*International Journal of Education and Psychology in the Community*
IJEPC
2012, 2(2), July, 77-88

# VIOLENCE RISK IN PERSONALITY DISORDERS

**Alin O. Petriş** •
*Clinical Municipal Hospital "Dr. Gavril Curteanu", Psychiatry 2 Oradea, Romania*

**Delia Podea** ••
*Western University "Vasile Goldiş" Romania*

*Abstract*
*The history of personality disorders renders evident the evolution of defining and identifying them towards a forensic evaluation concept, mainly promoted in the psychological and juridical-psychiatric domain. The assessment of personality disorders described in DSM and ICD, on priority diagnoses of behavioral type, although it may serve as a mark, relatively non-controversial, it causes polemic between the specialists in medical-legal expertise. Consequently, in order to reveal the personality traits associated to psychopathy, is used the Psychopathy Checklist (Hare, PCL-R, 1991; 2003). Modern statistic and clinical instruments (PCL-R, HCR-20) win ground in psychiatric forensic evaluation and violence management. The prediction of violent behavior by statistic instruments requires a validation on particular populations.*

Keywords: psychopathy, personality disorder, violence risk assessment, PCL-R, HCR-20

## Introduction

The domain of risk evaluation for violence or re-offense evolved a lot during the last two decades after the confrontation of actuarial and clinical

---

Correspondence concerning this paper should be addressed to:

• Ph.D. student, Primary Psychiatrist, Clinical Municipal Hospital "Dr. Gavril Curteanu", Oradea, Psychiatry 2. Address: Clinical Municipal Hospital "Dr. Gavril Curteanu", Psychiatry II, Louis Pasteur, no. 26, Oradea, Romania. E-mail: *alinpetris@yahoo.com*
•• Ph.D., Department of Psychiatry, Faculty of Medicine, Pharmacy and Dental Medicine, Western University "Vasile Goldiş" Arad, County Clinical Emergency Hospital Arad, Psychiatric Clinic, Arad, Romania. E-mail: *dpodea@gmail.com*

approaches (Grove & Meehl, 1996). Statistic instruments, actuarial for the assessment of violence risk, consecrated Psychopathy Checklist Revised (PCL-R, Hare, 2003) as the standard for assessment of delinquent population. Actuarial instruments assess stable factors along the time, factors which may be affected by the treatment. Clinical evaluation for violence risk is more and more replaced with professionally structured assessment which has the instrument model "*The Guide for Evaluation of the Risk for Violence, HCR-20*" (Webster, Douglas, Eaves, & Hart, 1997). This type of instrument is sensitive to clinical and contextual factors which are dynamic and can be influenced by treatment. PCL-R and HCR-20 are used in psychiatric forensic assessment for the population with personality disorders and for psychopathy.

## Personality disorders: historical data

The concepts that clinical mental specialists were used to in defining personality disorders modify under the influence of psychiatric forensic and psychological assessments. So, psychopathy term in psychological domain or Anglo-Saxon forensic changed its meaning towards a severe variant of personality antisocial disorder (Hare, 1991).

According to consecrated classifications, Diagnostic and Statistical Manual of Mental Disorders (DSM IV-TR; APA, 2000) and International Classification of Diseases, version 10 (ICD-10, World Health Organization, 1992) generally, and in the sense of Romanian mental specialists, psychopathy is synonym with disharmonic personality and personality disorders.

In actual psychiatric literature one can delimit at least three distinct meanings of „psychopathy" out of which one is wider and two more restrained:
1. „Psychopathy" as a general personality disorder (influenced by the German psychopathology school);
2. „Psychopathy" as an antisocial/dissocial personality disorder (the meaning from DSM IV-TR and ICD 10);
3. „ Psychopathy", classically described by Hervey Clekley (Cleckley, 1964) and operated by Psychopathy Checklist Revised (PCL-R) by Robert Hare (1991, 2003); it only interferes with personality disorders on certain areas but without total superposing.

