.     Other:_____

**Risk level:**     High      Moderate      Low

*3.*      ***Placement and Treatment Needs***

**a.  Placement recommendation:**     Secure      Residential      Day reporting with clinical services      DMH

**b.  Treatment needs: (highlight all that apply)**

    1.  Anger control
    2.  Substance abuse
    3.  Mental health
    4.  Sex offender (cog)
    5.  Sex offender (recondition)
    6.  Social skill
    7.  Violence relapse prevention
    8.  Family therapy
    9.  Dynamic psychotherapy for trauma/loss
    10. Behavioral management
    11. Other:_____

Appendix F

# I.V. CODING SHEET

**Subject ID:** _____

**Rater:** _____

### DEMOGRAPHICS

**Gender of offender**        *Female*            *Male*

**Age of offender**        [ ]

**Race of offender**        [ ]

### VICTIM/OFFENSE

**Exact relationship to victim**        [ ]

*FED FORM*_____

**Number of victims**        [ ]

**Gender of victim**        *Female*            *Male*

**Mode of violence:**        *Reactive*        *Proactive*
        *Mixed*

**Relationship:**    *Friend*    *Girl/boyfriend*    *Family member*

        *Stranger*    *Acquaintance*    *Rival*

### ABUSE/ATTACHMENT

**Age at first interruption of family structure**        [ ]

**Number of previous living arrangements**        [ ]

*FED FORM*_____
**Positive Parental Support or Nurturance**

            *Yes*            *No*            *Not Clear*
**Parental Control and Accountability for Juvenile**

*Yes*            *No*            *Not Clear*
**Hx of attachment problems early childhood**

*Yes*            *No*            *Not Clear*
**History of abuse**            *Yes*            *No*

**Type of abuse**        *Physical*            *Sexual*
                *Emotional*            *Neglect*

**Prior History of DSS Services**        *Yes*            *No*

**Witnessed domestic violence**        *Yes*            *No*

**Antisocial role modeling**        *Yes*            *No*

# I.V. CODING SHEET

*FED*
*FORM*_____
_

**Type of service recommended**    *Inpatient*    *IRTP*    *Residential*

*Case management*

**Placement recommendation**    *Secure  Residential*    *Day reporting with clinical services*

 *DMH*

**Treatment needs:**

*Anger control*

*Substance abuse*

*Mental health*

*Sex offender (cog)*

*Sex offender (recondition)*

*Social skill*

*Violence relapse prevention*

*Family therapy*

*Dynamic psychotherapy for trauma/loss*

*Behavioral management*

*Other:_____*

**Number of prior psychiatric**        ☐    **hospitalizations**

Table 1 *Descriptive Statistics for Females (N=50) and Males (N=50)*

| | | Females | | | Males | |
|---|---|---|---|---|---|---|
| Race | N | % | Valid N | N | % | Valid N |
| Caucasian | 26 | 52 | 50 | 23 | 46 | 50 |
| African American | 13 | 26 | 50 | 13 | 26 | 50 |
| Hispanic | 7 | 14 | 50 | 11 | 22 | 50 |
| Asian | 2 | 4 | 50 | 1 | 2 | 50 |
| Multiracial | 2 | 4 | 50 | 2 | 4 | 50 |
| Childhood trauma | N | % | Valid N | N | % | Valid N |
| History of abuse | 42 | 84 | 50 | 29 | 58 | 50 |
| Hiistory of physical abuse | 27 | 54 | 50 | 19 | 38 | 50 |
| History of neglect | 24 | 48 | 50 | 19 | 38 | 50 |
| History of emotional abuse | 22 | 44 | 50 | 11 | 22 | 50 |
| History of sexual abuse | 24 | 48 | 50 | 12 | 24 | 50 |
| Positive parental support/ nurt. | 9 | 18 | 38 | 18 | 36 | 39 |
| Parental control or accountability | 6 | 12 | 45 | 9 | 18 | 42 |
| Witnessed domestic violence | 22 | 44 | 50 | 15 | 30 | 50 |
| Prior DSS involvement | 39 | 78 | 50 | 28 | 56 | 50 |
| History of attachment problems | 22 | 44 | 30 | 19 | 38 | 31 |
| Variables | *M* | *SD* | Range | *M* | *SD* | Range |
| Age | 15.82 | 1.19 | 14 – 19 | 16.34 | 1.24 | 13 - 19 |
| PCL:YV total score | 17.97 | 5.18 | 6.3 – 30 | 17.68 | 6.15 | 8 – 35 |
| Interpersonal features | 3.15 | 1.97 | 0 – 8 | 2.82 | 2.17 | 0 – 8 |
| Affective features | 4.00 | 2.03 | 0 – 8 | 4.19 | 2.19 | 0 – 8 |
| Interpersonal/Affective | 7.15 | 3.22 | 1 – 15 | 7.01 | 3.87 | 0 – 15.5 |
| Lifestyle features | 4.64 | 1.65 | 0 – 8 | 4.43 | 1.58 | 1.2 – 8 |
| Antisocial features | 4.31 | 1.81 | 0 – 7 | 4.74 | 1.84 | 1 – 8.5 |
| Lifestyle/Antisocial | 8.95 | 2.8 | 2 – 14 | 9.17 | 2.69 | 2.2 – 16.5 |
| Number of previous living  arrangements | 4.8 | 5 | 1-24 | 4 | 3.5 | 0-17 |
| Age at first interruption of family structure | 9.3 | 5.1 | 5-16 | 8.9 | 5.5 | 0-16 |

