

Are Female Psychopaths More Amenable to Treatment? A Review of Gender Differences in Psychopathy Among Juvenile Offenders

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ABSTRACT

The conceptualization of psychopathy as we know it has been traced back as early as the 1800s. Since this time, countless researchers have made contributions to our understanding of the construct, its etiology, course, and implications for treatment. While our understanding of the psychopathy continues to evolve, so does our level of confusion. While previously thought of as a unitary construct that is pervasive and untreatable, many now consider psychopathy to have subtypes and potential amenability to treatment. This research, however, has generally been focused on adult males and little to no information was previously gathered on psychopathic females or adolescents. As the research has expanded to include studies of gender differences and childhood psychopathy, the literature shows a better understanding of the construct, while simultaneously demonstrating increased confusion. This review focuses on identifying the gender differences in childhood psychopathy within offender populations and the implications for treatment.

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INTRODUCTION

Psychopathy is thought to be a personality disorder (Donahue, McClure, & Moon, 2014) and primarily categorized by deficits relating to interpersonal, affective, lifestyle, and antisocial factors (Thompson, Ramos, & Willett, 2014). There are several different theories regarding the cause of the disorder including an arousal theory, neurobiological theory, social learning theory, moral-reasoning deficits, fear and anxiety deficits, selective attention deficits (Vien & Beech, 2006), and poor emotion regulation (Donahue et al., 2014).

Several researchers view psychopathy to be a unitary construct while others believe there are “subtypes” or “variants” of psychopathy, primary and secondary. The primary psychopath is thought to be an individual devoid of empathy, interpersonally charming, manipulative, and free from anxiety. The traits demonstrated by the primary psychopath are thought to be genetically based and these individuals are believed to be unlikely to benefit from treatment. The secondary psychopath, on the other hand, is believed to be the product of their environment, more reactive, generally prone to anxiety, possibly overwhelmed with emotion rather than devoid of it, and more likely to benefit from treatment (Kubak & Salekin, 2009; Skeem, Polaschek, Patrick, & Lilienfeld, 2011).

Whether it is true psychopathy or pseudopsychopathy, researchers know that secondary psychopathy is fundamentally different from primary in its presentation, etiology, course, and treatability. Little is known, however, about the role of gender and/or age in psychopathy. Researchers have primarily been studying White, incarcerated, adult males, with scarce research being conducted with females, non-incarcerated individuals, and/or adolescents (Vitale, Maccoon, & Newman, 2011).

Generally, researchers have been wary in their studies of adolescent psychopathy. Some believe certain psychopathy traits are developmentally normative and likely to be outgrown; some express concern regarding the adversarial nature of a psychopathy label on a juvenile; and some others question whether psychopathy even exists in adolescents (Cook, Barese, & Dicaldo, 2010). Despite these concerns, researchers have begun studying psychopathy in adolescence in order to try and understand its development, and to inform treatment. Thus far, a number of differences have been identified in the presentation and course psychopathy between juvenile and adult offenders, as well as male and female offenders.

METHODS

A literature review was conducted using the following databases: EBSCOhost, PsychINFO, ProQuest, ScienceDirect, and PsychArticles. The search was narrowed to only include peer-reviewed journal articles that were published between 2007 and 2017. The following keywords were utilized in the database searches: psychopathy; gender; female; adolescent; juvenile; secondary psychopathy; juvenile; child; youth; and mental health.

RESULTS

	Male Juvenile Offenders	Female Juvenile Offenders
Mental Health	<ul style="list-style-type: none"> ❖ 45.9% meet criteria for 2 or more psychiatric disorders ❖ Exhibit more aggressive behaviors ❖ Score lower on internalizing problems 	<ul style="list-style-type: none"> ❖ Exhibit greater mental health problems ❖ More severe pathology ❖ Higher risk factors of suicidality ❖ More likely to have extensive & severe trauma histories ❖ 56.5% meet criteria for 2 or more psychiatric disorders (BPD, PTSD)
Offense	<ul style="list-style-type: none"> ❖ More likely to engage in delinquency & violent crime ❖ Stronger association between proactive violence & psychopathic traits 	<ul style="list-style-type: none"> ❖ Delinquency & violent crime steadily increasing
Psychopathy	<ul style="list-style-type: none"> ❖ Exhibit more conduct problems & co-occurring callous-unemotional (CU) traits → combination is precursor to adult psychopathy <ul style="list-style-type: none"> • Why? Possibly because females' socialization experiences more likely to promote empathic sensitivity 	<ul style="list-style-type: none"> ❖ High scores on PCL:YV Lifestyle-Antisocial features had more treatment needs & more likely to have histories of psychiatric hospitalization ❖ Why? Could be that females... <ol style="list-style-type: none"> 1. Manifest psychopathic traits in form of mental health symptoms 2. Are viewed as having mental health issues & hospitalized rather than criminalized 3. Psychiatric disturbance may be manifesting as psychopathic traits
Treatment	<ul style="list-style-type: none"> ❖ Individuals with conduct problems & co-occurring CU traits show distinct temperamental style <ul style="list-style-type: none"> • More “fearlessness, reward dominance, & emotional insensitivity to cues of distress & fear in others”*** ➢ Resembles more primary psychopathy 	<ul style="list-style-type: none"> ❖ Lower callous-unemotional traits appear to be more amenable to treatment ❖ More likely to experience anxiety <ul style="list-style-type: none"> ➢ Resembles more secondary or pseudopsychopathy

It has been suggested that, because of the “recalcitrant nature of these traits and their general resistance to treatment once individuals have reached adulthood” (Cook et al., 2010, p. 122), identifying psychopathic traits in early life is critical. Moreover, identifying and increasing protective factors for adolescents exhibiting these traits can work to mediate these traits. This implies that, if recognized early enough, psychopathy may be amenable to treatment.

DISCUSSION

If untreated in childhood, psychopathic traits may progress into a more pervasive and potentially untreatable disorder in adulthood. However, there are notable gender differences in childhood and adulthood which suggest female psychopaths may be more amenable to treatment. For example, adult males with psychopathy tend to exhibit more deficits in the processing and use of emotion stimuli (Vitale et al., 2011). Moreover, there is some evidence suggesting that female psychopaths have less behavioral deficits; specifically, women appear to exhibit less deficits in passive avoidance and behavioral inhibition (Vitale et al., 2011). Thus, it is not completely out of the realm of possibility that psychopathic females may be more amenable to treatment than males.

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