„Psychopathy is a disorder in the structure of personality, residing at quantitative and qualitative disorder of the emotional volitive and instinctive

sphere which is crystallized during the adolescence and persists during the whole lifetime, manifesting itself on behavioral plan without being recognized by the subject and provoking him the incapacity of harmonious adaptation to the social environment with a variable existential echo" (Gorgos, 1989, p. 411).

Predescu (1976, p. 811) considered that „psychopathy represents a polymorph group of pathological development of the personality, clinically characterized by an insufficient ability or by an episodic or permanent incapacity of harmonic and supple integration to regular conditions of the family, professional or generally social environment".

Psychopathy concept has been crystallized since 1801 when Pinel defined it as „obsession without deliration", Esquirol, „affective monomania", Prichard, „moral insanity" - mental disorders which today are delimited by personality disorders; they defined individuals who broke moral norms and principles without losing their reason (as cited in Predescu, 1976, p. 814). Until the actual taxonomy, reflected by DSM IV-TR and by ICD-10, many approaches described or tried to explain personality disorders. We mention the authors who contributed to the delimitation of personality disorders and the psychiatric nosology entities.

Consequently, Morel placed the accent on the biological sublayer, on the degenerative dimension of the psychopathies, naming them „folies de dégénérés"- degenerates` madness (as cited in Predescu, 1976, p. 814).

On the other side, Cesare Lombroso promotes the theory of the „criminal inborn", who can be identified by the somatic defects and considers that criminal behavior is genetically, organically determined (Lombroso, 1912, p. 4).

Kraft Ebing describes „sexual psychopathy": sadism, masochism, other perversions considered to be a variant of the psychopathy (as cited in Gorgos, 1989, p. 1007).

In the year 1888, August Koch established the bases of psychopathic inferiority concept according to which neurotic disorders (hysterical, obsessive-phobic) evolved with a reserved prognostic if also associated with psychopathy, having as a substratum the inferiority of the cerebral constitution (as cited in Romilă, 2004, p. 431).

In 1923, Kurt Schneider published „*Psychopathic personalities*" where he described 10 types of psychopathic personalities: hyper time psychopath, depressive, uncertain, fanatic, having low self esteem, instable, explosive,

mean, apathetic and asthenic. Kurt Schneider (1923) described two concepts: abnormal personality and psychopathic personality. Abnormal personality was defined as: “a variation on the average personality. Variation can be expressed as an excess or deficiency of some personality traits and their evaluation as good or bad does not matter. The saint and the poet are equally abnormal such as the criminal. All of them are situated beyond the normal limits of the personality so this kind of personalities can be classified as abnormal personalities” (Schneider, 1923, pp. 2-3). For Kurt Schneider, abnormal personality becomes personality disorder when it causes sufferance for another person due to abnormality or suffers because of the abnormality.

Modern concepts, such as the dimensional and categorical one, in defining the personality disorders were underlined by Gannuşkin in 1933 in „*Manifestations of Psychopathies: Static, Dynamic, and Systematic Aspects*”. Gannuşkin promoted four characteristics of personality disorders: totality, constancy, intensity and dynamic (as cited in Predescu, 1976, p. 812).

In 1930, Partridge used the term „sociopath personality” and that of sociopathy for the subjects who refused or had a difficulty to adapt to the needs of the society.

In USA Cleckley published „*Mask of Sanity*” where he described and consecrated the term “psychopathy” such as it is generally understood nowadays by the Anglo-Saxon language, as the variant of dissocial personality disorder (Cleckley, 1964).

In 1966 Petrilowich described (as cited in Gorgos, 1989, p. 478) in „Abnormal Personlichkeiten” three particular types of structuring the personality, which are additions, nuances to Kurt Sneider`s classification; he called them abnormal personalities and avoided to use *psychopathy* term: the anankast, moral insanity (Gemütlos - deprived of compassion, compassionless), the shy – the sensitive. Petrilowich considered the essential defect of personality disorder, here called by the author „moral insanity”, the nucleus of the character structure, which is „amorphous”.