Table 2

Correlation Between Childhood Traumas and PCL:YV Scores

| Variable | PCL:YV | |
|---|---|---|
| | Low | High |
| History of Sexual Abuse | 28.6% | 71.4%** |
| History of Neglect | 34.6% | 65.4%* |
| Prior History of DSS Services | 39.0% | 61.0%** |

Note Low = PCL:YV total < 15 (1/3N), High = PCL:YV total > 21 (1/3N)

* p =.065, **p<.05

Table 3

Correlation Between Parenting Skills and PCL:YV Scores

| | Variable | PCL:YV | |
| --- | --- | --- | --- |
| | | Low | High |
| Female | Positive Parental Support or Nurturance | 83.3%* | 16.7% |
| Male | Parental Control and Accountability for Juvenile | 100.0%* | .0% |

Note Low = PCL:YV total < 15 (1/3N), High = PCL:YV total > 21 (1/3N)

* p<.05

Table 4

Summary of Standard Regression for Variables Predicting PCL:YV Total Score

| Variable | B | SE B | β |
|---|---|---|---|
| Parental Control and Accountability for Juvenile | -3.72 | 1.57 | -.25* |
| Prior History of DSS Services | 2.74 | 1.36 | .23* |
| Number of Previous Living Arrangements | -.16 | .15 | -.12 |

Note $R^2$=.12 (p<.05)

*p<.05

Table 5

Summary of Standard Regression for Variables Predicting PCL:YV Total Score Between Genders

| Gender | Variable | B | SE B | β |
|--------|----------|---|------|---|
| Female | Parental Control and Accountability for Juvenile | -3.68 | 2.32 | -.24 |
| | Prior History of DSS Services | 1.12 | 1.94 | .09 |
| | Number of Previous Living Arrangements | -.11 | .16 | -.10 |
| Male | Parental Control and Accountability for Juvenile | -3.42 | 2.24 | -.23 |
| | Prior History of DSS Services | 4.68 | 2.24 | .38* |
| | Number of Previous Living Arrangements | -.32 | .32 | -.18 |

Note male $R^2$ = .19 (p<.05)

*p=.043

Table 6

Summary of Standard Regression for Variables Predicting PCL:YV Factor 1 (Interpersonal/Affective) Score

| Gender | Variable | B | SE B | β |
|--------|----------|---|------|---|
| Female | Number of Previous Living Arrangements | -.20 | .10 | -.31* |
| | Positive Parental Support or Nurturance | -3.42 | 1.16 | -.46** |
| | History of Sexual Abuse | 1.0 | .97 | .16 |
| Male | Number of Previous Living Arrangements | -.09 | .22 | -.08 |
| | Positive Parental Support or Nurturance | -.26 | 1.34 | -.03 |
| | History of Sexual Abuse | .35 | 1.74 | .04 |

Note female $R^2$ = .26 (p<.05)

*p = .056   **p = .006

Figure Captions

*Figure 1*. Significant differences between low and high PCL:YV groups in prevalence of

distinct forms of childhood abuse.

# Extreme High/Low Omit Middle

**Low**                                 **High**
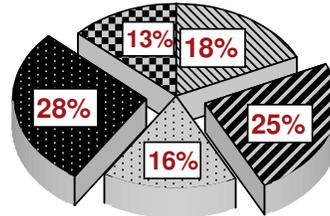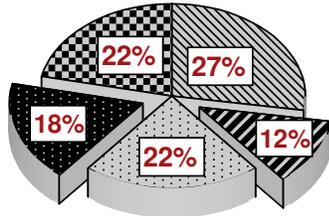


- History of Physical Abuse
- History of Sexual Abuse
- History of Emotional Abuse
- History of Neglect
- no hx of abuse