

What is the link between personality disorder and dangerousness? A critique of 'dangerous and severe personality disorder'

ABSTRACT

This paper reviews the medico-legal background to the development of the pilot programme for treatment and assessment of dangerous individuals with severe personality disorder. It raises the question: is personality disorder related to dangerousness, and (if so) what mediates the relationship? It then reviews recent findings suggesting that patients deemed to be dangerous and severely personality disordered are characterised by a combination of antisocial and borderline traits, and as such are a source of distress both to themselves and to others. It remains for future research to determine how this particular constellation of personality disorders is functionally linked to dangerousness, and whether the link is mediated by neuropsychological impairment resulting from early-onset alcohol abuse, as recently proposed by Howard (2006). It is recommended that the current criteria for 'dangerous and severe personality disorder' be dispensed with.

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The medico-legal background

Personality disorders represent a medico-legal problem that refuses to go away, despite continuing attempts to debunk them as 'mythological' (Mullen, 2007). In the 1970s and early 1980s psychiatrists became increasingly reluctant to use the 'psychopathic disorder' label to section people under the 1959 *Mental Health Act* (MHA), with the consequence that personality-disordered offenders were increasingly more likely to serve prison sentences than be detained in special (high security) hospitals. In the 1983 revision of the MHA, a treatability requirement was inserted such that, to be detained in a special hospital, an individual must be deemed to be treatable. Since there was, at that time, very little by way of effective treatment intervention for personality-disordered offenders, this further restricted the flow of such individuals into the special hospital system.

In the 1990s, two infamous cases in which personality-disordered individuals committed horrendous crimes on their release from prison forced the Government to re-think mental health legislation, culminating in a Bill, currently before Parliament, proposing revision of the 1983 mental health legislation. This revision changes the existing legislation in at least three important respects. First, it proposes to replace the 1983 Act's treatability requirement by an 'appropriate treatment' test, according to which medical treatment appropriate to the patient's mental disorder is available. There is no longer a requirement that the treatment is likely to alleviate or prevent a deterioration of the patient's condition. Second, it essentially omits

any clear definition of 'mental disorder', now said simply to encompass 'any disorder or disability of the mind', including that which arises out of injury or damage to the brain in adulthood. Consistent with this inclusive approach to mental disorder (everything is included unless explicitly excluded, such as substance misuse), the Bill plans to abolish the four separate categories of mental disorder contained in the 1983 Act – mental illness, severe mental impairment, mental impairment and psychopathic disorder – so that the distinction between the psychopathically disordered and the mentally ill offender is abolished.

Lastly, the Bill proposes to remove the exclusion from the 1983 Act of sexual deviance, which is now explicitly included as a mental disorder. Although no definition of sexual deviance is offered (but note that sexual orientation is explicitly excluded), the briefing paper states that this exclusion means that the Act can be used in cases where the only mental disorder is a 'clinically recognised abnormality of sexual preference', that is, a paraphilia (DoH, 2006). Ironically, psychiatry is moving in an opposite direction with regard to paraphilias; it has been proposed that they be excluded from the next edition of the American Psychiatric Association's Diagnostic and Statistical Manual (Moser & Kleinplatz, 2003). It is clearly advantageous, from the point of view of the originators of the Bill, to leave mental disorder ill-defined since, guided by their dominant agenda, protection of the public, they can then decide what is, and is not, included. Implicit in the mental health legislation is the assumption that there is a causal link between mental disorder, and personality disorder in particular, and offending. (This link is made explicit in regard to so-called dangerous and severe personality disorder, discussed below.) From an external perspective, however, what is included in the Bill as a mental disorder can appear rather arbitrary and lacking in any rational basis. The central question that needs to be addressed in relation to personality disorder is this: is personality disorder related to dangerousness, and (if so), what mediates the relationship?

Dangerous and severe personality disorder (DSPD)

In 1999, the UK Government signalled its intention to initiate a pilot assessment and treatment programme for individuals who are dangerous and severely personality disordered (DSPD). The then Home Secretary, Jack Straw, stated:

There is, however, a group of dangerous and severely personality disordered individuals from whom the public at present are not properly protected... there should be new legislative powers for the indeterminate, but renewable, detention of dangerously personality disordered individuals. These powers will apply whether or not someone was before the courts for an offence.