By the apparition of the “Diagnostic and Statistical Manual of Mental Disorders” (APA, 1952) the antisocial personality disorder (Antisocial Personality Disorder-ASPD) is taxonomically delimited. In DSM I (APA, 1952) was adopted „sociopath personality disorder” term; subsequently the term *antisocial personality* was introduced. Its equivalent in the International

Classification of Disorders" (ICD-10, World Health Organization, 1992) was officially introduced in Romania: dissocial personality disorder.

DSM IV-TR (APA, 1994) delimits the antisocial psychopathic personality notion although DSM III-R (1987) used the terms as being synonyms. In the article we will adopt the term antisocial personality disorder from DSM IV-TR as the equivalent of the term dissocial personality disorder from ICD 10 and the psychopathy term with the recent signification assigned by Hare and measured with PCL-R.

In DSM IV-TR (APA, 1994), antisocial personality was strictly delimited by the age of 18 years old, which had juridical responsibility significance and not a clinical fundament. In DSM IV-TR (APA, 1994) in the criteria for behavior disorder, which appear before 18 years old, there are described facts with severe antisocial character which still cannot be framed in personality disorder.

There are persons who can be included in this antisocial personality disorder if they do not commit documented criminality. ASPD criteria from DSM IV-TR regarding impulsivity, irritability, irresponsibility, and not the others, create a personality profile favorable for addictions and less for criminality.

In DSM IV there are described the diagnosis criteria for antisocial personality disorder („antisocial personality disorder"- ASPD) more through the consensus committee of the clinicians than through statistical analyses of some epidemiological studies.

For the chronological and logical continuity towards the actual notion of psychopathy, such as it is used in forensic psychology and psychology environment, we remind Clerckley and Hare`s theory. The psychopath described by Cleckley (1964) in the volume „*The Mask of Sanity*", was defined as being more categorical, starting from model cases. Cleckley did not create an evaluation scale but he presented more personality traits which allowed the subject to keep a health mask, also describing cases of the successful psychopath who ca be well socially integrated.

## Instruments Used in Forensic Evaluation

*Psychopathy Checklist Revised (PCL-R)*

Hare (Hare, 1991, 2003), a Canadian psychologist, is the author of the scale "Psychopathy Checklist" (PCL), "Psychopathy Checklist Revised" (PCL-

R), "Psychopathy Checklist Screening Version" (PCL-SV), "Psychopathy Checklist Youth Version" (PCL-YV). This evaluation scale is largely employed in forensic evaluation throughout Canada, USA, UK, the Scandinavian countries, along with the following guide: "Assessing the Risk for Violence", HCR-20 (Webster, Douglas, Eaves, & Hart, 1997).

In the year 1980, Hare published "*The Hare Psychopathy Checklist*" (PCL) after analyzing through interview and detailed analysis the medical and legal documentation from 143 convicts, all males. Initially Hare (1991) stated that the scale elaborated by him measured psychopathy such as described by Cleckly. The scale made of 20 items (Psychopathy Checklist Revised-PCL-R), issued in 1991 and revised in 2003, measured psychopathy according to Hare`s concept. The listing of the items presented three values: 0-the trait cannot be detected, 1- present trait but not in a substantial degree, 2- present trait in a substantial degree.

Hart, Cox and Hare (1995) published *"The Psychopathy Checklist: Screening Version - PCL-SV"*, in the attempt to evaluate the psychopathy for general psychiatric population. This scale related to PCL-R was „validated" on a scale of 586 individuals from 11 and included students, delinquents in detention, patients from forensic psychiatry structure and patients with mental disorders from general population. We underline the validation particularities of this instrument, but having limited possibilities for extrapolation and data generalization to other populations, in another geographic and cultural space. Initially if the psychopathy diagnosis determines the placement of a subject in detention rather than within a medical structure; today, in some countries (England), this diagnosis may influence the duration of the sentence, its placement in forensic safety hospitals and out of the need for social protection even hospitalization in this kind of structures for undetermined period. An example is the program for dangerous and severe personality disorder - Dangerous and Severe Personality Disorder (DBPD).

Factorial and validity for construct analysis of PCL-R identifies 2 factors: factor 1 referring to the dimension of the manipulative personality, affectivity and factor 2 referring to the dimension of the chronic antisocial (Hare, 1991; Hare, 1996; Hare & Neumann, 2006).

PCL-R items (Hare, 2003) are: superficial appeal, grandiose image about self value, need for stimulation, mood towards dullness, pathological lie, manipulative behavior, lack or remorse or guilt ideas, superficial affectivity,

lack of empathy, parasitic lifestyle, reduced behavioral control, promiscuous sexual behavior, early behavioral disorders, lack of long time realistic plans, impulsivity, irresponsibility, failure in accepting the responsibilities of his own mistakes, many short term marital relationships, juvenile hoodlumism, withdrawal of probation, criminal versatility.

The way in which psychopathy diagnosis is perceived in justice courts from Canada, USA and Great Britain, changes due to wish for an increased social protection. Psychopathy concept has the tendency to slip from medical domain towards a psycho-legal concept.

The items used by Hare are the factors involved in delinquent behavior ad relapse. Violence is just a face of the criminal behavior, PCL-R scale can predict relapse but it cannot precisely predict the violence (intensity, frequency of contextual factors).

*HCR-20*

Another instrument used for the evaluation of violence in forensic psychiatry services is „*The Guide for Evaluating the Risk of Violence*" - HCR-20 (Webster et al., 1997).

HCR-20 instrument was conceived in order to evaluate the violence risk in the subjects with violence antecedents, the populations with mental disorders and for personality disorders. HCR-20 contains 20 items divided in three subscales: historic (10 items), clinical (5 items) and risk management (5 items). The authors recommend the use of HCR-20 as an „aide mémoire" and/or as a research instrument.

Special attention is given to the item H7- psychopathy and H9 – personality disorder from HCR-20 instrument. This represents the score of PCL-SV scale (Psychopathy Checklist Screening Version). H9 items define personality disorders according to DSM IV TR and ICD-10 classifications. At H7 item psychopathy, as it is measured with PCL-SV scale, can weight more than the other items but it is registered with a score of 2 units.

In time, there were developed many instruments for evaluating delinquent population, with violence antecedents or criminal behavior. These instruments are useful only for the populations validated such as: delinquents from prisons; these instruments are adapted to legal models and they are used for the evaluation of the relapse risk.

*The Level of Service Inventory Revised (LSI-R)*

Out of the instruments used we mentioned the Level of Services Request Inventory (Level of Services Inventory, LSI). LSI was conceived in the 1980 by the Canadian psychologists Don Andrews and James Bonta, revised in 1990 and named Level of Service Inventory-Revised (LSI-R) (Andrews & Bonta, 1995). This instrument for risk and needs evaluation, based on the theory of research and social learning is used for the evaluation of the statistic risk, for relapse and not for dynamic factors.

The instrument includes in the evaluation 54 questions from 10 fields: criminal history (10), educational and professional history (10), financial status (2), marital and familiar status (4), adaptation (3), hobby and leisure activities (2), personal relationships (5), drugs and alcohol (9), personal emotions (5), attitude – orientation (4) (Austin, 2006). The instrument is dedicated for being used by the specialized staff in prisons and in justice (psychologists, social assistants), the staff being trained before the interview; a semi-structured interview with the patient takes for roughly 45-60 minutes.

The predictive validity of this instrument was analyzed by the delinquents without a major psychical condition (Vose, Cullen, & Smith, 2008) having as a purpose their reconviction and re-arrest.

*Dangerous and Severe Personality Disorder (DSPD)*

HCR-20 and PCL-R also proved their utility in the screening for dangerous and severe personality disorder (Dangerous and Severe Personality Disorder-DSPD). The concept Dangerous and Severe Personality Disorder (DSPD) in England defines legally dangerous and severe personality disorder with a significant risk of injuries for the others.