Four units were established to accommodate such individuals, two within the prison system, and two within the National Health Service. Classifying an individual as 'dangerous and severely personality disordered' requires the conjunction of three elements: dangerousness, severe personality disorder and a functional link between the two. Dangerousness is operationalised in terms of 'high risk' of causing harm to self or others, severity of personality disorder in terms of either the presence to a sufficient degree of psychopathic traits, or a sufficient number of different personality disorders (DSPD Programme, 2004).

While it is possible to define and operationalise, to a greater or lesser degree of accuracy, both risk of harm to others and severity of personality disorder, a major problem arises with a supposed functional link between the two, since it presupposes that the personality disorder is a causal antecedent of dangerousness. Yet, as pointed out by Feeney (2003), there currently exists no scientific evidence to support such a causal link. Two major problems bedevil verification of such a link; first, an association between personality disorder of any particular type and antisocial (for example criminal) behaviour may be confounded by the fact that the criteria defining the personality disorder, as in the case of antisocial personality disorder, include measures of antisocial (for example

criminal) behaviour. This renders the association necessarily true, but only in a trivial, tautological sense. Second, a correlation between some types of personality disorder and dangerousness may exist, but it does not necessarily imply that the one causes the other.

There is, for example, epidemiological evidence showing that Cluster B personality disorders are associated with criminality and offending in the general population (Coid *et al*, 2006b). Among forensic patients, Cluster B personality disorders, particularly antisocial and borderline, are strongly represented (Coid *et al*, 1999). However, in the general population, Cluster B personality disorders are significantly associated with a history of alcohol dependence (Coid *et al*, 2006a), and in forensic samples, antisocial PD and borderline PD are each significantly associated with alcoholism/misuse, with odds ratios of 1.71 and 1.72 respectively (Coid *et al*, 1999). Since the latter authors report that, in forensic samples, both antisocial and borderline PDs are significantly associated with previous criminal convictions, and particularly – in the case of antisocial PD – with violent convictions, it is entirely possible that a third variable mediates the link between personality disorder and dangerousness. Early-onset alcohol abuse has been suggested as the missing link (Howard, 2006). By impairing the function of prefrontal cortex during adolescence, a critical period for its development, early-onset alcohol abuse is hypothesised to lead to deficits in the neuropsychological substrates of goal-directed behaviour and emotional self-regulation, placing the individual at high risk for becoming a life-course persistent offender in adulthood.

What are the characteristics of dangerous, severely personality-disordered offenders?

Recently, data from the initial two years' intake of patients to the Peaks DSPD unit have been reviewed and their characteristic described (Howard *et al*, submitted). A striking finding was that of those who met the DSPD criteria outlined above, almost three-quarters showed a combination of antisocial and borderline PD, and all showed high levels of violence in their index offence and past criminal history. This implies that patients

exhibiting this particular combination are particularly dangerous, and likely to show a high prevalence of early-onset alcohol abuse, a possibility that remains to be verified. It also implies that patients living under lower levels of security – either in medium secure units or in the community – showing this particular PD combination should be characterised by high rates of criminality, and of violent convictions in particular.

We (Duggan, Huband & Howard, in preparation) have recently examined the prevalence of this PD combination in residents of the personality disorder unit (PDU) at Arnold Lodge medium secure unit and in personality-disordered community residents. This combination was found to occur far less frequently in both samples: 29% of PDU residents, and less than 10% of community residents. Compared with the rest of the community sample, those having the APD+BPD combination had significantly more convictions overall (71% vs. 35%), and significantly more violent convictions (48% vs. 16%). When we contrasted those having the APD+BPD combination with those having one personality disorder, but not the other (APD but not BPD, or BPD but not APD), those with BPD alone had a violent conviction rate of 19%, while those with APD alone had a rate of 25%. In short, having this particular combination of APD+BPD does appear to confer a higher risk for violent offending, and it is proposed that this results from neuropsychological impairment consequent upon early-onset alcohol abuse.