Data from the specialty literature indicate few studies and researches regarding the treatment of antisocial personality disorder and that of the psychopaths (according to Hare`s designer); out of the need for social protection of the community in relation with DSPD, there were created special units for their surveillance and treatment in prisons and psychiatry hospitals with high level security measures (Dolan & Coid, 1993; Edens, Marcus, Lilienfeld, & Poythress, 2006; Erickson, Vitacco, & Rogers, 2006).

The admission criteria in a DSPD unit are: 1) equal or higher score than 30 at PCL-R scale or 2) a score of 25-29 at PCL-R scale associated with at least one personality disorder, a different one than dissociated personality disorder or

3) with the presence of two or many personality disorders diagnosed according to DSM IV-TR (APA, 1994).

In the special structures for DSPD, for the evaluation of *the violence risk*, there are used: the violence risk scale - Violence Risk Scale (VRS) (Wong & Gordon, 1999-2003) and HCR-20 scale; for the *sexual offense risk* there are used: Risk Matrix 2000 (Thornton, Mann, Webster, Blud, Travers, Friendship, & Erikson, 2003), Static 99 (Nunes, Firestone, Bradford, Greenberg, & Broom, 2002), Structured Assessment of Risk and Need (SARN) (Thornton, 2002).

The instruments for the evaluation of personality disorders are: PCL-R, PCL-SV, International Personality Disorder Examination (IPDE) (World Health Organization, 1997).

We mention that the instrument recommended by DSM for the evaluation of the pathology on Axis I is the Structured Clinical Interview for DSM-IV (Structured Clinical Interview for DSM IV- SCID-I) and on Axis II for personality disorders (SCID-II) published by First, Gibbon, Spitzer, Williams, & Benjamin (1997) it is not the instrument used in the forensic evaluation.

## Conclusions

In Romania at *Mina Minovici* IML (Institute of Forensic Medicine) the personnel involved in psychiatric forensic evaluation is familiar to PCL-R and HCR-20, but the psychological examinations usually used within forensic psychiatric expertise do not include these scales.

The evaluation of violence risk at the persons with psychical disorders and not that of delinquent’s` relapse is a permanent component of the clinical mental specialist`s work. Forensic psychiatric assessment is different than the clinical one by the expert quality of the assessors`, the access to collateral data, including those of the police and their use in the justice.

With this purpose, the management structures involved in the organization of justice and health, can try to promote at national level some norms adapted to international progress in the field of forensic psychiatry and psychology.

The use of PCL-R and HCR-20 for psychiatric forensic assessment is appropriate only after a unitary training, standardized for the involved expert assessors.

## References

American Psychiatric Association (1952). *Diagnostic and Statistical Manual of Mental Disorders* (1th ed.). Washington, DC: Author.

American Psychiatric Association (1987). *Diagnostic and Statistical Manual of Mental Disorders* (3rd ed., revised) (DSM III R). Washington, DC: Author.

American Psychiatric Association (1994). *Diagnostic and Statistical Manual of Mental Disorders* (4th ed.) (DSM IV). Washington, DC: Author.

American Psychiatric Association (2000). *Diagnostic and Statistical Manual of Mental Disorders* (4th ed., revised). Washington, DC: Author.

Andrew, D. A., & Bonta, J. L. (1995). *The Level of Service Inventory - Revised*. Toronto, Ontario: Multi-Health Systems.

Austin, J. (2006). How much risk can we take - The misuse of risk assessment in corrections. *Federal Probation*, *70*(2), 58-63.

Cleckley, H. (1964). *The mask of sanity* (5th ed.). St. Louis, MO: C. V. Mosby.

Dolan, B., & Coid, J. (1993). *Psychopathic and Antisocial Personality Disorders: Treatment and Research Issues*. London: Gaskell.

Edens, J. F., Marcus, D. K., Lilienfeld, S. O., & Poythress, N. (2006). Psychopathic, not Psychopath: Taxometric Evidence for the Dimensional Structure of Psychopathy. *Journal of Abnormal Psychology, 115*, 131-144.

Erickson, S. E., Vitacco, M. J., & Rogers, R. (2006). The Evolution of Psychopathy as a Psycholegal Construct. *Journal of Personality Disorders, 15*, 403-415.

First, M. B., Gibbon, M., Spitzer, R. L, Williams, J. B. W., & Benjamin, L. S. (1997). *Structured Clinical Interview for DSM-IV Axis II Personality Disorders* (SCID-II). Washington, DC: American Psychiatric Press Inc.

Gorgos, C. (1989). *Enciclopedic Dictionary of Psychiatry.* Bucharest: Editura Medicală, *3*, p. 441.

Grove, W. M., & Meehl, P. E. (1996). Comparative Efficiency of Informal (Subjective Impressionistic) and Formal (Mechanical, Algorithmic) Prediction Procedures: The Clinical-Statistical Controversy. *Psychology, Public Policy, and Law, 2,* 293-323.

Hare, R. (1991). *The Hare Psychopathy Checklist - Revised*. Toronto: Multi-Health Systems.

Hare, R. (1996). Psychopathy: A clinical construct whose time has come. *Criminal Justice and Behavior, 23*(1), 25-54.

Hare, R. D. (2003). *Manual for the Psychopathy Checklist - Revised* (2nd Ed.). Toronto, ON: Multi-Health Systems.

Hare, R. D., & Neumann, C. S. (2006). The PCL-R Assessment of Psychopathy: Development, Structural Properties, and New Directions. In C. Patrick (ed.), *Handbook of Psychopathy* (pp. 58-90). New York: The Guilford Press.

Hart, S., Cox, D., & Hare, R. D. (1995). *Manual for the Psychopathy Checklist: Screening Version* (*PCL: SV*). Toronto: Multi-Health Systems.

Lombroso, C. (1912). *Crime*: *Its Causes and Remedies*. Boston, Little: Brown.

Nunes, K. L., Firestone, P., Bradford, J. M., Greenberg, D. M., & Broom, I. (2002). A Comparison of Modified Versions of the Static–99 and the Sex Offender Risk Appraisal Guide (SORAG). *Sexual Abuse: A Journal of Research and Treatment*, *14*(3), 253-269.

Predescu, V. (1976). *Psychiatry*. Bucharest: Editura Medicală.

Romilă, A. (2004). *Psychiatry*. Iaşi: Polirom.

Schneider, K. (1950). *Die psychopathischen Personlichkeiten [The Psychopathic Personalities]*, 9th edition. Wein: Deuticke. (1st edn. 1923, Thieme, Leipzig).

Thornton, D. (2002). Constructing and Testing a Framework for Dynamic Risk Assessment. *Sexual Abuse: A Journal of Research and Treatment*, *14*, 139-153.

Thornton, D., Mann, R., Webster, S., Blud, L., Travers, R., Friendship, C., & Erikson, M. (2003). Distinguishing and Combining Risks for Sexual and Violent Recidivism. *Annals of New York Academy of Sciences*, *989*, 225-235.

Vose, B., Cullen, F. T., & Smith, P. (2008). The empirical status of the level of service inventory. *Federal Probation*, *72*(3), 22-29.

Webster, C. D., Douglas, K. S., Eaves, D., & Hart, S. D. (1997). *HCR-20: Assessing the Risk for Violence (Version 2)*. Vancouver: Mental Health, Law, and Policy Institute, Simon Fraser University.

Wong, S. C. P., & Gordon, A. (1999-2003). *Violence Risk Scale*. Department of Psychology, University of Saskatchewan. Available at http://www.psynergy.ca

World Health Organization (1992). *The ICD-10 Classification of Mental and Behavioural Disorders: Clinical Descriptions and Diagnostic Guidelines*. Geneva: Author.

World Health Organization (1997). *International Personality Disorder Examination* (*IPDE Manual*). Washington, DC: American Psychiatric Publishing.

Received March 15, 2012
Revision received May 22, 2012
Accepted June 21, 2012