Relationship to current conceptions of personality disorder

Recently, Blackburn and colleagues (2005) have reported two higher-order factors, labelled Anxious-Inhibited and Acting Out, that underlie personality disorders assessed with the International Personality Disorder Examination (IPDE). APD loaded strongly on the Acting Out factor, while BPD loaded strongly on the Anxious-Inhibited factor. Blackburn and colleagues point out that, in Schneiderian terms, the Acting Out and Anxious-Inhibited dimensions divide the PDs into those that cause distress to others or distress to the self, respectively. In these terms, individuals having the

APD+BPD combination have the double liability of causing distress both to themselves and to others, and arguably it is this that makes them 'dangerous and severe'. In the future, it may be possible to derive cut-off values on these two superordinate IPDE factors to provide a criterion for defining dangerous and severe personality disorder that is more straightforward than the cumbersome and problematic criteria that are currently used. Self-report personality measures are capable of differentiating violent from non-violent offenders (Craig *et al*, 2006). High scores on impulsive sensation-seeking (ImpSS) and aggression-hostility (Agg-Hos) from the Zuckerman-Kuhlman personality questionnaire (ZKPQ) are common to both antisocial and borderline PD, while borderline PD is characterised by high neuroticism-anxiety (N/Anx) on the ZKPQ (Aluja *et al*, in press). Therefore, patients characterised by the APD+BPD combination should be identifiable by high scores on these three dimensions (N/Anx, ImpSS and Agg-Hos).

Conclusions and a recommendation

Current findings (Howard *et al*, 2006) with regard to patients classed as dangerous and severely personality disordered suggest that there may be an identifiable subset of personality-disordered patients, characterised by a combination of borderline and antisocial features, who present as severely disordered and, in terms of the degree of violence they show, dangerous. This combination has been said previously to combine

... a very particular constellation of abnormalities of mental state with a wide range of disorderly conduct,

abnormalities said to be developmental in origin (Mullen, 1992 p238). It remains for future research to determine how this particular constellation of personality disorders is functionally linked to dangerousness, and whether the link is mediated by neuropsychological impairment resulting from early alcohol abuse, as suggested by Howard (2006).

In the meantime, it is recommended that the current criteria for DSPD should be dispensed

with, since, first, inconsistencies in the level of risk, as measured by the different risk assessment instruments, are all too evident, for example in the Peaks admission sample studied by Howard *et al* (2006). In any case, attempting to use actuarial risk measures to predict any particular individual's likelihood of being violent in the future is fatally flawed by the high margins of error observed at the individual level (Mullen, 2007). Second, it is impossible to demonstrate, with any scientific rigour, a functional link between personality disorder and dangerousness at the level of the individual. This leaves us with the remaining criterion, severe personality disorder. Here we are on firmer ground, since, as argued above, an association between a particular constellation of personality traits and violence is likely. However, we currently lack a satisfactory causal account of how these traits lead to violence, and this should be a focus for future research.

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The flyer features a black and white photograph of a residential street with a sign that reads "A SAFER PLACE? Working with traumatised offenders". At the top left is the logo for "CHT community housing & therapy". To the right of the logo is a small icon of a pavilion with the text "Event organised by: Pavilion".

About the conference
Questions about balancing public safety with the need to assist offenders' return to the community are frequently in the headlines and the subject of political and public debate. However, many offenders are themselves traumatised and come from difficult, often abusive, backgrounds. Placing them in the community raises issues about safety and risk. The conference will look at innovative and productive ways of assisting that regeneration but within a therapeutic environment.

In particular the conference will tackle the following issues:

- the need to balance public safety with the need to assist offenders' return to the community
- recognition that many offenders are themselves traumatised and come from difficult, often abusive backgrounds
- the need to seek innovative and productive ways of assisting reintegration within a therapeutic environment.
- without therapeutic help prison serves no function either to make society safer or help offenders
- rehabilitation and therapy should form part of the integrated pathway for offenders and ex-offenders.

Date: Friday 23 March 2007
Venue: Society of Chemical Industries (SCI)
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